Care UK Community Partnerships Ltd

Pear Tree Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Pear Tree Court is a residential and nursing care home that was providing care and support to 40 people at the time of the inspection. The home supported people living with dementia and with physical care needs.

People's experience of using this service:
• People and their relatives told us they were 'happy' with the service. A person said, "I'm lucky to live in such a nice place" and relatives described the service as "Very good", "Excellent" and "Well-run."

• We had received some feedback of concern prior to our inspection about staffing levels in the home. We found that people were safely cared for but staff supporting people with more complex needs were stretched at times which meant people's needs were not always met at their preferred times. This could also impact on people's opportunities to participate in activities when they required the support of staff to do so. We saw the provider was acting to improve this, and staff people and their relatives told us improvements had recently been made. Further activity staff had been recruited and the provider was acting on their plan to improve the deployment and supervision of staff across the home to ensure sufficient staffing to more effectively meet people's needs.

• People spoke positively about the staff and leadership in the home. We found improvements were required in the training and supervision of staff to ensure training was up to date and completed by all relevant staff and all staff received regular supervision. We have made a recommendation about staff training and supervision.

• The home was purpose built and maintained to a high standard. People and their relatives told us how they enjoyed the facilities available in the home. A person's relative said, "It's so clean here, it doesn't feel like a nursing home, more like a hotel." People living with dementia benefited from a 'dementia friendly' environment which promoted their wellbeing.

• People received care and support based on an assessment of their needs including any areas of risk. People's healthcare needs were met, by on-site nursing staff and community health care professionals as required. Person centred care plans were in place to guide staff on people's needs and preferences and people told us they received the care they needed.

• A process was in place to assess people's mental capacity and where people lacked mental capacity, decisions were usually made in their best interests, with some exceptions. We have made a recommendation about the application of the Mental Capacity Act (2005).

Rating at last inspection: This was the first inspection of this service which was registered on 1 February 2018.

Why we inspected: This was a planned inspection in line with CQC's inspection methodology.

Follow up:
• There is no required follow up to this inspection however we will continue to monitor the service through information we receive. We will follow up on the recommendations made in this report at the next inspection.

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

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 not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Pear Tree Court

Detailed findings

Background to this inspection

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

Inspection team:
• This inspection was carried out by two inspectors on the first day and one inspector and an expert by experience on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had experience of dementia care, residential and health care services for older people.

Service and service type:
• Pear Tree Court 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. Pear Tree Court can accommodate up to 72 people in one purpose built building with three separate floors. Each floor has separate facilities with one floor specialising in providing care to people living with dementia and another for people with nursing needs.

• 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. Due to the unplanned absence of the current registered manager, interim management arrangements were in place at the time of our inspection. The deputy manager was acting as manager and they were supported by members of the provider's senior management team.

Notice of inspection:
• This inspection was unannounced.

• What we did: Prior to the inspection we reviewed any notifications we had received from the service. A

notification is information about important events which the service is required to tell us about by law. We also reviewed any information about the service that we had received from agencies or individuals. We used this information to help us decide what areas to focus on during our inspection. The provider had completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We asked for and received feedback from two external health and social care professionals.

During the inspection we spoke with thirteen people using the service and eight relatives, we observed interactions between staff and people in communal areas throughout the home and during lunch time. We also spoke with eight care staff, the deputy manager a lifestyle coach, regional director, dementia manager, maintenance manager, operations support manager and the quality manager. Records we looked at included;

- Nine people's care records
- 20 Medicine Administration Records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Five staff files and recruitment records
- The training records for all staff
- The staffing calculations and staffing rotas for the period 11 – 24 February 2019

Following the inspection, we received some additional information about quality assurance from the deputy manager.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
• Effective safeguarding systems were in place and all staff spoken with had a good understanding of their safeguarding responsibilities. Staff were confident the manager would act on any concerns they raised.
• People told us they were safely cared for and a person said, "I feel at ease here and comfortable." People's relatives told us staff were vigilant and a relative said, "Staff are always popping their heads in to see if (person) is OK." Another relative said, "It's very good here absolutely safe".

Assessing risk, safety monitoring and management:
• Records reflected that risks had been assessed and plans were implemented to guide staff about how to reduce these. These included risks from falls, choking, pressure sores and behaviours which may challenge others. People were supported with technological aids such as sensory devices to protect people from the risk of falls. There were up to date and relevant wound care management plans in place for people with skin injuries, supervised by registered nurses. Staff spoken with had a good knowledge of risks to people and how to support them safely.
• We observed staff safely assisting people to move using a variety of equipment during our visit. We saw that staff did this competently and treated people with dignity and respect whilst undertaking this support. There were detailed moving and positioning risk assessments in place, along with clear guidance for staff concerning how people could be safely moved. Equipment used was regularly and recently serviced.
• The premises were well maintained and risks to people from health and safety hazards including the risk of fire had been assessed. There were Personal Emergency Evacuation Plans (PEEP) in place for each person which outlined how people could be evacuated or kept safe in the event of an emergency, such as fire and flood.

Staffing and recruitment:
• The provider used a dependency tool to calculate the number of staff required to support people subject to their needs. This showed the service was staffed over the calculated number. We did not receive any feedback or make any observations that people were not safely cared for, but we did receive some mixed feedback about the sufficiency of staffing levels from people, their relatives and staff. Some of whom did not feel there were always enough staff available to support people promptly on the nursing floor which had been recently opened. This feedback and our observations showed the lack of staff availability at times had an impact on people's preferred times to get up, time for staff to interact with people and a delay in staff responding people's personal care needs. We discussed staffing with the manager and the provider's senior managers who told us they were currently assessing the staffing levels and staff deployment in view of the recent changes made which had resulted in people with higher dependency needs requiring nursing care being moved to this floor.
•Staff, people and their relatives told us the opening of the nursing floor had impacted positively on the

staffing needs of the other two floors. There were still adjustments required to make sure staff were effectively deployed across the whole home. A strategy was in place to support improvements in this area and we saw and staff reported changes had already been made to improve the deployment of staff, the provider required more time to fully embed these changes to ensure the deployment of staff was fully effective across the whole home.
• Recruitment checks were carried out to ensure people were protected from the recruitment of unsuitable staff.

Using medicines safely:
• People's medicines were managed safely. Each person's care plan contained an up to date medication risk assessment. This provided detailed information concerning the level of assistance individuals required, in addition to how and when medicines should be administered. The staff we spoke with were knowledgeable about people's medicines.
• Medicines were administered, recorded, stored and disposed of safely. Staff completed training in medicines administration and had their competency assessed to check they supported people safely and appropriately with their medicines.
• People were supported to manage their own medication following an assessment that they were safe to do so.
• Topical (applied to the skin) and 'as required' medicines such as for pain relief, were managed safely. The appropriate guidance was in place for these medicines which supported staff to know how to administer them safely and appropriately.

Preventing and controlling infection:
• The service appeared clean and hygienic. Comments from people's relatives included, "One of the good things here is that the corridors are kept clear, her room is clean and there are no trip hazards" and, "It's so clean here, it doesn't feel like a nursing home, more like a hotel."
• The staff we spoke with were aware of issues concerning infection prevention and control. All had received recent training in this area, in line with the provider's policy. There was an adequate provision of hand hygiene stations and personal protective equipment (PPE) for staff, such as gowns and gloves to support good infection control practices.

Learning lessons when things go wrong:
• Incidents and accidents were responded to appropriately and actions were taken to prevent a reoccurrence.
• Records showed that an analysis of incidents had been carried out so that staff could learn how to support people more effectively and safely. For example; when a person had exhibited behaviours that challenge others, the information had been used to help staff understand possible triggers to the behaviour and how to respond. Referrals were made to health and social care professionals to support the person to manage these behaviours.
• Daily meeting between heads of departments supported a coordinated approach to sharing information about incidents and accidents so they could be reviewed and any learning shared.

Requires Improvement

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

The effectiveness of people's care, treatment and support was inconsistent at times. Improvements were required in staff training and supervision and the application of the Mental Capacity Act (2005).

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• People's protected characteristics were included in the assessment of their needs except for people's sexual orientation. The regional director told us the provider was intending to include this in the needs assessment going forward.
• People's needs were assessed and reviewed using nationally recognised tools. Needs assessments included people's preferences and choices and care was planned to meet these.
• Technology was used to improve outcomes for people; for example, by using sensory equipment to prevent falls and promote safety. Innovative technology was used to support people with dementia such as a projector which provided interactive games to stimulate physical and cognitive activity.
• Policies and procedures were developed based on best practice guidance, standards and the law which supported staff to deliver effective care.

Staff support: induction, training, skills and experience:
• We received positive feedback about staff from people and their relatives and a person said, "Yes, I think they know what they are doing, I've no complaints." Staff confirmed they received an induction into their role and this was in line with the Care Certificate. The Care Certificate familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. Induction included a period of shadowing more experienced staff.
• However, records of training undertaken by staff showed 24 staff had not had their induction signed off to confirm they were competent to provide care and this was overdue. Other training, considered as mandatory by the provider, had not been completed as required by all staff. This included practical moving and handling training and fire safety training. We spoke to the regional director about this who told us there were issues with staff handing in their induction workbooks and acknowledged the service needed to "get better" at managing this as well as organising and showing when training is booked for staff. We saw that plans were in place to ensure all staff completed practical moving and handling training.
• Staff completed an on-line training course in dementia awareness. Further training was planned to develop staff skills in supporting people with dementia and staff told us they would benefit from this.
• At the time of our inspection records were not available to show how many staff had received supervision from a line manager and how often. We saw records which showed some staff had received a supervision and other staff told us they had not had a supervision. A staff member said, "There's always help around but I've never had supervision and I don't have a date for one in the future". Following the inspection, the deputy manager put a supervision tracker in place which would enable them to manage and monitor staff supervision. Staff spoken to told us they were supported in their role daily.

• We recommend that the provider seek guidance from a reputable source to ensure a consistent approach to the support and learning needs of all staff.

Supporting people to eat and drink enough to maintain a balanced diet:
• People and their relatives were complimentary about the food provided in the home. People's comments included, "I have my meals in here. It's lovely food here, always well-presented and you get a choice." A relative said, "The food looks lovely and dad always rates the food highly, in fact I need to buy him some bigger trousers!" We noted the chef spoke with people to get their feedback and check that they were satisfied with the food.
• We saw that the food served looked appetising and fresh. Dining rooms were attractively laid out creating a pleasant and comfortable lunch experience for people with tables arranged in small groups. Peoples individual preferences had been considered such as a person having their own dining chair from home to use in the dining room.
• The staff we spoke with were knowledgeable about people's differing dietary requirements. They were aware of the importance of healthy eating, special diets and of maintaining a balanced diet.
• People had enough to eat and drink and when people required support to eat and drink this was provided.
• Risks to people from choking, poor nutrition and hydration were assessed and acted on to meet people's individual needs.

Supporting people to live healthier lives, access healthcare services and support:
• People could access a wide variety of core and specialist external services. For example, referrals had been made on behalf of people to agencies such as dieticians, speech and language therapists, hospital consultants and NHS Tissue Viability Nurses. Staff had acted on advice and guidance given by these professionals in a timely and effective manner.
• A person's relative said, "Last weekend (person) was dreadfully ill and they got the emergency doctor and this week they are so much better you wouldn't recognise (person) they were on it! It's wonderful for us to know (person) is safe and as happy as can be."

Adapting service, design, decoration to meet people's needs:
• The service was designed around people's needs. For example, the environment for people living with dementia had been carefully designed to be both stimulating and comfortable. Objects of interest were available to people such as a tool bench, sewing machine and clothes dryer. One room was decorated in the style of an office with objects familiar to people from the past. Lighting and decoration assisted people with perception and orientation. Memory boxes were used outside people's bedrooms using photos, and objects to aid recognition and personalise their rooms.
• There were different areas for people to use for activities such as a cinema, hairdressing salon, a café and a pub. Private space was available for people to spend time with their visitors in smaller lounges, or to have time alone. There was access to outside spaces on each floor, with a larger communal garden on the ground floor. All areas were maintained and decorated to a very high standard.
• The service used technology and equipment to provide a calm environment which promoted people's wellbeing. For example, background noise was kept to a minimum by using a call system that went directly to staff pagers whilst also being displayed on screens in hallways. This provided a calm atmosphere for people. LED lighting in bathrooms simulated the night sky and staff told us how much people enjoyed this experience.

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

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 with appropriate legal authority. In care homes, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• We saw evidence that people's mental capacity was assessed in relation to specific decisions including the use of sensory equipment to monitor people's movements such as floor sensors, and the use of bed rails which could restrict people's movements. Where the person lacked the capacity to consent to these arrangements a decision had been made and recorded in their best interests. However, some decisions had not been subject to this process. We noted that when a person moved within the home to a more restrictive environment such as the floor for people living with dementia, an assessment of their capacity to agree to this had not been assessed.
• Care plans for people who lacked the capacity to consent to their plan of care did not clearly set out that the person lacked capacity to consent to the actions covered, and that the decisions were made in their best interests.
• We recommend the provider seek advice and guidance from a reputable source about the application of the Mental Capacity Act (2005) to ensure people's legal rights up upheld.

• We spoke with staff about the understanding of issues around consent and mental capacity. Their knowledge in this area was sufficient, particularly about people with mental capacity and their rights to make potentially unwise decisions.

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

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:
• Our observations of staff interactions with people showed that people were mostly treated with kindness, compassion, dignity and respect. We observed staff who consistently took time to ask permission before intervening or assisting and staff were cheerful and friendly. We did note that some temporary staff engaged less with people on the nursing floor on day one of our visit, however this improved on the second day when the shift was led by a permanent staff member. The provider was reducing their use of temporary staff as permanent staff were recruited.
• People spoke positively about the staff and their comments included, "The staff here are ever so nice, makes me feel quite at ease" and, "They're all very good to us here." Another person said, "I think staff are very caring, if you have trouble they would say 'What's your problem? And sort it out for you." People's relatives told us about the kindness of staff. A relative said, "When my dad died here, I asked (the registered manager) if we could have the wake here, and offered to pay. He let us have the lounge on the empty top floor and provided a buffet free of charge. He said, 'This was your dad's home', we were very touched." Another relative said, "It's not just her birthday that they celebrate here. Mum had a red rose on valentine's day and she had a little present on Christmas day." Another relative said, "Their attention to detail is so good. They've been so considerate to the family as well as all the patients" and, "I've got my smiley dad back since he came here."
• Staff we spoke with knew people well and this included information about their likes, dislikes and their diverse needs such as their faith. A staff member told us how they asked a person about their beliefs to better understand them and made sure the person's preferences were communicated to staff. This showed respect for the person. A person had their cat living with them in the home and this was very important to them. A cat care plan was in place to ensure their pet was cared for appropriately.

Supporting people to express their views and be involved in making decisions about their care:
• People were supported by staff to make decisions about their care. It was clear the staff focused on facilitating people to make choices for themselves whenever possible and we saw staff asked people about what they wanted.
• We observed that staff supporting people who may not always be able to clearly communicate their decisions, took time to consider what they may want or need based on their experience of the person. For example, when people wanted to be alone, or when a person refused their breakfast staff knew to leave the meal available for the person to eat in their own time, which they did.
• Staff understood people's communication needs and these were recorded in their care plan. This included people's sight, hearing and their ability to communicate verbally. When a person was unable to communicate their needs verbally, we saw that detailed information was in place to guide staff on helpful

responses to the person and how best to communicate with them.
Information was available in accessible formats such as large print.

Respecting and promoting people's privacy, dignity and independence:
• Staff were heard and observed knocking on people's doors, asking permission to enter and closing doors to provide privacy and dignity when assisting people in their rooms.
• Staff we spoke with understood the importance of supporting people to retain their independence such as administering their own medicines, or taking on responsibilities within the home such as leading an activity or assisting on reception. A person told us they were encouraged to walk and said, "If you don't use it you lose it"
• People and their relatives told us visitors were welcomed into the home and could spend private time together. A person said, "I have quite a few visitors, they can come in when they like and make themselves a drink". Another person said, "My sister came in yesterday and was made welcome. She's like one of us here now", and a person's visitor said, "Visitors can come and go all day. There's a family room as well."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People had detailed and person-centred care plans in place, although most people we spoke with could not recall being involved in their care plans, we saw these were based on an individual needs assessment, including the person or with others who had knowledge of the person. Records showed care plans for people who were unable to contribute to their care plan were shared with people's relatives or representative and they were asked to provide their comments as to the planned care.
• Care was delivered in line with people's needs and preferences. People told us they had a shower or a bath when they wanted. A person received support from a relative with their personal care because they preferred this. We saw people received their food and drinks to meet their needs and preferences. A person's relative said, "They're spot on with identifying her likes and dislikes, she's always liked 'escape to the country' and watches it here."
• People's needs were supported by clear guidance for staff to follow and refer to. For example, for people with diabetes, guidance in their care plans included protocols for the management of emergency situations, such as hypoglycaemia (low blood glucose) and hyperglycaemia (high blood glucose). There was also guidance for staff concerning possible complications of diabetes, such as poor skin integrity and visual problems. Records showed people were in receipt of diabetic eye screening and regular foot care by a podiatrist.
• There were two activities staff in the home one full time and one-part time. There were activities planned for each day and these were advertised throughout the home. During the inspection we saw that group activities took place in the ground floor café area, garden and lounge. We also saw people were having one to one time with an activities worker to have their nails painted, or to go out for a walk and to the shops. People spoke positively about the activities and their comments included, "I like the volley ball and things like that". And, "Last week I sat outside in the garden, it was lovely". Other people told us about 'knit and natter', scrabble and balloon volleyball. A person's relative said, "Activities can be fun and light-hearted, there's always something happening, even at weekends".
• During our inspection we observed that group activities were mostly attended by people who lived on the ground floor and could participate without staff support. Some staff members told us that it was more difficult at times for people from the second and third floors to attend because staff were not always available to support people to do so. We spoke with the deputy manager and senior managers about this who told us they had recruited a third activity staff member which would mean activities would be provided on each floor. A more detailed assessment would also be carried out to assess people's staffing needs for participating in activities to ensure people's needs were met.
• People could go on outings as the home had its own mini bus. There was a wishing tree in reception where people could write a wish for something they want to do or a place they want to visit. Recently people had been out to the pub and the next trip was to Chichester cathedral. The activities coordinator told us, "If more than eight people wanted to go out, trips were spaced out on subsequent days." Activities had also taken

place to meet diverse needs, such as a 'men's shed' activity which had involved woodwork. Monthly communion was also held in the home.

Improving care quality in response to complaints or concerns:
• The complaints procedure was available for all to view in communal areas. It contained information about how and to whom people and their representatives should make a formal complaint. There were also contact details for external agencies, such as the Local Government Ombudsman. The staff we spoke with were clear about their responsibilities in this area.
• Nobody spoke of having made a complaint and one person said, "To be fair when I have a problem I speak to the nurse in charge and they try to make sure it doesn't happen again".
•We asked people what they would do if they had a concern or a complaint, people's comments included, "I'd see the manager she says her door is always open" and, "I'd do it through the nurses". A visitor said, "There's a customer liaison person here who I can email, but I've no complaints"
• Records showed that when a complaint had been received this had been dealt with in line with the providers policy and procedures. A person's relative said, "If we had any concerns we would be the first to raise, I would feel confident to do that and confident they would be listened to. We have never had to insist we merely asked and it was done. That's wonderful for us, I know how to complain and (registered manager's) door is always open."

End of life care and support:
• We were told one person was in receipt of end of life care, that is, the end of their life was imminent. We looked at their care plan. It was evident from this that the care they were receiving was being directed by the person and their family members. All invasive procedures, such as monthly weights and vital signs observations had been halted as they were now unnecessary and potentially distressing. Their end of life care plan, which had replaced all others, was constructed in conjunction with the person and gave detailed information concerning how they would like to be treated in their final days. It was subject to frequent review and amendment to reflect the person's day to day life.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• The acting manager told us they were well supported in their role and had regular visits to the home from another of the provider's registered managers as well as the regional director. A new manager had been recruited and was completing their induction and registration at the time of our inspection.
• The service was well led, managers understood their roles and responsibilities and used the providers quality and governance systems to support the delivery of safe care.
• Staff were clear about their roles and responsibilities and whilst arrangements for staff training and supervision required improvement, staff told us they did receive day to day support from managers and senior staff. Team meetings were held with all staff groups to share information and discuss issues relating to service delivery and organisational initiatives.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
• The provider had a set of values in place which outlined how staff should behave in their role to achieve good outcomes for people. These included; making a difference, placing people at the heart of everything they did and working together to make things better.
• It was clear that staff we spoke with acted to support these values and aimed to provide person centred care. People and their relatives told us the atmosphere in the home was positive and a person's relative described it as, "Relaxed, calm and friendly."
• The deputy manager understood and acted on their responsibility under duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• Most staff we spoke with told us they felt there had been improvements in the service, particularly the opening of the nursing floor which had reduced pressures elsewhere in the home. However, some staff felt their concerns about staffing had not been listened to and whilst they felt management staff were approachable they did not feel their concerns had been responded to. We did see staff feedback was included in the service improvement plan and measures had been identified and acted on to improve staff engagement and people's experience in relation to staffing.
• People's relatives were invited to give their feedback on the service. The feedback was analysed by the provider and the results including actions for improvements were reported to the manager. We saw the latest survey was mostly positive, there were three areas identified for improvement and the deputy manager was prompted to address these through their service improvement plan. The feedback had been

received on 16 February 2019 and was in the process of being acted on at the time of our inspection.
• Residents meetings were held and we saw the minutes of the previous two meetings. These were attended by six and seven people. There was a 'voice of customer' board displayed in the home which informed people about the action taken in response to their feedback. We saw examples such as; people had feedback they would like to have 'more impact on activity entertainment'. As a result, people were on the interview panel for prospective entertainers. Records showed a meeting had been held with residents and the head chef to discuss the meal time experience for people and their feedback was acted on.

Continuous learning and improving care:
• Governance systems were in place and used to make improvements to the service. A series of audits were carried out in relation to aspects of care provided such as medication, infection control, health and safety and clinical risk. The regional director also carried out an audit which monitored the home against the five key questions we look at during our inspections.
• The service had a central action plan which identified actions created from service audits and the providers central functions such as finance, marketing and care, quality and governance. Actions were monitored for completion.
• Meetings between heads of departments and clinical staff were in place to review key elements of service delivery, including risk and safety information on a daily and weekly basis. Information was collected on incidents and accidents and remedial actions were taken.

Working in partnership with others:
• The service had a proactive approach to engaging with the local community and with other stakeholders such as GP surgeries, the police, hospitals and social services. This was to improve joint working to provide positive outcomes for people and to share best practice.
• Events were held at the service to engage with community groups and to raise money for local charities. Celebratory events were enjoyed by people, their relatives and the wider community such as; community champions awards and the anniversary of the service opening.
• Plans were in place to offer educational events to the local community such as; understanding future care, understanding Parkinson's disease and understanding dementia.