

Parkcare Homes Limited

# Boughton Manor

## Inspection report

Church Road  
Boughton  
Newark  
Nottinghamshire  
NG22 9JX

Tel: 01623860436

Website: [www.prioryadultcare.co.uk](http://www.prioryadultcare.co.uk)

Date of inspection visit:  
10 November 2022

Date of publication:  
16 January 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Boughton Manor is a residential care home providing personal and nursing care to up to 27 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 26 people using the service.

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

Since our last inspection, improvements had been made to the quality of care people received. Staff had a better understanding of people's needs, particularly how to communicate and support people who were living with dementia. People were encouraged to socialise with others; where unwilling or unable, they were supported with individual activities to avoid social isolation. Complaints were handled appropriately. End of life care was not currently provided; however, basic end of life care plans were in place. This was an area of care the registered manager was seeking to develop in the coming months.

There had been sustained improvement since our last inspection with a new registered manager coming into post. Breaches from the previous inspection had been addressed and there was a clear structure in place for monitoring risk, assessing staff performance and driving improvement and development.

The registered manager was supported by senior management as well as senior staff within the home to maintain safety and provide people with a calm, happy home to live in. The registered manager understood and adhered to the regulatory requirements of their role.

People were protected from the risk of abuse and neglect. Risks to people's health and safety were appropriately assessed, monitored and acted on. There were enough suitably skilled and experienced staff to keep people safe. Medicines were well managed. The home was clean and tidy, and measures had been taken to reduce the risk of the spread of Covid-19. Learning from accidents and incidents took place to prevent recurrence.

People received care from staff in accordance with their assessed needs whilst protecting their rights and freedoms. Staff were well trained and supervised. People were supported to follow a balanced and healthy diet. Staff supported people to receive external healthcare when needed. When health and social care professionals came to the home to review people's care; their recommendations and guidance were followed by staff. The home was well maintained and suitable for people living with dementia. Some of the décor in the home appeared tired and in need improvement.

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 were cared for by kind and caring staff. Care was provided in a dignified and respectful way. Where

able, people were encouraged to make decisions about their care. Where unable, other relevant people were given the opportunity to contribute to decisions. People's independence was encouraged.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 6 March 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we also recommended that all staff received sufficient training to provide effective care for all people. At this inspection we found the provider had acted on the recommendation made and they had made improvements.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Boughton Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Boughton Manor

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

#### Service and service type

Boughton Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Boughton Manor is a care home with nursing care. 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the 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 contacted Healthwatch about their views of this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also spoke with care commissioners from the local authority and local clinical commissioning group.

We used all this information to plan our inspection.

### During the inspection

Due to the number of people who were living with dementia when we inspected, we were unable to speak with many people who were living at the home. We were advised that four people may wish to speak with us; however, only one did so during this inspection. We spoke with one person who lived at the home and two relatives. We asked them about their experiences of the care provided. We spoke with three members of the care staff, a nurse, maintenance person, head chef, domestic assistant, operations regional manager, deputy manager and the registered manager.

We reviewed a range of records. This included part of the care records for 12 people as well as medication administration records and the daily notes recorded by care staff. We looked at staff files in relation to recruitment, supervision and training. We also viewed a variety of records relating to the management of the service, including policies and procedures and training records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 and neglect.
- People and relatives told us they or their family members felt safe when staff provided care and support. A person gave the staff ten out of ten for making them feel safe at the home. A relative said, "All I can say is [family member] is very well looked after and I know they are safe."
- The provider had policies and processes in place that enabled staff to identify potential examples of abuse, neglect and/or harm, and to report it. Where needed, investigations had taken place to reduce the risk of recurrence. Staff had received safeguarding training. This helped to keep people safe.
- We reviewed records which had been completed when a safeguarding concern had been identified. These were thorough, helped to identify any potential risks or concerns and where needed were reported to the relevant authorities such as the local authority and the CQC.

Assessing risk, safety monitoring and management

- People were provided with safe care because the risks associated with their care needs had been assessed and plans put in place to reduce risk.
- People and relatives told us they felt staff provided safe care and knew how to reduce risks to people's safety. Relatives told us they felt staff provided care in a way that reduced the risk of harm.
- Actions to reduce risks were identified in people's care plans. This included nutritional and pressure ulcer risks. Where needed, regular checks were carried out at night to ensure people were safe. We reviewed the re-positioning charts of five people who were at risk of developing pressure ulcers and saw they had been re-positioned in line with their care plans. We also saw people had individualised plans in place to help evacuate people in an emergency. This helped to ensure people remained safe.
- Many people were living with dementia and/or other mental health conditions which could make it difficult for them to communicate their needs. This could, on occasions, result in emotional reactions, such as shouting and acts of aggression. Staff had sufficient information in place to help them to explore triggers and what actions to take to offer reassurance, to help to calm the person and to de-escalate the situation.
- We saw staff ensured that communal areas always had a staff presence to monitor people where necessary, but people were not prevented from walking around and doing as they wished. A nurse working at the home told us they felt the care staff had the skills needed to care for all people without unnecessarily restricting their freedom. We observed staff supporting a person who could strike out at others. This person was continually monitored to keep them and others safe.

Staffing and recruitment

- There were enough staff in place to provide safe care and treatment.

- People and relatives told us, and our observations confirmed that staff were available when needed. A relative told us that although there were some agency staff working at the home; they worked there regularly and understood their family member's needs.
- Experienced nurses provided nursing care for people where required. Although numbers of directly employed nurses were low, regular agency and bank nurses were used which helped to provide consistent nursing care. Both the registered and deputy managers were registered nurses which provided additional cover where required.
- Staff were recruited following a number of checks on their background such as; previous employment, education, criminal records and their right to work in the UK. This helped to reduce the risk of people receiving care from inappropriate staff.

#### Using medicines safely

- Medicines were, overall, well managed. People received the medicines they needed in a consistent and safe way.
- Medicines were stored and disposed of safely. People's medicine administration records, used to record what medicines a person should have each day, were well completed.
- When people needed medicines on an 'as needed' basis, protocols for staff to follow were in place. ● Protocols to ensure the safe administration of 'covert' medicines were in place and had been agreed with a GP. Covert administration is when medicines are administered in a disguised format. Medicines could be hidden in food, drink or given through a feeding tube without the knowledge or consent of the person receiving them. This means the person does not know they are taking a medicine.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The only restrictions on people receiving visitors at Boughton Manor was during protected meals times. Visitors were encouraged to respect mealtimes and not visit during this time. However, if visitors did arrive during mealtimes, they were not denied entry to the home.

#### Learning lessons when things go wrong

- Policies and procedures were in place and followed ensuring when an incident and/or accident occurred they were investigated and acted on appropriately.
- We reviewed the incident/accident records that had occurred in the past 12 months. Records were thorough, reviewed by the registered manager and escalated to senior management where required.
- Other agencies such as the CQC were notified of serious incidents where required.



# 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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider ensured that all staff had received the required training to provide personal and nursing care safely and effectively. The provider had made improvements. Staff now had the skills required to provide people with effective personal and nursing care

- Staff received appropriate training for their role. This included ongoing supervision and refresher courses.
- People and relatives felt staff had the skills needed to provide the appropriate personal and nursing care for them or their family members. A person told us staff understood what they wanted and needed and respected their wishes.
- Staff were encouraged to develop their roles and experience. This was either through internal opportunities such as senior care roles, or, via externally recognised qualifications such as diplomas in adult social care.
- Annual checks of nurse registration and their right to work were carried out and recorded. This ensured people continued to receive nursing care from nurses with up to date skills and knowledge.

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

- People received personal and nursing care in accordance with their individual needs and choices and in line with current standards, guidance and the law.
- We noted that staff had worked closely with an external tissue viability nurse (TVN) when they identified that a person had returned to the home from hospital with a pressure ulcer. Staff followed the TVN's advice on the management of the wound which healed well.
- A number of guidance documents were on display in the nurses' office offering guidance to all staff on a range of different areas such as 'hydration in care homes' and 'management of norovirus infections'. The deputy manager told us they had recently volunteered to be part of a pilot scheme about how to ensure effective hydration in care homes.
- All of these measures helped to ensure people received effective care in accordance with current standards and guidance.

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

- People received the support they needed to maintain a healthy and balanced diet that met their health needs.
- People and relatives told us they felt there was sufficient good quality food and drink provided. A person told us the food was good and they could normally have whatever they wanted. A relative said, "The food is fantastic."

- People were weighed regularly and if they showed signs of losing weight, they had been referred to their GP. Some then received nutritional supplements to help increase their calorie intake.
- Food charts were used to monitor people's consumption, and these were well completed and evidenced that people were offered mid-morning, mid- afternoon and supper-time snacks in addition to the main meals. Fluid charts were used for people who required their fluid intake to be monitored. These were well completed and evidenced regular fluids were offered and taken. This helped people to maintain good nutritional health.

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

- Care records indicated that people had access to specialist services when necessary.
- For example, one person was regularly reviewed by a community psychiatric nurse (CPN), another had input from the tissue viability nurse, and records showed recent contact with the GP for another person.
- A GP did weekly visits to the service to review people's care needs.
- People had individualised plans in place should they require a hospital stay. This included people's medication, communication needs and dietary requirements. This helped people to receive the consistent care and support needed.

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

- The premises was appropriate for people's needs.
- Communal areas were clean and tidy and supported people living with dementia the opportunity to engage with others and interact with 'dementia friendly' objects. This helped to stimulate people's minds and encourage activity.
- Corridors throughout the home were wide enough for wheelchair access and had handrails for people to use when walking around the home. We did note that some corridors and other areas of the home would benefit from some decoration. The registered manager told us they had plans in place for some areas of the home to be decorated.
- Bathrooms and toilets were easily accessible for all. People's bedrooms were personalised to their own taste. This included paintings and photographs that were important to them. This was especially important for people living with dementia to enable familiar, comfortable surroundings.
- Garden spaces were plentiful and were well kept. In warmer months people were encouraged to access the garden areas more regularly. A 'sensory garden' had been built for people to enjoy. Donations from local businesses have helped to fund the development of this garden. This shows the home has a positive presence in the local community.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met. We found that they were.

- Mental capacity assessments were in place where required. Best interest documentation had been completed that included views of families and professionals . This ensured decisions were made in people's best interests.
- Where people had DoLS in place, these had been appropriately completed and conditions adhered to. This reduced this risk of people's freedom and liberty being unlawfully restricted.

# 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. At this inspection the rating has remained as 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 were treated well by staff. They were supported to lead fulfilling lives whilst respecting their right to live their lives in their chosen way.
- People and relatives found staff to be kind, caring and respectful. A person told us they found the staff to be kind and caring and the home had a peaceful atmosphere. A relative said, I can't fault the carers they are all brilliant. They are so kind. They always do so much for you [and family member]."
- People did not have specific religious or cultural requirements that needed to be considered when care was provided. However, the provider had policies in place that supported people's right to lead their lives as they wished, whether that was following a specific religion or having their cultural heritage respected.
- We observed staff interacting with people throughout this inspection and witnessed numerous positive, warm interactions between people and staff. There were some particularly warm and effective interactions between staff and people living with dementia. Staff were calm, attentive and reassuring and this resulted in positive experiences for all.

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

- People were supported to make decisions about their care and other decisions that could affect the home, such as décor of bedroom, choices of activities and meals.
- Although many of the people were living with dementia, staff still ensured they were involved with decisions, they were asked their opinions (wherever possible) and staff always explained to them what they were doing. This was particularly effective when supporting people with their meals.
- We observed meals being served and people were given their choice of meal. Some asked for alternatives options or additional food and this was provided.
- When people moved into the home they were given numerous options about décor and the layout of their bedroom. People were asked how many pillows they liked, what colour they wanted their walls, and if they wanted pictures from home hanging on the wall. This information was recorded on people's records and then acted on.
- Although reviews of care could be difficult with people who were living with dementia; family were often included in reviews, or, if no family was available, independent advocates were contacted. This ensured decisions made for people who could not fully contribute and/or understand the decisions, had people acting in their best interest.

Respecting and promoting people's privacy, dignity and independence

- People were provided with dignified care that respected their privacy and where possible, encouraged

independence.

- We observed people's privacy being respected. When people required care and/or discussions with the nurse or a care staff members in communal areas, privacy screens were used to ensure others could not see or hear what occurred.
- We also observed staff discreetly taking people to the toilet when required, this included when a person had become incontinent. The staff supported this person in a dignified and respectful way.
- People's independence was encouraged. Although many people were living with dementia, many were also fully mobile. This could pose a risk to them and to others. Some people had one to one supervision at set hours in the day; meaning they could maintain their independence safely with staff support when needed.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

At our last inspection the provider had failed to ensure that people always received care and support in accordance with their preferences and assessed needs. This placed people at risk of harm. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- There had been a significant improvement in the quality and detail recorded within people's care records. People's needs had been appropriately assessed and acted on; improvements had also been made to the quality and effectiveness of the care people wanted and needed.
- We observed staff's understanding of triggers that could affect people's reactions to certain things had significantly improved.
- At the previous inspection, staff did not have a thorough understanding of how to communicate effectively with people and how to de-escalate situations that could cause people harm. At this inspection it was evident that a consistent team of staff were in place that understood people's needs and we observed staff respond effectively on numerous occasions to support people. This contributed to a more positive atmosphere at the home.

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans were now more personalised and described a more accurate picture of the person and their individual needs. People's communication needs were well documented. One care plan stated the person did not understand verbal conversations and that staff could assess their reaction from their facial expressions and body language. It stated that picture communication cards could be tried. We observed this taking place.

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 and encouraged to take part in group activities and social events as well as individual activities that were important to them.
- At the last inspection we noted that although staff did on occasions try to engage people with activities, this was often ineffective, and people were left for long periods with little stimulation. Significant improvement had been made at this inspection.
- People were engaged in meaningful, fun activities. We noted group and individual activities taking place. People were encouraged to take part in karaoke, we also saw some people were painting poppies in time for Remembrance Sunday. Others were offered books to read and if unable, staff sat to read with them.
- The activities coordinator was not working on the day of the inspection; however, staff all commented on the positive impact they had had since they started their role. A staff member told us they felt activities were now a 'team effort' and everyone joined in and had fun. Our observations throughout showed a warm, welcoming atmosphere that did not exclude people due to them living with dementia.

Improving care quality in response to complaints or concerns

- When complaints had been received, either formally in writing or verbally, these were investigated, and actions taken to address them.
- The number of complaints was low; people and relatives told us they were satisfied with how any issues they had were dealt with.

End of life care and support

- End of life care and support was available where needed.
- At the time of the inspection no-one was receiving end of life care.
- People had basic end of life care plans in place that contained some detail on people's wishes. The registered manager advised us this was an area they wished to explore further; however, due to many of the people at the home living with dementia, and/or people not having family to speak with, it was not always possible to have detailed end of life care plans in place.

# 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 requires improvement. At this inspection the rating has changed to good. This meant 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

At our last inspection the provider had failed to ensure that effective governance processes were in place to help to identify, monitor and act on the risks to people's health and safety. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- Improved quality monitoring and auditing systems had meant the provider had made improvements in all areas which we highlighted during our previous inspection.
- A new registered manager was in post. They were supported by senior management and the home's 'heads of department' to implement and effectively use a wide range of audits. These audits helped to identify any areas for improvement, before they could impact people's health and safety.
- Daily, weekly, monthly, quarterly and annual audits were in place. Some of these were delegated to the heads of department such as nurses, senior care staff, maintenance and housekeeper. Daily meetings were held with the registered manager to highlight any issues; where any were identified, plans were put in place to address them and progress reviewed. This helped to reduce the risk to people's safety.
- At our previous inspection we had concerns that the registered manager at the time did not have a thorough understanding of people's health and care needs. We received inconsistent and at times wrong information about people. At this inspection, with the new registered manager established in their post, it was clear they had a wide-ranging understanding of people's needs and how they and their staff could help them to maintain good health.
- Staff spoken with had a thorough understanding of their role. They knew what was expected of them and how they contributed to the daily running of the home. The registered manager understood the regulatory requirements of their role. They ensured that relevant authorities were notified of any reportable incidents. This resulted in an open and transparent approach with a wide range of health and social agencies, departments and the CQC.

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

- There was a positive atmosphere at the home. Staff felt empowered to carry out their roles to their best of



their ability, helping people to achieve good outcomes.

- People and relatives told us they felt the home was well managed and staff understood how to provide care in a way that was best for them or their family member. A relative praised the registered manager calling them "approachable" and "caring".
- The registered manager promoted a positive culture at Boughton Manor. Person-centred care was a top priority. The provider's aims and values included the following; 'Putting people first' 'Being positive' and 'Striving for excellence'. It was clear these aims and values along with others, were fundamental to the improvements at this home. Staff spoke positively about the registered manager who they felt were approachable, understanding and empathetic. This led to them feeling confident to carry out their role, focusing on people's needs and not just daily tasks.

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 had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.

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

- People, relatives and staff were supported and encouraged to be involved with decisions about the home.
- All felt able to discuss any concerns with the registered manager and/or other senior staff. A staff engagement questionnaire showed they had previously not felt involved with decisions which they felt they could have had a positive impact. The registered manager therefore asked staff to contribute to the forming of the home's 'mission statement'.
- People and relatives were provided with a regular opportunity to meet with the registered manager and other staff. Some of these meetings were well attended by relatives, sometimes not so, but the registered manager told us they were always available to discuss people's/relatives' concerns.
- A recent meeting was cancelled due to an outbreak of Covid-19. Therefore, the registered manager provided a newsletter and ensured this was provided to relatives and people living at the home. The content of this newsletter included; an update on Covid-19 and testing, visiting arrangements, renovations to the garden woodland area and a new activities coordinator being in place.

Continuous learning and improving care

- There was a culture of continuous learning, improving the quality of care and reducing the risk of harm to people.
- Staff were encouraged to develop their roles and improve their knowledge and understanding. Exceptional performance resulted in staff gaining promotion to more senior roles; further improving the care received via an improved and consistent team of staff.
- Staff were provided with an on-going training package with additional training where required. A recent course provided for staff was the 'React to Red – Pressure ulcer management' course. This has helped staff identify the early signs of a possible pressure ulcer and to put measures in place to reduce the risk of them developing.
- When accidents or incidents occurred. A 'Team safety huddle' was implemented. This was a meeting with all staff involved to assist the registered manager in identifying the cause of the accident or incident, staff involvement and to reduce the risk of it happening again. This has resulted in more robust management and analysis of accidents and incidents.
- The registered manager carried out regular trend analysis of the number of falls, acts of physical aggression, deaths, complaints, medication and Covid-19. A risk analysis was also completed for each

person in all areas of care and this was used to assess staff numbers and increases in care needs. This has resulted in an increase in staff when needed.

#### Working in partnership with others

- Where required, the provider worked in partnership with a variety of health and social care professionals from several different agencies. These included social workers, occupational therapists and GPs.
- The registered manager has joined a number of local forums and schemes with other registered managers and representatives of local health and social care agencies. In these forums they discuss common trends and themes which could impact or improve the quality of the care and support provided.
- We saw positive feedback had been provided recently by a continuing health nurse assessor about the care provided for a person, and, also from an infection control nurse.