

Heritage Manor Limited

Abberton Manor Nursing Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Abberton Manor nursing home is registered to provide accommodation and care for up to 26 people in one adapted building, some of whom may be living with dementia. There were 19 people living at the service at the time of our inspection.

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

The service had a new manager and operations manager in post. Both were new to the company and had made progress in identifying and making improvements to the service. The governance framework, referred to as 'The Creative Improvement Process' (CIP) had identified some areas for improvement but needed to be imbedded to reflect how information was used to drive the required improvements.

Risks to people were assessed and managed. Technology was used to promote people's safety; however further work was needed to ensure people with sensory needs had access to technology that was accessible and easy to use so that they received care and support in a timely way.

Care plans and supporting risk assessments were in place detailing people's needs and the support they needed to stay safe, but some elements of their care were missing. For example, there was no plans to reflect people's oral health needs or managing people's diabetes. 'Resident of the Day' had been introduced to provide a more focused review of people's care and support needs, to ensure these were up to date.

The premises is a listed building, and space is an issue. The service has shared rooms, one of which is four bedded. Before moving into shared room, the options were fully explored with people so that they made a genuine choice to share a room with three other people.

Systems were in place to manage people's medicines safely and to reduce the risks associated with the spread of infection.

Sufficient numbers of staff were employed to meet people's needs. The providers' behaviour framework', which included the vision and values of the company, was used to form the basis of the recruitment process. This ensured the right staff were recruited to meet the needs of the people using the service.

Staff received training that gave them the necessary skills and knowledge to carry out their roles and meet the specific needs of people using the service. They were kind and caring and had developed good relationships with people.

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 did supported this practice.

People had access food and drink based on their individual choice and preferences.

People had access to a wide range of indoor and community-based activities designed to meet their interests and promote their health. Abberton Manor is part of the local community. The manager was keen to generate new opportunities to benefit people using the service, staff and the local community with the aim of becoming a 'Community Hub'.

People's relatives told us end of life care was well managed at the service, by kind and compassionate staff.

Systems were in place to acknowledge and respond to complaints and people knew who to speak with if they had any concerns.

People's communication needs had been assessed and were meeting the requirements of the Accessible Information Standards. This set of standards sets out the specific, approach for providers of health and social care to identify, record, share and meet the communication needs of people with a disability, impairment or sensory loss.

Rating at last inspection The last rating for this service was Good (published 31 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

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

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 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 not always well-led.

Details are in our well-Led findings below.

Good ●

Abberton Manor Nursing 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 team consisted of one inspector and an assistant inspector.

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

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the manager, deputy manager, a nurse, team leader, an activities coordinator, laundry assistant and the chef.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection we continued to seek clarification from the provider to validate evidence found. We looked in more detail at training data and quality assurance records.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed, however we found the services approach to managing environmental risk was inconsistent. Risks to people being harmed in relation to free standing wardrobes, hot surfaces, and falling from windows had been assessed and action taken to minimise the risks, but the security of the premises and people's access to a steep stair well from the first floor had not. We discussed these concerns with the provider who took immediate action to assess the risks to people and put measures in place to keep people safe.
- Technology was used to promote people's safety, such as alarmed sensor mats to alert staff if people at risk of falls had got out of or fallen out of bed. However, further work was needed to ensure people with sensory needs had access to technology that was accessible and easy to use so they could summon and receive care and support in a timely way.
- Fire systems and equipment were checked regularly, and routine fire drills were scheduled to ensure staff knew what to do in an emergency. People had individual evacuation plans in place to guide staff on how to safely escort them from the premises in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person told us, "Oh Yes. I am happy living here. It is a good place; the staff are friendly and kind."
- Staff understood the processes to keep people safe. They confirmed they had received updated safeguarding training and were aware of different forms of abuse and their responsibility to report concerns.
- The registered manager was aware of their responsibility to liaise with the local authority. Where safeguarding concerns had been raised, such incidents had been managed well.

Staffing and recruitment

- People and their relatives told us there were enough staff to respond to people's needs. One person told us, "Yes, enough staff to ensure you get the care you need when you want it." Another person commented, "Staff are kept extremely busy, however if I need anything there is always someone to help."
- Although, we saw there was enough competent staff on duty with the right skills and mix to support the needs of people using the service, there was reduced number of people living in the service. The manager told us staffing levels were adjusted according to the number of people in the service.
- Staff told us staffing levels were maintained, using agency staff. One member of staff told us, "We still need some more staff, working with agency is hard sometimes, it can be stressful. It is about quality not quantity." Another member of staff told us, "We generally have safe staffing levels here."

- The providers' behaviour framework', which included the vision and values of the company, was used to form the basis of the recruitment process. This ensured the right staff were recruited to meet the needs of the people using the service.
- Registered nurses pin numbers and revalidation with National Midwifery Council (NMC) were being monitored to ensure nurses were fit to practice.

Using medicines safely

- People told us, and random sampling of people's routine medicines, against their records confirmed they were receiving their medicines as prescribed by their GP. One person told us, "Each day I have a conversation with staff about whether or not I need my medicine, but it depends on the outcome of my blood pressure." Another person told us, "I look after my own medicines."
- People's prescribed medicines were stored, administered and disposed of safely and in accordance with relevant best practice guidance.
- Staff administered medications in a respectful manner. People were offered a drink with their medication and were routinely asked if they wanted pain relief. Where medicines were prescribed on an 'as required' (PRN) basis, clear protocols were in place to guide staff when these should be administered.
- Where people had been deemed not to have mental capacity to agree to taking medicines covertly, (disguised in food or drink) multi-disciplinary meetings had taken place to agree that it was in the person's best interests to ensure they received their prescribed medicines.

Preventing and controlling infection

- The environment was clean; with no underlying unpleasant odours.
- Staff had access to and understood policies and procedures for the prevention and control of infection and were observed putting these into practice.

Learning lessons when things go wrong

- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- Incidents, such as falls were documented and reviewed by the management team to identify trends and identify where action was needed to prevent similar incidents reoccurring.

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 remained the same.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager understood their responsibility in terms of making an application for deprivation of liberty safeguards to the authorising authority.
- A review of the DoLS file confirmed authorisations were either in place or requested to restrict people's freedom for their own safety, however we found one DoLS had expired and no additional request had been made.
- People that had been discharged or no longer living at the service, were also still on the list and it was not clear if the local authority had been informed.
- The provider wrote to us following the inspection informing us they had taken immediate action implementing a better system for knowing which DoLS were active, and when authorisations were due to expire was needed.

The 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.

- Peoples care records contained information on how staff supported them to make day to day choices and decisions.
- Where people did not have the mental capacity to make decisions, staff understood the principles of the MCA. For example, one member of staff told us, "We have to have in mind people's human rights, just because we think their decision is wrong, it doesn't mean we stop them from doing something, as long as it safe to do so. We aim to help people achieve what they want to do."

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

- The premises is a listed building, and whilst the décor is sympathetic to the style of the building, space is

an issue. The service has shared rooms, one of which is four bedded. Two people were residing in this room at the time of the inspection. Two hospital style screens had been provided, but we were not assured these would provide privacy and promote people's dignity if fully occupied by four people. Following the inspection, the provider sent us additional information reflecting the use of this room was fully explored with people before moving into these rooms so that they made a genuine choice to share a room with three other people.

- People and their relatives told us the service was 'homely'. Comments included, "The home is very comfortable, very pleasant", and "If it was a hotel I would put it as 'five stars', they make you feel welcome as soon as you come in."
- One person told us, "The home is clean but could do with updating some of the décor, bit more maintenance, paint here and there."
- The manager told us a programme of redecoration is planned. Rooms that had been decorated already, looked cleaner and brighter, including a bathroom containing seaside artefacts to add a homely feel.

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

- Before people moved to the service a comprehensive assessment of their physical, mental and social needs was completed.
- The manager had considered all aspects of people's needs, including their identity and how these needs could be met. For example, care plans were in place which related to people's religion and sexuality.
- Staff were aware of and worked in accordance with current guidance and best practice legislation, such as National Institute for Health and Care Excellence (NICE) guidelines for managing medicines in care homes and the Gold Standard Framework (GSF) for supporting people at their end of life.

Staff support: induction, training, skills and experience

- Nursing staff told us some of their training needed updating, specifically around catheterisation. The manager confirmed they had sourced training for catheterisation, syringe driver, wound care venepuncture and verification of death and MUST and was awaiting authorisation from the providers training manager.
- Care staff had access to arrange of eLearning and face to face training designed to give them the skills, knowledge and experience to carry out their roles and provide effective care and support.
- New staff and agency completed an induction when they joined the service before commencing shifts. This included shadowing experienced members of staff.
- Staff were encouraged and supported with their professional development and were given opportunities to enhance their skills both internally and via external training. The deputy manager told us, they had attended dementia leadership training, with two staff having completed the train the trainer course in dementia care.

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

- People and their relatives were complimentary about the food provided. One person told us, "I am a vegetarian, which doesn't seem to cause any problems, the other week the chef produced an amazing Spanish omelette, and sometimes they do an amazing dish of mushrooms in cream sauce for me." Other comments included, "Food is very good", and "I have my breakfast in my room, I have porridge and something else, which varies from toast and marmite, to scramble egg. As a real treat I have kippers. They know what I like."
- Meals times were a positive, and sociable experience for people with a good ratio of staff present to ensure they received the support they needed to eat their meal. One relative told us, "My [Person] has sherry before lunch, they can eat where they want to, food just happens."
- The PIR states, 'it is company policy to encourage people to eat outside as this has been proven to boost

people's wellbeing'. The manager confirmed during the summer picnics and events were held outside in the garden which improved people's nutritional intake.

- Staff knew people's dietary needs well. Fresh fruit and snacks were available in lounges and dining areas and easily accessible to people.

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

- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with nurses and the management team.

- Staff worked well with other professionals to ensure people had access to healthcare services. However, more work needs to be done to ensure people had access to dental services to ensure their oral healthcare was met.

- Where people had specific health needs, such as swallowing difficulties or weight loss advice had been sought from health professionals.

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

- People told us they were supported to see their GP, and health professionals when needed. One person told us, "An extra bonus for me was that my GP covers this home. I have been with him since they took up practice. I can't speak too highly enough of them. I had two conditions on moving here and one was that I didn't lose contact with the GP practice."

- People told us when they were unwell, staff acted promptly to seek advice from health professionals. One person told us, "A few weeks ago, I had flutter and I was in bed for couple of weeks. Perfectly taken care of. I can't say they didn't do anything. Everything was done."

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 remained the same.

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; equality and diversity

- People, and their relatives, were complimentary about the attitude and capability of the staff and the care provided. Comments included, "The care here is very good, I couldn't better the staff," "Everybody's friendly," and "Glad, I came here. It is a wonderful home."
- Staff had developed good relationships with people. We saw positive interactions between staff, and the people they supported. Interactions were natural, but respectful. For example, a person was seen waiting in the corridor to go into the hairdressers. A member of staff asked if they were okay, when they said they were cold they got them a blanket. The person commented 'oh lovely' when they saw the blanket.
- People, including those who stayed in bed, received the care and support they needed from staff who knew and understood their needs well. One person told us, "I am well looked after, I don't need to worry about anything, I get all my needs met."

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

- People's views were sought daily, and they had choice and control in their daily lives. One person told us, "Staff are good, they help me get up in the morning, and help me down to the lounge, when I want to. I like to sit in the lounge, but I might have tea in my room tonight, now it's getting darker."
- Records reflected relatives inputted into people's care, including their past, likes, dislikes and health. One person told us, "If there was something that should be changed I would have a word with my (relative). Otherwise I would have a word with any member of staff, or if it was of a more medical nature, then the nurses."
- People and their relatives were encouraged to share their views about the care that people received. One person wrote on a questionnaire, "From the time of my admission, I have been treated with the greatest kindness, consideration and respect. The staff are friendly and competent. I cannot think of anything more they could do to enhance the comfort and happiness of the residents."
- People and their relatives had been involved in conversations and making decisions about end of life care, including Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR).

Respecting and promoting people's privacy, dignity and independence

- Staff understood it is a person's human right to be treated with respect and dignity. We observed them

putting this into practice during the inspection.

- Staff provided encouragement to people when they needed it and supported them to retain their independence wherever possible. One member of staff told us, "We encourage people to wash their own face, go to the hairdresser, put make up on. It's about giving choice, it's about self-esteem and psychological wellbeing."
- Staff spoke discretely when asking or encouraging people to use the toilet and were observed gaining people's consent to enter their rooms and before providing personal care. One person told us, "They [staff] do ask if I need assistance, they don't just come in and start ripping my clothes off."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 provider had installed a new electronic care planning system however the manager and staff told us this was not working well for the service, and plans were in place to change to a different system.
- Care plans and supporting risk assessments were in place detailing people needs and the support they needed to stay safe, but some elements of their care were missing. For example, there was no assessments or care plans to reflect people's oral health needs. Additionally, one person's care plan stated, 'staff to monitor their blood glucose levels prior to their breakfast and act accordingly to this level'. There was no information what their normal blood sugar range should be or what action staff should take, if the reading differed. There had been no impact of ill health for this person. The manager told us, 'Resident of the Day' had been introduced to provide a more focused review of people's care and support needs, to ensure these were up to date.
- Recording of information and the language used by staff to describe people's behaviours was in some cases judgemental and needed to improve. The manager told us this was a training issue and had sourced additional training for staff.

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 carer's.

- The service had provided information in accessible formats, such as providing the service user guide in large print, digital or audio guide.

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

- An area the service excels at is providing a range of indoor and community-based activities designed to meet people's interests and health benefits. These included, reminiscence, chair-based activities, and minibus trips to places of interest, such as the seaside, garden centre, and Abberton reservoir. Recently an artist visited and did caricatures of people living at the service, which were framed on wall.
- The manager told us, the service was very much a part of the local community and this was something they were keen to explore further to generate new opportunities to benefit residents, staff and the local

community with the aim of becoming a 'Community Hub'.

- People were supported to continue taking part in old interests both within the home and out in the wider community. For example, staff supported a person to go back to the farm they used to own for the day. Also, staff arranged for another person who had recently moved to the service to have their remaining chickens to visit.
- The manager told us, staff had developed good connections with people using the service, "It's our strength, going beyond providing care, for example [Person] wanted to go on holiday so we sorted it, they are spending a long weekend in a caravan, as they wanted to go the seaside."
- The service had developed cross generational links with pre-school and primary schools, who visit the service and integrate with the people, playing games, quizzes and storytelling. This commitment was recognised at the Essex Care Sector Awards in 2017 where the service won 'Best Community Engagement'.
- Special anniversaries and birthdays were celebrated, alongside open day events such as cream teas, coffee mornings and BBQ's for families, staff and members of the local community to enjoy.

Improving care quality in response to complaints or concerns

- People told us they would speak with the manager or a senior staff if they had any concerns. Comments included, "I have never made a complaint. I've nothing to criticise," and "I don't think there would be anything to criticise."
- Systems were in place to acknowledge and respond to complaints. A review of the complaints book showed there had been no formal complaints raised about this service therefore we were unable to test how complaints were listened and responded too.
- The manager told us they have an open-door policy and encouraged people to discuss any concerns in an open and transparent way.

End of life care and support

- Staff were knowledgeable about how to support people well at the end of their life. They worked within the good practice guidelines referred to as the Gold Standards Framework (GSF). This enables a 'gold standard' of care for all people who are nearing the end of their lives and to live well until they die.
- Relatives and staff told us people were provided with the support they needed to experience a comfortable, dignified and pain free death. A member of staff told us, "Last year, a person with a poor prognosis, came to Abberton and wanted to have a last Christmas celebrated with her family. We brought the festivities forward by organising a tree for their room, fully decorated with lights and presents. They and their family had what they believed would be their last Christmas together. Against the odds, this person continues to live well at Abberton Manor today."
- Information in a relative's feedback form praised staff for the care of their [Person] who had passed away at the service. They commented, "Towards the end of their life [Person] became very poorly, staff did everything they could to make them comfortable and supported our family through this difficult time. The care and attention was amazing, I can't thank Abberton and its staff enough for taking care of our [Person] for us when we could no longer give the care they needed."

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 remained the same.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The previous registered manager resigned in April 2019 and a new manager commenced in post in May 2019. They informed us they were in the process of applying for the Disclosure and Barring (DBS) checks to make their application to us, the Commission to become the registered manager for the service.
- The provider had implemented a governance framework referred to as 'The Creative Improvement Process' (CIP). This is to be completed on a two-monthly basis by the company's operations manager.
- The service has a new operations manager in post who completed the first of these visits in July 2019. Post visit they had produced a report, with actions required, and timescales for completion. Whilst the CIP had identified areas needing improvement, this had not identified some of the issues we found during the inspection. However, the CIP process was in early stages and needed to be imbedded to drive the required improvements in the service.
- The manager had completed a detailed PIR which clearly outlined what worked well at the service, and showed they understood what was needed to ensure the service continued to develop, and ensure people received high-quality care.

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

- Staff understood the vision and values of the company and knew what is expected of them. Staff confirmed they were issued with a 'Zcard' providing them with a visual aid to the vision and values, which were based on the 6c's, Care, Compassion, Competence, Communication, Courage and Commitment. These values formed the basis of the provider's 'behaviour framework'.
- Staff told us, the manager was approachable and supportive, comments included, "Communication has improved since the new manager started, they are always available by phone or email to share ideas," and "They are approachable, they make me feel like you I am doing a good job, and I feel more valued".

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

- The manager had introduced a 'See it, Sort it'; approach underpinning the company's 'The Standard you Walk Past is the Standard You Accept.' These approaches had been designed to encourage staff to take responsibility for not walking past something they know could be improved and instilled a team

responsibility.

- The manager told us they were in the service daily and knew the people using the service, their relatives and staff well. They worked alongside staff to monitor their practice and the interactions with people using the service.
- Staff told us they received regular supervision regarding their performance and felt supported in their roles. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff.

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

- The manager has continued to improve on the good links already established with people, their families, friends and the wider community. They write a regular column in a local community bulletin informing the community of events and welcoming people to attend.
- Monthly newsletters were emailed to family, friends and interested parties, together with the social activities programme.
- The service encourages people to complete feedback about the service. This includes entering feedback on an independent website that rates the service on the quality of the feedback provided. Comments posted on this site reflects positively on the service, comments included, "Lovely caring and friendly home. Clean and lovely food. The staff are so kind and friendly. I would highly recommend it," and "Excellent care in all aspects, couldn't think of a nicer home for my [Person] to be looked after in."
- A recent staff survey to measure what it feels like to work at the service, and how much staff feel supported by the company, reflected 83% of staff responded, with positive results, confirming they received regular supervision, were supported to achieve their agreed objectives and knew about the 'Behaviour Framework'.

Continuous learning and improving care

- The manager had implemented clinical review meetings for staff to share information about clinical issues, such as pressure care, types of dressing and diabetes, so they could ask questions and share best practice.
- The manager told us they met regularly with other managers within the company to share best practice, new initiatives, learning and development and the opportunity to network and share experiences.
- The manager told us 'open surgeries' are planned for people, relatives, friends or visitors to discuss concerns or offer suggestions and ideas as to how they might further enhance the quality of care and support in the service.

Working in partnership with others

- The manager and deputy manager told us they are active members of My Home Life, the Gold Standard Framework, Registered Nursing Home Association and Essex Care Association. They told us they attend regular meetings and forums to share best practice and keep up to date with new legislation.
- The manager worked well with other agencies and resources, such as PROSPER, to share information and ensure they are aware of and adhered to most recent guidance.