Maria Mallaband 12 Limited

Buckingham House

Inspection report

Oxford Road
Gerrards Cross
Buckinghamshire
SL9 7DP

Tel: 01753468200
Website: www.mmcgcarehomes.co.uk

Date of inspection visit:
11 October 2019
15 October 2019

Date of publication:
04 November 2019

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
Buckingham House is a care home with Nursing. It can accommodate up to 53 people. At the time of the inspection 45 older people some of whom were living with dementia lived at the home. Accommodation was over three floors. The second floor had been opened in the summer to offer more independent living accommodation for people. People had access to a range of seating areas and well-maintained small garden area on the ground floor.

People's experience of using this service and what we found
People and their relatives told us Buckingham House was "Homely," " Welcoming, friendly and had kind staff." Relatives told us the environment was "A breath of fresh air" and "The level of cleanliness is high."

People were supported by staff who had been recruited to ensure they had the right skills and attributes to work at the home. The home had occasional support from external temporary workers. We found the service did not have a system in place to ensure temporary staff had the required skills. For instance, a nurse needed to have a current registration with their professional body. We have made a recommendation about this in the report.

People who required support with the administration of their prescribed medicines, had this provided by staff who had been deemed competent. We found records relating to people's medicines were not always accurate. We found some stock levels were incorrect. Audits carried out by the service did not always reflect the amount of medicine held at the home. We found staff were not always provided with adequate information on medicines which were prescribed for occasional use. We have made a recommendation about these issues in the report.

People had care plans in place which reflected their likes and dislikes. However, care plans did not routinely hold information about people's life histories and were not always updated in a timely manner when needs changed. We have made a recommendation about this in the report.

The service supported people with end of life care. However, we found mixed evidence about how the service recorded people's wishes. We have made a recommendation about ensuring people's end of life wishes are recorded.

People were cared for by staff who demonstrated kindness, compassion and respected individual's dignity. Comments from people and their relatives included "All staff behave in a professional manner," "His care has been exemplary" and "I am impressed by the cheerfulness of the staff who do a difficult job with patience."

People had access to a wide range of activities within the home and the local community. The home had regular visits from school children and people were supported to practice their chosen faith or religion.

People were routinely consulted about changes to the home environment, future activities and decisions about their care.

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.

The provider and management team had systems in place to monitor the quality of the service provided and used feedback to drive improvement.

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

Rating at last inspection
The last rating for this service was good (published 9 March 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Buckingham House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors on two days.

Service and service type
Buckingham House 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. The manager had applied to CQC for registration as manager. Registered managers and providers 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 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 looked at information we held about the service and what people had told us. We contacted local authority safeguarding teams. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives. We had discussions with the manager, a nurse, three care workers, two housekeeping staff, the chef and a community liaison officer.

We observed mealtimes in different parts of the home, part of a medicines round and part of an activity.

We looked at a range of records. These included six care plans, four staff recruitment files, the staff training matrix and staff meeting minutes. Medicines administration records were looked. We checked a sample of internal audits, audits by the provider, records of complaints, accident and incident forms. Other records included maintenance and upkeep of the premises, health and safety records, the results of a 2018/2019 independent survey.

After the inspection
We sought clarification about some of the evidence we found and reviewed information we asked the manager to send to us after the visit.

We contacted staff and community professionals by email, to invite them to provide feedback. We reviewed information relatives, staff and people who used the service sent to us.

Good

Is the service safe?

Our findings

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

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

Using medicines safely

● People who required support with the administration of their prescribed medicines had support from staff who had been deemed competent by the provider. People's medicines were recorded on an electronic system.

● We observed medicine administration. We found people were supported by staff who demonstrated professionalism, patience and knowledge. People were given time to take their medicines. Where people demonstrated reluctance to take their tablets, staff ensured they returned to them at a later time to offer the medicine again.

● People told us they received their medicines when they needed them. Some people were prescribed 'as required medicines', additional guidance was available for staff on when and how it should be administered. However, the guidance did not routinely provide adequate information for staff who were not familiar with the person, to assess if the medicine was required. We discussed this with the management team. Following the inspection, we received confirmation the guidance had been updated.

● The provider expected each person's medicine records to be audited on a regular basis. This was to check stock levels and accuracy of record. An audit had been carried out on 8 October 2019. We checked stock levels for the same records audited. We found there were discrepancies in the stock levels. We highlighted this to the management team, who immediately commenced an investigation. They found an error had been made in the audit completed.

We recommend the provider ensures robust systems are in place to manage people's medicine records in relation to 'as required' medicines and stock levels.

Staffing and recruitment

● People were supported by staff who had been recruited using robust processes. There were staff available to support people when they needed assistance.

● There were sufficient staff deployed around the building to meet people's needs. We observed people being supported at various times throughout the day and saw their needs were met in a timely manner.

● Staff recruitment files contained full and robust checks, as required, including a Disclosure and Barring Service check. This checks for criminal convictions and inclusion on lists of people who would be unsuitable to work with people at risk.

● Information had been obtained from external agencies who supplied temporary staff to the home. In the case of two nurses, we noted their registration with the Nursing and Midwifery Council (NMC) had expired, according to the information provided by the agency. The service had not checked to ensure the nurses' registration was current. This was mentioned to the manager for them to follow up. In addition, the agency profile for one care worker who had worked at the service for some time, could not be found. Staff contacted

the agency whilst we were at the home, to request another profile.

We recommend a system is put in place to ensure information about temporary workers is kept up to date at the service.

Systems and processes to safeguard people from the risk of abuse
● People were protected from abuse.
● People and their relatives told us they felt safe at the home. Comments included "I feel I can rest as I know he is looked after."
● Staff had received training on how to recognise signs of abuse and were able to tell us about how to support people keep safe and protect them from abuse or harm. One member of staff told us "Suspicion of abuse or harm being caused to any individual would be reported to the manager or directly to safeguarding or higher management if there was no action taken at home level, I would report it verbally straight away." Another member of staff was aware of how to recognise abuse they told us "Signs of abuse such as bruises, burns, fractures, wounds, signs of neglect such as poor hygiene, dehydration, weight loss; change of behaviour."

Assessing risk, safety monitoring and management
● People were kept safe and the likelihood of injury or harm was reduced.
● Written risk assessments were in place to assess likely hazards and how these could be reduced. For example, where people were helped to reposition.
● Appropriate measures were put in place where risk assessments identified potential hazards. For example, two staff assisted people who required lifting equipment to help them move. Any equipment people required was serviced routinely by an external contractor to ensure it was safe to use. Staff undertook training in safe working practices which included moving and handling, fire safety and first aid.
● The premises were well maintained to make sure they were in good condition. There were certificates and records to show compliance with gas and fire safety standards. Regular fire safety checks were carried out. Some remedial work was needed to the electrical system, following a safety check. A date had been arranged to attend to this.

Preventing and controlling infection
● People were protected from the risk of infection at the home.
● Staff undertook infection control training as part of their mandatory training. We saw staff consistently used personal protective equipment (PPE), such as disposable gloves and aprons, when they carried out personal care or assisted people at mealtimes.
● We observed areas of the home being cleaned throughout the day. Housekeeping staff maintained the premises in a clean and hygienic condition. There was good odour control. Laundry was managed well. Soiled items were handled separately to manage the risk of cross-contamination. Relatives were complimentary about the environment comments included "The level of cleanliness is high."
● The home had been awarded the highest level of rating by the Food Standards Agency for its food hygiene practices.
● We saw two infection control audits had been carried out this year. These showed high compliance scores, with actions taken to make improvements.

Learning lessons when things go wrong
● The provider and manager took appropriate action when things went wrong, to improve standards at the home.
● Accident records were maintained. These showed staff had taken appropriate action when people fell or

sustained accidental injuries.

- The provider had a monthly publication in which good practice was shared across all their locations.

Good

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Prior to moving into the home people's needs were thoroughly assessed by the service. Assessments took into account physical and mental health needs and any needs related to disabilities and communication.
● Assessments identified any individual needs which related to protected characteristic identified in the Equality Act 2010. For instance, preferred language, faith, religion, and cultural considerations.
● Where a person's assessment had identified the need for additional equipment or technology, this was provided. For instance, some people had been assessed as at high risk of falling. Sensors had been obtained which provided staff with an early warning sign a person was moving about. Staff were then able to attend to people and observe them mobilising and support them if required to prevent a fall. The manager gave us examples of how they had used other equipment to support people. For instance one person had sensory beam in their room to alert staff there may be another person trying to enter the room.

Staff support: induction, training, skills and experience
● People were cared for by staff who received appropriate support, training and supervision. Staff were supported with a structured induction to their specific role. New care staff were supported to study the Care Certificate. The Care Certificate is a set of nationally-recognised standards all care staff need to meet. The standards include communication, privacy and dignity, equality and diversity and working in a person-centred way, as examples.
● Staff told us they felt the training provided supported them to keep their skills up to date. Comments included "I find this company great at providing training for all topics, e-learning to face to face training, first aid etc."
● New staff received an induction into their role. One member of staff told us "I had induction when I started working in Buckingham House and I was confident when I started working unsupervised." There was evidence of regular supervision meetings to support staff develop. Annual appraisals were also held to review performance and identify any development or further training needs.
● Staff completed a range of training the provider considered mandatory. Training took place to update nurses' clinical skills.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional needs were effectively met.
● Care plans identified any support people needed to eat and drink and any dietary considerations which needed to be taken account of. People were assessed to see if they were at risk of malnutrition. Appropriate measures were put in place where people were at risk. This included fortifying their diet, monitoring weight and use of food and fluid charts if appropriate. The chef was made aware of people's dietary needs,

including people at risk of weight loss.
● There were enough staff to support people at meal times. Mealtimes were unrushed and music was put on to create a pleasant atmosphere. We observed some background noise from serving, clearing away and moving chairs, which could affect people's mealtime experiences. The manager added this to the home's action plan for attention.
● People were offered a choice of foods and could sit where they wished. Menus were provided on the tables.
● Snacks were available outside of meal times, including at night, to encourage people to eat sufficient amounts.

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked well together and with external agencies such as the local authority and GPs.
● Staff handovers took place between shifts, to pass on relevant information about people's health and well-being.
● Staff were allocated to specific bedroom numbers during their shifts, to ensure people received co-ordinated care.
● When people were transferred to other settings for example, the acute hospital, staff kept in contact to ensure the person's needs could be met when ready for discharge.

Adapting service, design, decoration to meet people's needs
● People lived in a home which was appropriately adapted and designed to meet their needs. This included adapted bathrooms, provision of grab rails and sufficient space for wheelchairs and hoists to be manoeuvred safely.
● There was level access around the building and garden to enable people with disabilities or impaired mobility to move around easily. The building had a passenger lift for access between floors.
● People were able to personalise their rooms with whatever items they wished, to make them feel homely, comfortable and familiar.
● There had been improvements to the environment. These included the ground floor dining area, which previously contained a pillar in the middle of the room. It was now a more spacious area.
● People had been consulted about making further improvements to the environment. People had decided on a new wallcovering for a part of the building.

Supporting people to live healthier lives, access healthcare services and support
● People were supported to be healthy and to access a range of healthcare services.
● Care plans identified any support people required to meet their healthcare needs, including oral health. People were referred to external healthcare professionals where necessary. This included district nurses, palliative care specialists, GPs, opticians and chiropodists. Records were kept of the visits or appointments, and any follow up which was required.
● The home used technology to help meet people's healthcare needs effectively. Buckingham House used a telemedicine service as an additional way to seek medical advice. Telemedicine is the use of telecommunication and information technology to provide clinical healthcare from a distance. This helped to diagnose conditions, reduce attendance at A&E and hospital admissions.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People were supported in line with the Mental Capacity Act 2005. Staff had received training in the subject. Staff demonstrated a good understanding of the MCA and how to apply it to people. Comments from staff included "Their (People's) best interest must always be at the centre of decision-making process" and "Everyone should be given the chance to make a decision by helping them to understand the information and if they cannot then make the decision in their best interests."
● People who had capacity were able to consent to their care and treatment. Where they lacked capacity, the service provided care and treatment in line with legislation and best practice. We observed capacity assessments had been carried out on decisions about care and treatment. For instance, the use of bed rails.
● The service ensured where people had a legally appointed third party to support them a copy of the powers held was received.

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.

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; respecting equality and diversity

- People were happy with the care and support they received and felt they were well treated.
- One person commented in a letter to the manager "The staff are friendly and helpful and nothing is too much trouble. To tell you the truth, I can't believe my luck!" Another person told us "I am impressed by the cheerfulness of the staff who do a difficult job with patience."
- We read a number of compliments and thank you cards the home had received. Comments included "(Family member) always remarked to us just how kind all the staff were," "Thanks for the kindness, dignity and compassion the whole team treated her with," "Thanks for all you do for him. I am so happy he has settled there." A person who acted on behalf of a family commented "They had nothing but praise for the team at Buckingham House…they said that their (family member) was so well looked after and it felt like home from home for her."
- We saw a relative had written to the home to thank them for organising birthday celebrations for their family member. Comments included "The guests were all impressed with what the staff of Buckingham House had done to make (name of person)'s birthday a happy occasion."
- Another relative commented "I am so grateful to you all for not only caring for (name of person) day in, day out, but for making me so welcome too. It became like a second home."
- Staff responded appropriately when people were unwell or distressed. We heard nurses listened to people when they said they felt unwell or were in pain and gave them time to describe their symptoms. They offered people reassurance and said they would contact GPs where this was necessary.

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

- People were involved in decision-making about their care and had opportunities to express their views.
- We heard staff offered people choices routinely, for example, at meal times. Throughout the day, people were asked where they would like to sit and whether they wished to attend activities.
- Residents' meetings were held at the home. Relatives' meetings were also held. These showed people were kept informed about what was going on at the service and had the opportunity to ask questions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and they were encouraged to be independent.
- We saw people had been supported to look well-groomed and take pride in their appearance. A hairdresser visited the service regularly. Care was taken of people's clothes and personal belongings. A relative told us "His care has been exemplary. All the staff engage with him and offer assistance whenever necessary."

● Care plans and other records were written in a respectful and dignified way, using appropriate terminology and language.
● People were encouraged to be as independent as they could be. Risk assessment systems and adaptations throughout the building supported this.
● Staff spoke with people in a dignified way and promoted their self-worth. For example, one member of staff reminded a person they had served in the armed forces and commented how brave they were.
● Staff knocked before they entered people's rooms. All personal care was carried out with bedroom or bathroom doors closed, to protect people's dignity.

Good

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 add rating. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which met their needs and preferences.
- Care plans were in place for each person. These identified people's needs in relation to a range of areas including protected characteristics under the Equality Act (2010), such as age, disability, ethnicity and gender.
- People's preferences, likes and dislikes were assessed and recorded in the care plans. In some files, this included important information about their past histories, such as occupation and family composition. In each file we looked at, there was a form to record information about people's backgrounds and histories although these had not always been completed. When we mentioned this to the manager, they told us they were not always able to obtain these details from families.
- Systems were in place for people's care plans to be reviewed. However, we found these were not routinely followed when required. We discussed this with the management team, who advised this would be addressed at the next clinical team meeting. We checked if major changes in people's needs had not been reflected in care plans. We found one risk assessment for helping the person move position did not contain up to date information. In other care plans we found although the care plan had not been reviewed in line with providers expectations, there had been no change in the person's need.

We recommend the service follows good practice in engaging with people, their families to ensure people received person-centred care and review circumstances to ensure records are kept to date with people's changing needs.

End of life care and support

- People received appropriate support at end of life.
- We read letters from families expressing their thanks for the care given by the home to their family members at end of life and also for support given to the family. One person commented "I just wanted to thank you and your whole team for the compassion and care that was shown…not only to my (family member), but to our whole family."
- The service was providing palliative care to some people at the time of the inspection. People were referred to palliative specialist teams where necessary.
- Management of pain had been anticipated. Medicines were available to manage additional common symptoms that can occur at the end of life. For example, for breathlessness, nausea and sedation.
- We read a detailed palliative care plan, which included assessment of the person's psychological and emotional status, their ability to make decisions and pain management. Their specific end of life wishes had also been recorded. This was a good example of best practice.

● In some other files we looked at for people who received palliative care, end of life wishes had not been recorded. One file contained a note saying the person and their relative were not ready to discuss these details, for other files there was no indication if the person and their family had been asked about these. This meant people may not have been given the opportunity to discuss their end of life needs and preferences.

We recommend the service consistently follows best practice guidance in care planning for people at end of life.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were assessed as part of their initial and on-going care needs assessments.
● People were supported to use any identified aids to facilitate communication. For example, hearing aids and glasses.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People were supported to keep in contact with their relatives and friends.
● People's visitors, and several dogs, were welcomed at the home.
● Activities and outings were arranged to provide stimulation and interest for people. There was a weekly activity sheet to advertise what was on offer. This was given to each person.
● Varied activities took place. These included reminiscence, knit and natter, exercise and yoga sessions and a men's club. The home had a visiting therapy cat and had applied for a Pets As Therapy dog.
● People and their relatives told us they enjoyed the activities. One relative told us "She is stimulated and entertained with many wonderful activities which are carefully thought out and executed by the activities co-ordinator and supported by all the staff."
● We heard people enjoying an entertainer who visited the home to provide a therapeutic and lively music session. On another day, we saw people enjoyed seeing, touching and learning about animals that had been brought to the home.
● The evening before our visit, there had been a Casino Royale James Bond themed evening. This had been well organised with a special menu, cocktails named after the films and helium balloons which matched the casino theme. People told us they had really enjoyed the evening.

Improving care quality in response to complaints or concerns
● People's complaints and concerns were listened to and used to improve the service.
● A log was kept of complaints and how they had been responded to. These showed appropriate action had been taken. The home had also received several compliments about people's care.
● Complaints procedures were in place at the home. We saw people had been reminded about how to make complaints during a relatives' meeting in June this year.
● Copies of an easy read version of the complaints procedure were in the entrance area. These contained inaccurate details of the local authority and the regional director and referred to another care home run by the provider, not Buckingham House. We bought this to the attention of the management team who rectified this immediately.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has 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.

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

● People, their relatives and staff felt the home was "Homely", "Welcoming" and "A breath of fresh air with its welcoming friendly and kind staff. The building is bright and airy and spacious with lovely gardens to enjoy." Relatives told us they would not hesitate to recommend it.

● The home had introduced a 'resident champion', this was a person who was responsible for welcoming new residents. This helped people settle into their new environment.

● Staff told us they had confidence in the management team, they felt valued and listened to. Comments included "I can go (to the manager) anytime because she is a person with an open mind, transparent, she listens to all the problems and she will endeavour to solve anything" and "I have never been more comfortable than I am with the present manager to be able to raise any issue or concern, I feel that the manager we now have takes the issues raised seriously and will address them straight away, she is supportive." Without exception staff were complementary about the management team.

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

● Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The manager was familiar with this requirement and was able to explain their legal obligations in the duty of candour process.

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

● At the time of the inspection there was not a manager registered with us. The manager in post had applied to be registered and the application was being processed.

● The provider and management team had systems in place to monitor the quality of the service provided. There was a yearly calendar of audits which staff were responsible for completing. These were monitored by a regional manager and reported to the provider's senior management team. We observed required action to improve the service were recorded. We looked at the most recent action plan. It was clear record

management in respect of care plans had been identified as an area of improvement. We discussed record management with the management team. They acknowledged the records relating to medicines needed to improve. They told us "We recognise we have some work to do." Following the inspection, the manager updated us with how this was planned to be improved.

● People were cared for in a service where staff were clear about their roles and what was expected of them.

● People and their relatives were happy with the management team. One relative told us "There has been a change of management in the time that my mum has been there and whilst we thought it was good when mum first arrived, we feel that this change has been an excellent one and the overall standard has been elevated further."

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

● The service engaged and involved people who lived at the service, staff and the public.

● People were asked what they thought about the service through meetings and questionnaires. This included a survey conducted by a leading market research company. The most recent survey showed 100% of relatives and people who used the service who completed the survey were satisfied with the overall standard of care. Action was taken in response to questions where people expressed dissatisfaction. For instance, staffing deployment had previously been discussed at relative meetings. However, we received positive feedback from relatives. Comments included "Staffing is not an issue, [Name of manager] made it clear when they came into post it was their decision."

● Information was accessible in the entrance hall and on noticeboards so people could see the latest news about the home and forthcoming events.

● Staff told us they felt supported and had access to the training they needed. Regular staff meetings were held to discuss practice.

● One staff member was a 'dementia friends' champion. This is an initiative set up by the Alzheimer's Society to promote the well-being of people with dementia in the community and increase awareness about how the condition affects people. Events were held to inform relatives and others in the community about dementia.

● Coffee mornings were held at the home and money was raised for local charities through the sale of cakes and confectionery. A dementia café was held once a month. There were plans to open this up to the public.

Working in partnership with others; Continuous learning and improving care

● The service worked with other organisations to ensure people received effective and continuous care. For example, healthcare professionals and the local authority. We received positive feedback from healthcare professionals "Any time I call to make an appointment, the reception team are friendly, organised, and effectively hand over the information and feedback information to me."

● There were links with the local community. These included local schools and churches. The home had planned to participate in a Festival of Lights community event later in the year, to run a stall and promote the home.

● The provider had systems in place to ensure staff had up to date information on any changes affecting the care industry. A monthly bulletin was produced which detailed policy changes, shared learning and best practice.