Mission Care

Homefield

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Homefield is a care home providing nursing and personal care to up to 42 people. The home is purpose built and accommodates people across three floors. It specialises in supporting people living with dementia.

People's experience of using this service and what we found
Improvement was required to ensure any issues identified by the provider's quality assurance systems were addressed promptly.

People and relatives spoke positively about their experiences whilst living at the home. Risks to people had been assessed and staff knew how to support people safely. There were enough staff on duty on each shift to safely meet people's needs. The provider followed safe recruitment practices. People were protected from the risk of abuse because staff were aware of the different types of abuse and the action to take if they suspected abuse had occurred. People's medicines were securely stored and safely managed. Staff were aware of the action to take to reduce the risk of the spread of infections. The also knew to report any accidents or incidents that occurred. The registered manager reviewed accident and incident information to look for trends and identify learning.

People's needs were assessed before they moved into the home to ensure they could be effectively met. Staff were supported in their roles through an induction, training and regular supervision. People were supported to maintain a balanced diet. They had access to a range of healthcare services when required and staff worked to ensure people received consistent support when moving between services. The home had been built and adapted to meet people's needs. Staff sought people's consent when offering them support.

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.

Staff were kind and caring in their approach. They respected people's privacy and treated them with dignity. People and their relatives were involved in decisions about their support. The provider had a complaints policy and procedure in place. People knew how to complain and expressed confidence that any issues they raised would be addressed. People were also involved in the planning of their care. Their care plans reflected their individual needs and preferences. The home offered a range of activities which people told us they enjoyed.

People spoke positively about the management and working culture of the home. The provider sought people's views through regular meetings and the use of surveys. The registered manager and staff were aware of the responsibilities of their roles. The service worked with other agencies, including the commissioning local authority. The registered manager sought learning opportunities which helped to drive

improvements at the home.

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

Rating at last inspection (and update)
The last rating for this service was good (published 11 April 2017). The service remains rated good.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Homefield

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 an inspector and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspector returned to the service on the second day to complete the inspection.

Service and service type
Homefield 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 30 September 2019 and ended on 1 October 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection and sought feedback from the local authority who commissioned the home's services. We also reviewed 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 this information to plan our inspection.

During the inspection
We spoke with seven people and eight relatives about their experiences of the support provided by the service. We also spoke with the registered manager, two members of the provider's senior management team, and seven staff, including two nursing staff, the chef and an activities co-ordinator, as well as a visiting healthcare professional. These discussions helped us understand how the service was being run and what it was like to work there.

We reviewed a range of records. These included four people's care records and records relating to staff recruitment, training and supervision. We also looked at information relating to the management of the service, including the provider's policies and procedures, people's medicine administration records (MARs) and quality assurance records.

After the inspection
We continued to seek clarification from the provider to validate the evidence found during the inspection. We looked at training data, quality improvement information and fire safety information.

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.

Assessing risk, safety monitoring and management

● Risks to people were safely managed. People had risk assessments in place which included guidance for staff on how to manage identified risks safely. The risk assessments were regularly reviewed and covered areas including malnutrition, moving and handling, falls, and risks to people's skin integrity. Staff demonstrated a good understanding of the guidance in people's risk assessments. For example, where one person was living with epilepsy, staff were aware of the action to take if they suffered from a seizure, in line with the guidance in their care plan.

● Regular checks were made on the environment and equipment within the home. We noted that a recommendation had been made to replace some fire safety equipment and that work was outstanding to address issues that had been identified during a fire safety risk assessment which the provider had commissioned earlier in the year. We raised these issues with the registered manager and they submitted evidence to confirm that the outstanding work had been addressed following our inspection.

● The home had procedures in place to deal with emergencies. People have personal emergency evacuation plans (PEEPs) in place, which provided guidance to staff and the emergency services regarding the level of support that people would require to evacuate from the home. Staff received training in first aid and fire safety. They took part in regular fire drills and were aware of the action to take in the event of a fire or medical emergency.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse. They told us they felt safe living at the home. The provider had safeguarding policies and procedures in place and staff received safeguarding training. They were aware of the types of abuse that could occur and the action to take if they suspected someone had been abused. One staff member told us, "I would report any concerns I had to the senior nurse on duty or the manager. I also know that I can contact CQC or social services directly if I need to."

● The registered manager was the safeguarding lead for the home. They were aware of the procedure for making safeguarding referrals to the local authority and to notify CQC of any abuse allegations, in line with regulatory requirements.

Staffing and recruitment

● There were enough staff on duty during each shift to support people safely. One person told us, "There are lots of staff around; you get everything you want." A relative said, "There are enough staff; whenever I've needed to speak with someone, there's always been a senior staff member available."

● The registered manager told us that staffing levels were determined based on assessment of people's needs. Some people had one to one support in place to help ensure their safety was maintained. Actual staffing levels reflected the planned allocation during the days of our inspection. We observed staff to be on

hand and available to support people promptly without rushing, when needed.
● The provider followed safe recruitment practices. Staff underwent pre-employment screening which included checks on their ID, employment histories and qualifications, criminal records checks and references to confirm that they were of good character. Nursing staff also had their professional registrations checks to ensure they were suitable for the roles they had applied for.

Using medicines safely
● People were supported to manage their medicines safely. Staff responsible for administering medicines received training in medicines management which included an assessment of their competency.
● People had medicine administration records (MARs) in place which included a copy of their photograph and details of any known allergies, to help reduce the risks associated with medicines administration. The MARs showed that people had received their medicines as prescribed. Staff had guidance to help them identify when it would be appropriate for them to offer people any medicines they had been prescribed to be administered 'as required'.
● Medicines, including Controlled Drugs were securely stored and were only accessible to named staff responsible for medicines administration. Staff made regular checks on the medicines storage areas to ensure medicines were kept within a safe temperature range so as to be effective when taken.
● The home had procedures for receiving and disposing of any unused medicines. Staff maintained records of any medicines returned to the pharmacist. They carried out regular medicines audits to help ensure consistent safe practice in medicines management.

Preventing and controlling infection
● People were protected from the risk of infection. Staff received training in infection control and were aware of the provider's infection control procedures. They had access to personal protective equipment (PPE) such as disposable gloves and aprons and we observed them using these when supporting people. There were also hand washing and drying facilities available for staff, people and relatives to use on each floor.
● The home was clean and tidy. One relative told us, "It's always nice and clean here." Domestic staff followed a routine cleaning schedule when tidying the home and their work was regularly monitored. Senior staff also carried out periodic infection control audits to help ensure staff were following safe practices.

Learning lessons when things go wrong
● Staff knew to report and record the details of any accidents or incidents which occurred at the home. The registered manager maintained an accident an incident log which contained information about each incident, how it had occurred, and the action staff had taken as a result. They also carried out regular accident and incident audits to look for trends or identify any learning. The accident and incident records we reviewed showed that appropriate action had been taken to reduce the risk of accidents occurring again.

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

- People were assessed before they moved into the home in order to ensure their needs could be effectively met. Nursing staff also carried out a clinical assessment of people's needs when they moved into the home which formed the basis upon which their care plans were developed.
- People and their relatives, where appropriate, were able to discuss any preferences they had in the way they received support as part of the assessment process. The assessments considered people's physical health and mental well-being as well as identifying their social needs.
- The provider used nationally recognised assessment tools, including Waterlow scoring to assess risks to people's skin integrity and the Malnutrition Universal Screening Tool (MUST) to assess whether people were at risk of malnutrition.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to effectively meet people's needs. One person told us, "They [staff] seem to know what they're doing; I'm well looked after." A relative said, "They [staff] are doing a good job of caring for [their loved one]."
- Staff received an induction when they started work at the service. This included time spent shadowing more experienced staff to gain an understanding of the support people required. Where new staff had no previous experience of working in a care setting they were also required to complete the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers.
- Staff also completed training in a range of areas relevant to their roles. One staff member told us, "The training is helpful; I put everything I've learned into practice when I work. I'm confident that I know how to do my job." A nursing staff member said, "We get regular clinical training on topics like taking blood or wound management which helps keep our skills up to date."
- We observed staff supporting people competently during our inspection. For example, staff demonstrated good practice when administering medicines to people, or when using a hoist to help transfer people who were unable to mobilise independently."
- Staff were supported in their roles through regular supervision and an annual appraisal of their performance. One staff member told us, "I have supervision with the clinical lead or one of the senior nursing staff. It's helpful as we discuss how I'm doing and whether there's anything I need, such as further training to help me in my role."

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

- People were supported to maintain a balanced diet. One person told us, "The food here is good." Another person said, "I enjoy the food; we get plenty to eat and drink." A relative said, "[Their loved one] is a

vegetarian and they cater for that. [They] enjoy the food. I eat here sometimes too and it's very good."
● People's dietary needs had been assessed and their care plans contained guidance on any support they needed to eat and drink. Staff had sought advice from healthcare professionals where they had identified potential risks around eating and drinking. For example, one person had been referred to a speech and language therapist (SALT) where they had been identified as being at risk of choking and the SALT guidance had been added to the person's care plan. Staff were aware of this guidance and we observed them supporting the person to eat and drink in line with the SALT's recommendations.
● Kitchen staff had access to and were aware of key information relating to people's dietary needs. They knew which people had food allergies or required specialised diets and told us they planned the menu and prepared meals accordingly. The registered manager had also introduced different coloured crockery for people living with dementia to help encourage them to eat. Additionally, staff placed paper doilies under drinks they served to people that had been assessed as being at risk of dehydration. This helped them to easily identify people who needed support or encouragement to drink during the day.
● People were able to eat together or alone if they wished. They had a choice of meals each day and kitchen staff told us they were happy to prepare alternatives for people if they didn't want either option from the planned menu. Staff were on hand to support people where required during mealtimes, both in the dining areas and on a one to one basis in people's rooms.

Adapting service, design, decoration to meet people's needs
● The home was purpose built and designed to meet people's needs. Signs were in place around the home to help people find their way around. People's bedroom doors were decorated with name signs and photographs that were meaningful to them. Each floor had its own accessible bathrooms and toilets. There was a lift for people to use when moving between floors and equipment was available for use where required, including hoists and wheelchairs.
● The provider was in the process of carrying out a programme of refurbishments across a number of homes including Homefield. We saw plans in place to improve the décor and people's experience of using the communal areas. We will follow up on this on our next inspection.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People received support from staff to access a range of healthcare services when needed. One person told us, "If I need a doctor, they [staff] organise it." A GP visited the home regularly to check on people's health conditions. Staff also maintained a diary of people's healthcare appointments so that they could plan for any support people needed to attend, for example by arranging additional staff cover or booking transportation.
● Staff told us they monitored people's health and reported any changes in their condition to a member of the nursing team. Records confirmed that people had been referred to healthcare professionals where their conditions had deteriorated. For example, one person had been referred to a dietician where staff had noted that they had recently lost weight.
● The home had signed up to the red bag scheme. This is a scheme set up between hospitals and care homes to improve communication between them. As part of the red bag scheme, the provider had information ready to accompany people to hospital in an emergency which included details of their health conditions and any current medicines they were taking. This helped ensure people received consistent support when moving between services.
● Staff worked with healthcare professionals to ensure people received effective support. We spoke with a healthcare professional who was a regular visitor to the service and they told us, "The staff are always helpful. We have a good line of communication and they're always able to provide me with any information I request."

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

●Staff were aware to seek people's consent when offering them support. One person told us, "They always ask if they can do something." A staff member told us, "We respect people's choices. I wouldn't force anyone to do anything they didn't want to." We observed staff seeking people's consent during our inspection. For example, one staff member asked a person who was sitting in a wheelchair if they were happy to be wheeled to the dining room, before moving them.
● Staff demonstrated an understanding of the MCA and how it applied to their roles. One staff member described the way they supported people living with dementia to make decisions by asking simple 'yes or no' questions. Another staff member explained that where people lacked capacity to make decisions for themselves, they would discuss the issue with the person's relatives, so the decision could be make in their best interests, in line with the requirements of the MCA.
● For more significant decisions, people's care plans included records of mental capacity assessments and best interests decisions. For example, one person's care plan contained a mental capacity assessment regarding the decision to administer their medicines covertly and the documented best interests decision showed that the person's GP had been involved in the decision making process.
● The registered manager was aware of the process for seeking DoLS authorisations where required. Records showed that DoLS authorisations had been requested and were either still being processed or had been granted by the relevant local authority where needed. Any conditions placed upon people's DoLS authorisations had been complied with.

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 and their relatives told us staff treated them with care and kindness. One person said, "The staff put us on a pedestal; it's nice that's the way they treat us." Another person told us, "They [staff] are friendly and kind." A relative commented, "The staff are very kind to [their loved one]."
- Staff engaged with people in a friendly and caring manner. Their conversations with people were familiar and good natured. Staff were also attentive to people's needs. For example, one staff member moved promptly to retrieve and return a watch to one person who had dropped it on the floor, providing reassurance that it wasn't damaged. A relative told us they had arrived at the service to find a staff member supporting their loved one who was nursed in bed. They described the staff member as showing concern for the person's well-being and taking care over their appearance.
- Staff promoted equality and respected diversity. One staff member told us, "Everyone needs to be looked after differently. They respond to us in different ways, so it's about learning the way they prefer to be cared for. I'm proud of the fact that we treat people here the way we would want to be treated."
- Staff supported people in line with their spiritual or cultural beliefs and needs. Spiritual support was available to people within the home. For example, they were aware of which people required culturally specific diets or who needed support to practice their faith. One relative told us, "Our minister visits with our children and we hold services here. They also have a minister visiting the home regularly which is good."

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

- People were encouraged to express their views and make decisions about the support they received. Staff told us they sought to involve people in making day to day decisions wherever possible. One staff member said, "If a person can't always communicate verbally with us then we can offer them choices by showing them different options, such as what they want to eat or what they want to wear."
- We observed staff involving people in decisions during our inspection. Staff communicated with people clearly and gave them time to make decisions in areas such as when they wanted support with personal care, where they wanted to spend their time and what activities they wanted to take part in.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. One person said, "I am undoubtedly treated with dignity and respect." Another person told us, "They [staff] respect my privacy; I've not had any problems."
- Staff promoted people's privacy and dignity while they worked, for example by knocking on people's bedroom doors before entering their rooms and ensuring doors were closed when they were supporting

people. They were friendly and polite when speaking with people and made sure they only discussed matters that were personal to people discreetly. Information about the support people received was securely stored to maintain confidentiality.

● People were supported to maximise their independence. Staff told us they encouraged people to be as independent as possible when helping them with day to day tasks such as washing and dressing. We observed staff encouraging people's independence. For example, staff sat with people during mealtimes and encouraged them to eat without direct support.

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. 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 and their relatives, where appropriate, had been involved in the planning of their care. One relative told us, "We sat down and discussed the support [their loved one] needed when they moved in; I provided additional information for the care plan." Another relative said, "We regularly discuss [their loved one's] care preferences."

● People's care plans identified the support they required in a range of areas, including eating and drinking, support with mobility, personal hygiene and pain management. They also included information about people's likes and dislikes, and details of their life histories.

● Staff demonstrated a good knowledge of people's care plans. They were aware of any identified risks to people and how these should be managed, as well as people's preferences in the way they liked to be supported. Staff also knew details of people's life histories and the people and things that were important to them. They told us this information helped staff to engage with people when forming relationships.

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 had been assessed and their care plans included guidance for staff on how to communicate with them effectively. For example, one person's care plan identified their preferred way of being addressed and highlighted that staff should encourage them to communicate verbally by speaking with them slowly and giving them time to respond. Staff we spoke with were aware of this guidance and we observed staff giving the person time and encouragement to speak whilst supporting them.

● The provider confirmed they could provide information to people in a range of formats to meet their needs, where required. For example, the menu was available in pictorial form and the registered manager told us that information such as the home's service user guide could be provided in large font or different languages

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● The home offered a range of activities for people to take part which met their need for social engagement. Activities included baking, arts and crafts, music and movement sessions, board games, and pet therapy visits.

● The activities co-ordinator led a daily reminiscence session using a specialist activity tool designed to look like a newspaper which was well attended on both days of our inspection, generating a lively discussion. One relative told us, "Whenever we visit there's something going on. The activities people also go round and visit people in their rooms if they aren't able to get out of bed."
● The provider celebrated key events, some of which were jointly arranged with a neighbouring sister home. These included an annual fireworks display, Christmas party and Easter Parade. Some people were supported to go on trips out, for example to the seaside. The registered manager also arranged entertainment for people and we observed people enjoying songs sung by a visiting musician during our inspection.
● People were able to have visitors when they wished. One relative told us, "I visit whenever I want and come in everyday; I'm always welcome." We observed relatives and friends being welcomed by staff throughout our inspection in a familiar and friendly manner.

Improving care quality in response to complaints or concerns
● The provider had a complaints policy and procedure which was on display in a communal part of the home. This described what people could expect if they made a complaint, including the timescale for any investigation and how they could escalate their concerns if they were unhappy
● People and relatives knew how to complain and expressed confidence that any issues they raised would be addressed. One person said, "I'd let the staff know if I was unhappy with anything." A relative said, "The manager deals with any concerns quickly and effectively."
● The registered manager maintained a log of any complaints received, which included details of any investigation and the provider's response. The log showed that complaints had been responded to, in line with the provider's complaints procedure.

End of life care and support
● The home provided responsive support to people at the end of their lives. People had end of life care plans in place where they had been happy to discuss this with staff. For example, one person's care plan included information about who they would like to have contacted if they passed away, including contact details for their preferred place of worship. Some people also had Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in place where this issue had been discussed with them or their relatives, where appropriate, and their GP.
● Staff worked with relevant healthcare professionals including people's GPs and the local hospice to ensure people's end of life needs were met. The home was due to complete 'Six Steps to Success' accreditation by the end of 2019. This is a nationally recognised programme aimed at enhancing end of life care for people in social care settings.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

● The provider had systems in place to monitor the quality and safety of the service. However, improvement was required to ensure that these systems consistently resulted in identified issues being addressed in a timely manner once they had been identified.

● Senior staff carried out regular checks and audits in a range or areas including medicines, people's care plans, wound management and infection control. We found examples where the provider had promptly acted to address any issues identified during these audits. For example, a new medicines fridge had been put in place following the findings of a recent medicines audit. However, improvement was required because the provider's monitoring systems had not resulted in fire safety concerns being addressed promptly when they had been identified by an external contactor earlier in the year. Whilst the provider acted to address these issues once we'd raised them during our inspection, people had been placed at risk in the event of a fire before this.

● The registered manager sought opportunities for learning to help drive improvements at the service. For example, they were in the process of working through the 'MyHomeLife Health Innovation Network Care Home Pioneer Programme 2019'. This is a programme focused on developing best practice to improve the quality of life for people with involvement in care. As a result of taking part in this programme, the registered manager had introduced a range of new tools, which helped staff monitor risks in areas such as falls and dehydration more easily, in order to improve people's well-being.

● The registered manager also took part in a programme run through the local hospice and involving a number of local homes where they discussed best practice using anonymised case studies from their own services. Recent topics discussed included recognising pain, and managing nutrition and the risk of weight loss in people living with dementia. As a result of one of these discussions, the home had made changes to equipment and the support one person received which had resulted in them becoming calmer whilst in their bedroom.

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

● People and relatives spoke positively about the management of the home and its inclusive culture. One person said, "The manager is a lovely person and sorts out any problems." A relative told us, "The staff know [their loved one] and I feel that they take an interest in [them]. They listen to me and if I suggest anything they take it on board." Another relative said, "I wouldn't want [their loved one] to be living anywhere else. The manager and staff are all great and very approachable."

● Staff told us they enjoyed working at the home and felt well supported by the registered manager. One staff member said, "The registered manager is a good leader; very keen to improve things at the home and she gives the staff confidence." Another staff member told us, "We all work well together and there's a good atmosphere in the home. [The registered manager} is a good manager. If I have any concerns I can come and talk to her; she'll listen and show understanding."
● Relatives also described the positive impact that living in the home had on people. Two relatives described the experiences of their loved ones whilst living in previous care homes. They highlighted how much things had improved for their loved one since they'd moved into Homefield, both in terms of their physical conditions and their overall well-being.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager understood their responsibilities and the requirements of the Health and Social Care Act 2008. They were aware of the types of events that they were required to notify CQC about and had ensured the service had submitted notifications accordingly when required. They also knew to display the current CQC rating for the home which was displayed in a communal area within the service and on the provider's website.
● Staff were aware of their responsibilities whilst working at the home. They demonstrated a good understanding of the provider's procedures and worked in line with regulatory requirements. They attended regular staff meetings to discuss their roles and the running of the home. Areas discussed at a recent meeting included a discussion on the regulatory requirements CQC inspect against, the introduction of a new mealtime observation tool for senior staff to use, and feedback regarding the current staffing arrangements.
● The registered manager understood the duty of candour. Relatives confirmed they had been informed promptly when their loved ones had been involved in any accidents and incidents. One relative said, "[Their loved one] had a fall once and they called me immediately; they're very open about these things."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider sought the views of people and their relatives through regular meetings, the use of surveys and a suggestions box. One relative told us, "I attend the meetings; it's good to be involved." Another relative said, "I'm comfortable sharing my views of the service with the staff, but there isn't anything I can think of that needs improving." Issues discussed at a recent meeting included changes to the GP provision at the home, catering, activities and planned refurbishments.
● Feedback from the most recent survey showed that people were experiencing positive outcomes whilst living at the service. All of the responses highlighted improvements in the activities on offer and the positive impact of the registered manager on the service.
● The home had developed links with the local community. A local child-minding group visited the home each month which the residents enjoyed. The provider also operated a dementia friendly café in the local town centre which people were able to visit, and which was also used by the general public.

Working in partnership with others
● The registered manager worked in partnership with other agencies, including local authority commissioners and the local clinical commissioning group (CCG). Local authority staff carried out periodic quality assurance checks at the service and were welcome to visit when they wished. The registered manager acted on any feedback they provided. For example, one person's risk assessments have been reviewed in response to feedback from a recent visit.

● The registered manager was also happy to share good practice with others. For example, they had shared newly developed policies on sepsis and antibiotic awareness with the local authority's public health team who had asked for and been given permission to share them with other homes in the area because they were of high quality.