

MMCG (2) Limited

Windmill Care Centre

Inspection report

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Tel: 01753213010

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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

Windmill Care Centre is a care home which provides accommodation and personal care or nursing care. The service can care for older adults, including people with a living with dementia. The care home accommodates 53 people across three separate floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia. At the time of our inspection, 44 people received care.

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

This inspection found that improvements were made to the safety and quality of care that people received since our last inspection in September 2018.

People received safe care. The management of people's medicines had improved. Any risks to them were assessed, documented and mitigated to protect against avoidable harm. People were protected against abuse, neglect and discrimination. There were enough staff deployed to ensure people were safe. The premises and equipment were well-maintained, clean and tidy. Accidents and incidents were recorded, people received appropriate support afterwards and the service learnt lessons if things went wrong.

Improvements were made to support staff, ensuring they had the right knowledge, skills and experience. Staff were competently able to provide the support people required. They were provided with frequent training in various topics, which included additional complex skills. There were very good links with community care professionals which ensured people maintained a healthy lifestyle. People received effective support which met their individual needs. A holistic assessment was carried out which included people's cultural, religious and lifestyle histories. We made recommendations about the staff training in oral hygiene and the publication of food allergens.

People and others said the service was caring. They said staff were kind and able to meet their needs. People had an active role in their care planning and reviews. People's privacy and dignity was maintained.

Changes to care planning meant they were more detailed and person-centred. The care plans were comprehensive and reviewed regularly with changes as needed. People were encouraged to enjoy themselves and enjoy a broad range of activities. Staff valued people's individual differences and responded in line with their preferences for support. People's diversity was fully recognised and promoted by the staff; people were supported to follow their faith and culture, and to maintain important family relationships.

The registered manager was knowledgeable, skilled and experienced in their role. There was a good workplace culture. There was a clear focus on continuous improvement and ensuring people could lead their best life possible. The registered manager ensured audits and checks were completed regularly to ensure the safety and quality of people's care. Improvements were made based on the feedback of people, relatives, staff and others. The quality of the service was further overseen by the provider's regional

management teams.

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.

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 requires improvement (published 13 November 2018).

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 below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Windmill Care Centre

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

Our inspection was carried out by two inspectors.

Service and service type

Windmill Care Centre 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.

What we did before the inspection

Our inspection was informed by evidence we already held about the service, which included information received about the service since the last inspection. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We contacted health and social care professionals who work with the service. We checked records held by Companies House, the Information Commissioner's Office, the fire brigade and the Food Standards Agency.

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with four people who lived at the service and observed ten more people's interactions with staff. We received feedback from two relatives. We observed the dining experiences on two separate floors. We spoke with 10 employees including the regional director, registered manager, a registered nurse, three care workers, the chef, administrator and two activities coordinators.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at five staff files in relation to recruitment, supervision and performance appraisal. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received further information from the registered manager.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's medicines were not always managed and administered as prescribed. The service is now compliant with the regulation.

- Improvements were made since our last inspection to ensure that people's medicines were safely managed.
- The provider had a system in place for managing people's medicines safely. We saw appropriate identification was available with details of important information. For example, the person's preferred method of taking their medicines plus any specific communication difficulties which may be encountered.
- Protocols for administering 'as required' medicines were in place together with homely remedies (over the counter medicines) which had been authorised by the GP.
- We checked the stock count and method of storing controlled drugs. We found best practice guidelines were followed.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with told us they had received training in safeguarding and told us they knew what to do if they were concerned someone was being abused.
- Comments were, "Yes I would report it straight away" and "I would follow the correct procedure."
- We saw safeguarding information displayed in the staff room. People we spoke with reported they felt safe living at Windmill Care Centre.

Assessing risk, safety monitoring and management

- Risk assessments were in place to minimise risks to people.
- Care plans we saw identified specific risks to people and recorded information about how staff should support people to minimise risks. This included the safe use of medicines, skin integrity, falls and behaviours that challenged. People had personal emergency evacuation plans in place which detailed the support people required to evacuate the building in the event of an emergency.
- Health and safety checks were carried out to ensure the premises were a safe place to live. The service had recently replaced equipment such as hoists and slings, low to floor beds and extended beds where required.

Staffing and recruitment

- We observed there were enough staff to support people's needs effectively. We saw the provider had an

appropriate system in place to ensure enough numbers of staff were available to meet people's needs.

- People told us there were enough staff to support them. Comments included, "I think they look after me well enough" and "It's all very good, yes, marvellous."
- The service carried out a dependency assessment for people to ensure staffing was suitable for people's needs and considered the layout of the home and call bell responses.
- The provider's recruitment policy ensured that new staff were suitable to work in the home. The checks carried out included a criminal record check and references from previous employers.

Preventing and controlling infection

- People were protected against the risk of infections.
- The service was clean and tidy without malodour. We noted domestic staff carrying out cleaning tasks, and that they recorded all the areas that were cleaned.
- The service had a designated member of staff as the coordinator for infection control, in line with best practice. Standard infection control precautions were applied during personal and nursing care to protect people.
- Staff had access to personal protective equipment such as gloves and aprons to attend to people's personal care and support.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to show trends. Action was taken to prevent the risk of further occurrences.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support; induction, training, skills and experience

At our last inspection there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not ensure staff received training as is necessary to enable them to carry out the duties they are employed to perform. The service is now compliant with the regulation.

- The service had improved their induction plan for staff. Staff were assigned mentors who buddied new staff for the first four weeks of their induction.
- Staff completed e-learning and practical training, including reading relevant policies and procedures. Competency assessments were then completed to check staff knowledge and skill. This could be extended if the staff member had not gained the necessary knowledge and skills to competently complete their role.
- Mandatory topics completed included fire awareness, moving and handling, food safety, safeguarding, and health and safety. We viewed the training records which showed that staff training was up to date in all the topics. Where refresher training was due, this had been booked for staff to complete.
- Advanced practice training was offered to senior staff and registered nurses. This included managing behaviours that challenged, end of life care, oral health care with a local dentist, taking blood samples and wound management. The service sent some staff to training offered with the local clinical commissioning group.
- Staff 'champions' were appointed for aspects of care such as nutrition and hydration, dignity, moving and handling and wound care. They were offered additional training to provide them with the knowledge and skills to be able to train other staff.
- Staff received regular supervisions (one to one meetings) with their line manager. Staff were also required to complete performance appraisals with the managers, to create objectives and work towards improving their knowledge, skills and experience.
- Staff were offered the opportunity to undertake additional nationally recognised qualifications in health and social care. For example, some care workers and the deputy manager were completing courses through local colleges.

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

- People's needs, likes and preferences were assessed and documented appropriately. This ensured care was tailored to their individual needs.
- To reduce the risk of falls, the service ensured that people had falls mats and sensor pads on the floor. If the person stood up on the sensor, or rolled onto the mat from their bed, this alerted staff who could quickly

attend to assess the person. Bed rails were also used to prevent some people from falling out of their beds. These included bumpers on the bedrails to ensure that no injuries resulted. Regular checks of the rails and bumpers were completed to ensure they were working effectively.

- People's preferences regarding culture and faith were maintained. This included respecting people's requests for participating in various religious festivals and cultural celebrations. The service was able to meet people's needs from culturally and linguistically diverse groups.

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

- We observed people received enough food and drinks to prevent malnutrition and dehydration. There were regular dining room and mealtime audits by staff to observe how people's food and drink was enjoyed. For example, the October 2019 audit stated, "One of the residents was calling out as she wanted to go to the dining room. Staff found a wheelchair and brought [the person] to the dining room. [The person] was very happy after this."

- During lunch, people were offered food and drink choices. Menus were displayed on tables. There were choices for meals and special meals could be prepared at people's requests.

- People's faith and cultural practices for food and eating were respected. We noted one person ate their food with their hand only, in line with their preference.

- People were provided with assistance from staff to eat and drink, when required. This ensured that they received enough food and drink to maintain a healthy lifestyle.

- People who were at risk of malnutrition had specially fortified meals and drinks. These had additional calories added, to prevent weight loss.

- Kitchen staff had a list of people's food and drink intolerances. However, allergens were not displayed on the menus.

We recommend that the provider reviews best practice guidance for the display of food allergens.

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

- The service worked extensively in partnership with other health and social care professionals to ensure people remained healthy.

- Other professionals involved in people's welfare included the GP, wound care specialist, speech and language therapists, dietitians, equipment specialists, podiatrist and mental health services.

- The service ensured not only that people had access to the health and social care professionals, but that staff received appropriate education and information to maintain the care recommended by the community professionals.

- People's oral care was maintained, and they had access to routine and emergency dental care. Although there were oral health care plans in place, the service did not have targeted induction, training or educational materials in place for staff.

We recommend that the service reviews national best practice guidance for oral care in nursing homes.

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

- The service ensured people had an annual review by a social worker to ensure that their care was commissioned and provided to meet their individual needs. The person, family and any advocates were involved in the annual review.

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

- A comprehensive redecoration and refurbishment programme had taken place since our last inspection. This had provided an environment that was appropriate for older adults and people living with dementia.

- People and relatives were asked for design concepts, themes and colours. For example, people who lived on the ground floor wanted a garden theme in their unit. This included decoration of walls with birds, plants and an indoor washing line.
- A plan was made to ensure that the decoration was individualised when decorating people's rooms. This included doors, flooring and wall colour paints.
- There were nicely decorated communal lounges, dining rooms and bathrooms. For example, one bathroom had a seaside themes with dolphin pictures on the wall. The outdoor area had a makeover in 2019, with new paving, outdoor tables and chairs, raised garden beds with a sensory garden (such as fragrant herbs) and sculptures.
- People were able to take objects off the wall to stimulate them and manage behaviours that challenged. For example, people could put clothes on or take them off the indoor wall mounted washing line.

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.

- The service was compliant with the principles of the MCA, DoLS and associated codes of practice.
- People's consent was obtained correctly. Where consent could not be obtained due to mental capacity, then best interest decisions were made for people.
- Copies of enduring power of attorney were kept where another person could legally consent on behalf of someone.
- Each person who was restricted and did not have mental capacity to make specific decisions had a DoLS application made to the relevant local authority. Where authorisations were granted, all relevant documentation was on file. Where renewals of the DoLS were required, we saw evidence that these had been applied for and people were awaiting a best-interest decision-maker to assess them.
- Conditions placed on DoLS were known by the service's staff. The registered manager showed us an example where a condition was placed to engage a family member in a person's care. There was evidence that the service attempted to ensure compliance with the condition.

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 told us that the staff were compassionate, kind and caring towards them. Staff spoke with people pleasantly and displayed warmth when they engaged with them.
- Relatives and healthcare professionals were complimentary about the staff approach and described having good communication contributing towards a collaborative relationship. A healthcare professional stated, "The nurses/carers in charge of the floor on the days we visit... have a good idea of [any] concerns being raised...the care home manager always shows a personal interest in patients we review if she is there. We visit this care home weekly. I understand a separate meeting is held later in the day after we have left so [the registered manager] can personally see the plans for the patients we have reviewed.
- Positive interactions between people and staff were seen throughout the inspection. Staff knew people well and could adapt their communication and approach to meet the needs of each person.
- There was complimentary feedback within the care home. We noted complimentary feedback on care home review websites and social media accounts. For example, a volunteer wrote, "This care home is a very caring, fun and friendly environment for both the residents and the staff, where people staying are treated with the highest level of respect. I thoroughly enjoyed my time here and would definitely recommend Windmill Care Centre to others."

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

- People, their relatives and advocates (where appropriate), told us that they were involved in their care arrangements.
- There was evidence in all the care documentation we viewed that people and relatives were the decision-makers in the care process. Language used throughout the care plans and daily notes reflected what people told the staff, rather than staff opinion.
- A relative told us, "They have employed more permanent staff which means that they get to know the residents on a personal level." Another relative told us they were involved in a person's care decisions. They stated, "I phone [my mother] nearly every night from France where I live. My mother says she is comfortable and happy at Windmill Care Centre and I find the staff friendly...generally, I am happy with the level of care given to my [mum]."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us the staff were mindful of dignity and respected people's privacy and promoted their independence.
- Staff were observed knocking on people's bedroom doors before entering and showed they were discreet

when asking people if they wished would use a bathroom or change their clothing.

- Staff were considerate of people's appearance and what was important to them. One person said. We noted people were well-groomed. Their hair, clothing and shoes were clean, tidy and appropriate for the time of day.
- People's independence was promoted and maintained. Staff knew what people could do for themselves and provided guidance. They were encouraged to complete their care with minimal assistance to ensure that they were performing as much of their daily living as possible. For example, if someone was not eating their meal staff would remind them and attempt to place cutlery into their hands to encourage them.
- People were routinely encouraged to celebrate important life events such as birthdays and anniversaries and were supported to maintain their role in life. Family members were warmly welcomed and encouraged to dine with their relatives.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment was not always carried out as advised by health professionals. The service is now compliant with the regulation.

- Improvements were made to ensure care plans were relevant, personalised and up to date. This ensured staff had the necessary information to plan, implement and evaluate people's care responsively.
- Care plans provided clear accurate information about people's support needs. Care plans contained detailed information about people's needs and preferences and clear guidance for staff about how to meet these.
- Life history had also been completed to enable staff to get to know and understand people. This included details of people's early life, their family, employment, interests and significant events.

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.

- Care plans provided information about people's sensory or hearing impairment. We saw people were able to attend the audiology clinic and opticians when required.
- Large print information was displayed in communal areas about events and activities taking place. In addition, we saw advocate service information was displayed for people wishing to seek support.
- Pictures were provided on menus to help people understand what food and drink was offered on the day.

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's social isolation was prevented by the service.
- People we spoke with told us they had opportunities to attend activities. One person said, "I can join in if I want. I do [join in] sometimes." Another person told us, "I go out with my friend mostly."
- We saw a large pictorial display of the activities for the week in the main corridor. The service attended community events such as going to local places of interest and church services.
- We observed activities coordinators carrying out the planned selection of arts, crafts and activities. This

included flower arranging on the day of our inspection and we noted people's enjoyment and active conversations.

- The service also engaged with specialist wheelchair services to assist people with physical disabilities and challenges. This enabled people to move freely around the home and attend activities.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure for people to follow if they wanted to make a formal complaint.
- Records showed that complaints were responded to in line with the provider's policy. One person we spoke with told us, "I would just tell them (staff) if I was unhappy."
- There was one complaint at the time of our inspection which had been responded to appropriately.
- Signage was prominently displayed throughout the building explaining how to make a complaint.

End of life care and support

- People were able to make decisions about their end of life support and wishes.
- We saw care plans referred to people's religious beliefs and specific wishes at the end stage of their life. One care plan referred to the person wishing to have their small rosary in their hand during their end of life care.
- The service was supported by the palliative team when required.
- Staff received end of life training and followed best practice guidelines.
- We saw the GP had prescribed anticipatory medicines for people who were nearing the end of their life. There was no one receiving active end of life care at the time of our inspection.

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 requires improvement. At this inspection this key question has now improved to good. 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

At our last inspection there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems and processes did not assess monitor and improve the quality of the service effectively. The service is now compliant with the regulation.

- Since our last inspection the culture and quality of the care at the service was improved. This had included action from the management team, the service's staff and the provider's representatives.
- Many changes had occurred to improve elements of care. This included more scrutiny and oversight by the regional management team and the provider's health and safety and quality team. The focus for the service's staff had changed to one of inclusion, dedication and provision of good care.
- Staff appeared content in their roles. They told us they liked working at the service and caring for the people who lived there. One staff member said, "I know there are care homes closer to my house, but I love working here. If I didn't love it, I wouldn't work here."
- There was a clear statement of purpose. This set out the service's values and objectives. These were also displayed on notice boards for people, relatives and staff throughout the building.
- The service's last inspection rating was clearly displayed in the home and on their website. This demonstrated transparency about the findings from our prior inspection.

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 service has demonstrated candour when things went wrong. The management team displayed accountability and how they tried to prevent recurrence of any issue which fell short of the provider's expected standards.
- The registered manager had a good knowledge of duty of candour and acted transparently to ensure an open and honest culture.
- We viewed evidence of how the service responded to whistleblowing allegations, reports of abuse or neglect and serious injuries. These were well documented, investigated and the service took responsibility and ownership for any actions that were required to ensure people's safety.
- The service worked with the local authority to identify any issues about the quality of care. The local authority confirmed that they were working with the service to monitor the quality of the care. Where necessary, police were informed of relevant matters and staff were disciplined or dismissed if allegations

were substantiated.

- Notifications about potential or actual harm were made to the local authority and CQC, in line with the applicable laws. This ensured that regulators and other agencies could monitor the care at the service and ask for additional evidence about how risks were reduced.

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

- The management team were competent, understood their roles in ensuring quality and safety of care.
- The management was prepared for unexpected events to ensure people and others' safety. There was an up to date business continuity plan in place. At the time of our inspection, there was an IT disruption, which meant some systems were not available. The information technology plan was put into operation, to ensure essential services such as people's care and staff payroll were not impacted. The continuity plan was reviewed monthly and practice events were conducted if the plan needed to be used. There was evidence in the plan that the service had prepared for Brexit.
- The provider had a standard schedule of audits in place. These were used by the service to measure and assess the quality of care provided to people. Audits included areas like care plans, infection prevention and control, kitchen, dining experience, HR and equipment used for people's care.
- In the care plan audit from November 2019, we saw there were checks of different sections of the risk assessments and care plans. Where improvements or updates were documented, these were noted in an action plan and the responsible staff member was required to make changes or updates to the care plan. A medicines audit from November 2019 showed eight items to be address. These were signed off as complete by the deputy manager. The local pharmacy also completed a site visit in May 2019 and provided feedback about areas for improvement. This showed that items from the prior visit as well as CQC findings from 2018 had been addressed.
- The provider's quality team completed regular external scrutiny of the care and compliance of the service. This showed improvements had been made since the last CQC inspection and noted future planned actions for increasing the quality of care.
- The registered manager completed 'daily walk rounds' to check the environment, equipment, documentation, staffing and fire safety. They also documented their checks of people such as access to call bells, people's appearance and grooming and the availability of drinks.
- Unannounced night visits were also completed by the management team. The managers checked security, people's welfare, documentation completion by staff, and staffing deployment. This ensured that people's night time welfare and quality of care was measured at regular intervals.

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

- People, relatives and staff were involved in how the service was operated.
- There was a 'residents' and relatives' survey completed annually by the provider. Comparisons were made in the report between the 2018 and 2019 findings. The 2019 result showed 100% of people and relatives felt they were treated with kindness and privacy was respected. Most people and relatives agreed that the staff provided the care required, there was a good menu and quality food.
- A 'You said, we did' scheme was in place. For example, relatives stated that some improvements could be made to 'home comforts'. The care home made improvements to the laundry service, provided additional training to the chef manager and completed internal refurbishments to the décor.
- There was a staff recognition and reward scheme in place, where the care homes from the provider nominated staff for the annual 'care awards'. The service had nominated the senior housekeeper, a care worker, the administrator and a new worker for the various categories. Staff were asked to provide the nominations, which gave them the opportunity to provide their opinion. For example, the nomination for

the head housekeeper stated, "Everyone that visits the home comments on how well it is presented now, and how fresh and clean it smells. [The staff member] makes everyone feel welcome and never hesitates to offer to help anyone."

- Meetings were held with staff, people and relatives. Minutes from the meetings demonstrated involvement of those who attended, including any actions that were decided as part of the meeting. Separate meetings were also held with managers of each department within the service. This allowed a dedicated discussion between the leaders, to address points on action plans and areas for improvement.
- Residents and relatives' meeting minutes from October 2019 recorded positive feedback about how clean the premises were and the amount of stimulation (social activities) that occurred. A broad range of topics were discussed which included feedback about the care provision, opinions on meals and dining choices, décor and grounds, and suggestions for improvements.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked with healthcare professionals and other partner agencies. Records we reviewed confirmed this.
- The local authority and clinical commissioning group told us they were aware of the prior concerns at the service. However, they told us there was a constructive working arrangement in place and that many improvements had been made.
- The service worked closely with external organisations to improve the quality of the service.