

Kent County Council

Westbrook House Integrated Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Westbrook House Integrated Care Centre is a residential care home providing accommodation and personal care for older people. The service can support up to 60 people. At the time of the inspection not all the accommodation was being used. There were two units open for up to 30 people in total. One unit provided ten short term enablement beds to support people to develop their independence in order to return to their home. There were six people in this unit during the inspection. The other unit provided short term assessment and respite for up to 15 people living with dementia. There were seven people in this unit during the inspection.

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

At the last inspection there were concerns suitable arrangements had not been made to support people to safely manage catheters and to support people living with diabetes. At this inspection these risks were well managed, and staff had received training in these areas. People told us they felt safe. Risks to people were identified, assessed and managed safely. The environment was safe as health and safety and the risk of fire was well managed. At the last inspection there were concerns that 'as required' medicines were not managed safely, and the provider had not ensured medicines were stored at safe temperatures. At this inspection these medicines and storage temperatures were managed well. Medicines were managed safely, and people received their medicines as prescribed.

At the last inspection the provider's quality audits had not identified the shortfalls we found at the inspection. At this inspection the provider had ensured the delivery of high quality and safe care. Quality assurance systems were used effectively to monitor all aspects of the service. The management team analysed all feedback to ensure any improvements needed were made. The management team and provider had clearly understood their role and responsibilities and had met all their regulatory requirements.

People were protected from abuse and avoidable harm. Staff knew their responsibilities for this. Allegations of abuse were effectively reported, investigated, and appropriate action was taken to ensure people were protected from any further harm. There were enough staff to keep people safe and meet their needs. Staff responded promptly to people's needs and people were supported by a consistent staff team. Staff were recruited safely.

The service was clean. Cleaning checklists were in place and completed and this was monitored by the management team. Staff knew how to prevent the spread of infection. Accidents and incidents were recorded, monitored and action was taken to prevent a reoccurrence. These were analysed for any lessons learnt.

People's needs were fully assessed, and the service achieved a lot of positive outcomes for people who had been enabled to return home. People's nutrition and hydration needs were met, specialist dietary needs

were known, and the associated risks were managed. People were given a good variety of choice in their meals and were encouraged to drink enough. People were supported to maintain good health and the management team worked closely and flexibly with other health professionals and agencies to ensure people had access to the health care they needed.

The provider had ensured the service's facilities were accessible and comfortable and met people's needs including those people living with dementia. Staff had a good induction to the service and received appropriate training and regular updates to care for people. Staff were competent, knowledgeable and skilled in their roles and were supported by the management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us the staff were caring and they were happy with the care they received. Staff treated people with respect, were engaged with people and responded to their needs. People's needs around equality and diversity were promoted. People were asked about their views on their care and these were used to make improvements to the service. People were involved with their care planning and staff showed a good understanding of people's needs and preferences. People told us their privacy and dignity were respected and information about people was held securely. People were encouraged to maintain and increase their independence.

People's care plans were person centred as they had involved the person and those important to them. This meant people had choice and control over their care. People's communication needs were known and understood by staff and information was shared with people in ways which met their needs. People could make a complaint if they needed to. All complaints were logged and responded to appropriately and had been used to make improvements to the service.

People were supported to maintain relationships which were important to them and encouraged to take part in activities they liked, and which were meaningful to them. The service was not supporting anyone at the end of their life at the time of the inspection. People's wishes and arrangements for their end of life care were recorded, where known.

There was an open and person-centred culture in the service. Staff told us the management team were approachable, and they could raise any concerns with them. The management team demonstrated a commitment to ensuring they provided person centred and high-quality care and were responsive to feedback during our inspection. The management team understood their responsibilities for the duty of candour, had informed the relevant people of any incidents or accidents; and provided written apologies in response to complaints.

People and those important to them were engaged with the service. Visitors could complete feedback forms, and these were used to make improvements. Staff were engaged with the service and staff surveys showed positive results. The staff and management team worked in partnership with other healthcare services to ensure people's needs were fully met in a timely way.

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 requires improvement (published 13 March 2019) and there were two

breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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.

Westbrook House Integrated 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

This inspection was carried out by one inspector.

Service and service type

Westbrook House Integrated Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from a local commissioner but did not receive a response. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spent time observing the care in communal areas. We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the senior team leader, team leader and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including feedback received.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at mental capacity assessments, quality audits and action plans.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to assess risks to people's health and safety and do all that is reasonably practicable to mitigate the risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection there were concerns around the risk management of people's catheters. Staff did not have the guidance needed for catheter-care and drainage bags had not always been changed in line with best practice. At this inspection these risks were well managed. Catheter care protocols with daily checklists and charts were used alongside people's catheter care plans to ensure anyone with a catheter was cared for in line with best practice. Staff had the guidance they needed to care for people, and they had received training in catheter-care. Staff could tell us how they cared for people with catheters such as making sure their bag was changed and checking it was flowing properly.
- At the last inspection there were concerns around the risk management of people living with diabetes as staff did not have the guidance needed for diabetes care. At this inspection these risks were well managed. There was best-practice guidance alongside people's care plans to inform staff how to care for people. This ensured staff knew the signs and symptoms of high and low blood sugar levels. Staff had received training in diabetes.
- People told us they felt safe. Risk assessments were in place to provide guidance to staff about how to reduce the risks to people and staff told us they found the guidance clear. Individual risks to people were identified, assessed and managed safely, for example around falls. There was clear guidance for staff to follow to reduce the risks of people falling such as ensuring night lights were used and people have suitable footwear. Staff used the right equipment to transfer people as identified in their risk assessments.
- Environmental risk assessments were in place to ensure the environment was safe. Equipment was well maintained, safe to use and clean. All the necessary health and safety checks were completed, for example around water temperatures and refrigerator and freezer temperatures. All the required health and safety certificates were in place, for example relating to gas and electrical safety. Fire safety was managed, fire risk assessments showed action plans were in place and regularly reviewed for completion. Daily fire safety checks and fire safety audits were completed, and fire drills had been held. People had personalised emergency evacuation plans to provide guidance on the support people needed in these circumstances.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection there were concerns 'as required' medicines were not managed safely. There was no guidance for staff when people should have these medicines and people had been given paracetamol without enough time between doses. At this inspection 'as required' medicines were managed well. Records for these medicines included why the medicine was given, the amount given and when the next dose could be given. These included when people were offered medicines for pain relief and declined. This ensured people received as required medicines safely and when they needed them. People told us they were asked if they needed any medicine for pain relief.
- At the last inspection there were concerns medicines storage room temperatures were not checked to ensure medicines were stored at safe temperatures. At this inspection medicines trolleys had thermometers with daily checks to ensure medicines were stored at safe temperatures.
- Medicines were managed safely, and people received their medicines as prescribed. There were appropriate systems in place to order, store, administer and dispose of medicines safely. Body maps were used for topical medicines, for example creams so staff knew where these should be applied. Body maps were used to record where people's medicine patches had been applied. This ensured these were applied to different areas of skin each time to reduce the risks of people's skin becoming sore.
- Regular checks and audits were completed by the management team to ensure people received their medicines safely. These included weekly medicines counts and medicines administration records audits to check for errors and annual audits to improve practice. Action plans were identified and followed through. For example, they had identified the need to ensure all food supplements were checked regularly for expiry dates. Action was taken for any medicines errors with learning outcomes and these were discussed at management meetings. For example, the need to minimise distractions during medicines rounds to reduce the risk of errors.

Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place to protect people from abuse and avoidable harm. The management team worked in line with local safeguarding policies and procedures. Allegations of abuse were reported to the local authority and to the Care Quality Commission (CQC). These were effectively investigated, and appropriate action was taken to ensure people were protected from any further harm.
- Staff had received training in safeguarding people and were confident the management team would listen and act upon any concerns raised. Information was displayed for people and staff. Staff understood their responsibilities to safeguard people and were aware of the signs of abuse. Staff knew who to inform if they witnessed or had an allegation of abuse reported to them.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. People told us there were enough staff. Rotas evidenced enough staff were deployed to meet people's needs and these were checked daily by the senior team leader. Staff responded promptly to people's needs and any calls from buzzers. People were supported by a consistent staff team, there was some use of agency staff and when needed regular agency staff were used. Staff told us any staff absence was always covered by the management team or agency and there was always enough staff.
- Safe recruitment systems were in place and staff were recruited safely. All the appropriate pre-

employment checks were completed to protect people from the employment of unsuitable staff. Disclosure and Barring Service (DBS) background checks were in place for all staff. DBS checks help employers to make safer recruitment decisions.

Preventing and controlling infection

- The service was clean. Cleaning checklists were in place and completed. Infection control checks and audits were completed. Action plans were identified and monitored for progress. Staff knew how to prevent infection by washing their hands, wearing personal protective equipment (PPE) and cleaning equipment.
- Staff had received training in infection control and information about how to prevent the spread of infection was present in the service. PPE was available and used by staff. Staff had received training in food hygiene and the service had a 'very good' food hygiene rating.

Learning lessons when things go wrong

- Accidents and incidents were recorded, monitored and action taken to reduce the risk of the same thing happening again. Staff could describe the process for reporting these. The management team were alerted for every incident and accident and ensured appropriate action had been taken and lessons learnt. For example, slips, trips and falls were audited weekly to check for any trends and underlying reasons such as a urine infection. All incident and accidents were also reviewed by the provider's health and safety team.

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's needs were fully assessed and included the expected outcomes from their planned care, so staff could support them effectively. For example, people were actively supported to develop their independence so they could return home. People were supported to improve their mobility and identify the equipment they needed so they could manage at home. One person told us they had been helped to regain their mobility after breaking their leg. The aim of the enablement unit was for people to return home and prevent a readmission to hospital and the service achieved positive outcomes for this.
- Best practice guidance and well-known assessment tools were used to plan people's care. For instance, to manage people's nutrition, skin care and mobility.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. This included for example, people's needs in relation to their sexuality, culture and religious practices.

Staff support: induction, training, skills and experience

- Staff had an appropriate induction to the service and their role which included a combination of training and working alongside experienced staff. Staff told us they had a good induction. One member of staff described how they worked alongside staff for two weeks and their manager checked they felt comfortable before they worked without direct supervision. Agency staff received an induction to the service.
- Staff had received appropriate training and regular updates to care for people. Staff told us they had received all the training they needed. This included any training around individual's needs, for example on dementia. One staff described how this training had helped them to look at dementia from the person's perspective. The management team checked staff were up to date with their training.
- Staff were competent, knowledgeable and skilled in their roles and could answer any questions we asked about meeting people's needs. Staff felt supported by the management team and received regular supervision. The management team completed and recorded observations of care including how staff provided person-centred care, treated people with dignity and respect, managed safety, complaints and equipment.

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

- People's nutrition and hydration needs were fully assessed. Any specialist dietary needs were known by staff, and the associated risks were managed. For example, one person was at risk of choking. There were assessments and care plans how to support this person and staff followed these.
- There were menu plans in the dining areas to inform people of the choices available to them. There was a wide range of choices and alternatives were available if people wanted a lighter meal such as a salad. Staff

checked people were happy with the choices they had made by showing them their meals and using pictures to ensure people understood the choices available. People could choose where they ate and who with. People were offered a choice of drinks.

- People told us the food was good and they were asked to make choices. One person told us how they had lost a lot of weight before coming to the service. They said, "The food is excellent, there is enough choice, they come around every day and ask you what you want, I have put on weight gradually. I can have something to eat whenever I want."

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

- People were supported to maintain good health and were referred to appropriate health and social care professionals as required, for example speech and language therapists and dieticians. The management team worked closely and flexibly with other health professionals and agencies to ensure people's needs were met. There was lots of health information on display for people to read.

- People's healthcare needs were well managed. For example, there was clear communication about people's needs between services. The service was supported by physiotherapists and occupational therapists during assessment and discharge planning. Staff sought guidance from health care professionals on people's care as required, for example from district nurses. Multi-disciplinary team meetings were held weekly to discuss people's outcomes.

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

- The provider had ensured people's needs were met by the service's facilities which were accessible and comfortable. For example, everyone had their own en-suite bathroom but could access a larger assisted bathroom if they needed. There were communal areas in the service where people could watch television, engage in activities or socialise with other people. There was access to outdoor spaces and gardens. There was a café room where people could meet with relatives or use for meetings and there was access to a shop in the reception of the building.

- The provider had ensured the service met the needs of people living with dementia. For example, people's name and pictures were on their bedroom door if needed to help them find their room. Communal bathrooms had contrasting colours for toilet seats to enable people with dementia to access the toilet independently. There were lots of 'twiddlemuffs' for people to use. A twiddlemuff is a hand muff with bits and bobs attached. It is designed to provide a stimulation activity for restless hands for people living with dementia.

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 of the principles of the MCA and clear guidance was provided to them within people's care records. Care records promoted people's rights and documented consent. For example, consent had been sought for taking people's photographs. Staff understood people's verbal communication, body language and gestures to establish whether consent to care was given and their day to day choices.
- Where people were deprived of their liberty the management team worked with the local authority to seek authorisation for this. Where any conditions had been placed on people's DoLS these had been met. Decision-specific mental capacity assessments were completed, and a best interest process followed in relation to decisions about people's care and treatment. For example, for staff to administer a person's medicines. Where decisions were made in people's best interest a clear process had been followed. This considered the views of others important to the person and the least restrictive available option.

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 the staff were caring. One person said, "They (staff) are great, very helpful, you only have to push your buzzer then they come, they are very good." Staff told us they would be happy for their loved ones to use the service. One member of staff said, "Definitely, it's a good place, people get good care here. There is one to one care, it's a nice environment, the staff are happy, there's a good atmosphere."
- Staff were patient and caring with people and showed compassion. There were positive, calm and respectful interactions throughout the inspection. Staff responded to people's needs, for example they noticed one person was falling asleep in their chair so they asked them if they would like to be helped to their bed for a nap before lunch. Staff asked people if they needed anything and spent time chatting to people about their interests. One person was supported to go to their bedroom and was concerned about their bag so staff offered them reassurance, they would bring their bag to them.
- People's needs around equality and diversity were identified and recorded in their care records to provide guidance for staff. People or their representatives were asked to complete these records. For example, one person didn't want certain medical interventions if they went into hospital due to their religious beliefs.

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

- People and relatives were asked about their views on their care and the service. Feedback was captured on the meals and was fed back to the catering staff. People were asked what they thought about the service they received at the end of their stay. Actions were identified and followed through from this. The management team displayed people's feedback on 'You said, we have done' notice boards in the service.
- People were involved with their care planning from the beginning as they were encouraged to complete their own care plans. Staff showed a good understanding of people's needs and preferences. People were engaged in everything they did, and staff supported people to express their views.
- People were supported to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. Staff shut doors to rooms when they were providing personal care. Staff respected people's privacy, listened to people, respected their choices and told us how they upheld their dignity when providing personal care. One staff said, "I place a towel over them and ask if they want to be left in the bathroom with a call bell. I ask for consent. When someone is getting dressed, where I can I leave people to do what they can for them self."
- People's confidentiality was supported and information about people was held securely.

- People were encouraged to maintain and increase their independence. For example, to maintain as much independence as possible with their mobility and eating. One person told us their independence was supported. They said, "They give me the freedom to go where I want, and I am getting used to my zimmer frame." One staff said, "We try and get people to do as much as they can for themselves with prompts and guidance. People might make a mess when they are eating, and you might think it's easier to assist them to eat but that's taking something away from them."

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

- Staff knew people's preferences, for example around where they liked to sit or how they liked their tea. Staff told us they got to know people by talking to them. One staff said, "I talk to them and their families, about things they have done in the past, I can then jog their memory of things, I talk about photos, ask about children and pets, people have done so much in life."
- People's care plans were person-centred as they had involved the person and those important to them. They included information about people's preferred routines, what made them happy or upset and their interests. People were asked if they had a preference of staff gender caring for them. This meant people had choice and control over their care.
- People's care was regularly reviewed, and care plans updated to reflect their changing needs. Staff told us they were kept informed of any changes to people's needs. People's relatives and other professionals were involved in reviews and information was shared about people's care appropriately to support their best interests and promote positive outcomes for people.
- Assistive technology was used to ensure people's need were met. For example, walking aids, sensor mats to alert staff if someone had moved and pendant alarms.

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 known and understood by staff. People's care plans included details which helped new and unfamiliar staff learn about any communication needs, for example if people had difficulty hearing or reading information.
- Information was shared with people and where relevant, available to people in formats which met their communication needs. For example, we saw staff wrote a question down for one person who was struggling to hear them to ensure the person fully understood and could make a choice. Pictures were used for food menus and to inform people which staff were on shift.

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 maintain relationships which were important to them, for example friends or family could visit at any time and were made welcome.
- People were encouraged to take part in activities they liked and there were activity boards in the service to

inform people what was on offer. A hairdresser visited weekly and a therapy dog visited once a month. Resources such as books, games and jigsaw puzzles were available for people to use. People could choose to remain in their room watching TV or reading if they preferred.

- Care plans considered activities which were meaningful to the person. For example, when people were being supported with enablement to return home, whether they wanted to engage in food preparation, making drinks or other household tasks. There were kitchen areas in the service to enable this.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place for people, relatives and visitors. The management team had ensured all complaints were logged and responded to appropriately. Complaints had been used to make improvements to the service. For example, one person's watch had gone missing for which they were reimbursed. Therefore, staff now photographed all jewellery when people were admitted to the service.
- People and relatives told us they had nothing to complain about but believed they would be listened to if they had and were confident to raise any concerns they had. One person said, "I would talk to the staff who talk to the team leader. I have seen the senior team leader and feel I would be listened to and it would be sorted." Staff told us any complaints would definitely be listened to and acted on.

End of life care and support

- The service was not supporting anyone at the end of their life at the time of the inspection. People's wishes and arrangements for their end of life care were recorded, where known. This meant staff had the necessary guidance they would need to support people in line with their wishes if a person became unwell or died unexpectedly.
- Where people had chosen, they had a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) order in their care records. This helps to ensure a person's death is dignified and peaceful.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality of the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection the provider's quality audits had not identified the shortfalls we found around catheter-care, diabetes and medicines. At this inspection the governance framework had ensured the delivery of high quality and safe care. Annual quality assessments were completed by the provider's quality team. These identified any shortfalls against the Care Quality Commission (CQC) regulations. There were service development and action plans in place to improve the service which had been reviewed for progress. Risks had been identified and managed to reduce the risks. The management team reported on any performance issues regularly to the provider to ensure they had good oversight of the quality of the service.
- Quality assurance systems, such as audits, checks, observations and daily monitoring were used effectively to monitor all aspects of the service. Audits were completed for all areas, such as health and safety, infection control and care plans and actions were identified if needed. The management team analysed all audits, complaints, incidents and feedback to ensure any improvements needed were made.
- Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The management team and provider had clearly understood their role and responsibilities and had met all their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their ratings and it was on the provider's website.

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

- There was an open and person-centred culture in the service. All feedback about the management team was positive. Staff told us the management team were approachable, they could raise any concerns with

them, and they would be listened to. Staff told us they enjoyed their job and it was a good place to work. A member of staff said, "The staff are all good, the team leaders are good, it's a good place to work, if there are any concerns it gets sorted out straight away. Most staff have worked here for years. Staff told us the service achieved good outcomes for people. One staff said, "(Name) came with a physio assessment and couldn't mobilise at all. He can mobilise independently now and will be going home soon."

- The senior team leader told us they were supported by their senior managers and provider, were listened to and they responded to the needs of the service. The senior team leader demonstrated a strong commitment to ensuring they provided person centred and high-quality care and were responsive to feedback during our inspection. Compliments were recorded and there were many thank-you cards from people who had stayed at the service.

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 law requires providers to follow a duty of candour. This means following a significant unexpected or unintended incident which occurs in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The management team understood their responsibilities in respect of this, had informed the relevant people of any incidents or accidents; and provided written apologies in response to complaints where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and those important to them were engaged with the service and asked for their views. As well as end of stay questionnaires, surveys were completed with people annually to gain their feedback and were reviewed by the management team. These looked at all areas of the service and had positive results. Visitors could complete feedback forms, and these were used to make improvements. For example, one visitor had commented furniture could be arranged differently. The management team had responded by asking people during their stay how they would like the furniture arranged to make a more comfortable environment.

- Surveys were completed with staff to gain their views and showed positive results. Regular staff and management team meetings were held to share information and identify action needed. Staff were engaged with the service, felt involved and were supported by the management team. One staff said, "Team meetings are done once a month. If you can't attend, you get to see the minutes to know what's going on. Communication is good."

- The staff and management team worked in partnership with a range of healthcare services to ensure people's needs were fully met in a timely way. The registered manager networked across the provider's other services to share information and learning.