Healthcare Homes Group Limited

Bilney Hall

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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
Bilney Hall is a residential care home providing personal and nursing care to 62 people aged 65 and over at the time of the inspection. The service can support up to 63 people mostly living with a diagnosis of dementia.

People's experience of using this service and what we found
The service accommodated people with a wide range of needs but predominantly those living with dementia. Accommodation was flexible and spacious. The layout of the building was taken into account when rostering staff. Staffing levels had improved and people received consistent support from regular staff. Agency staff had not been used for more than five months.

There was good communication, team work and management oversight. Staff told us the service had vastly improved since the registered manager had arrived and told us they received the training and support they needed to work effectively.

Although staffing was assessed to be sufficient, people's experiences varied with some expressing concern about staff's responsiveness. Relatives also commented they could not always find staff at busier times of the day. We have made a recommendation about this.

Risks to people's safety were mostly well managed but we identified several environmental issues., These were rectified straight away which gave us confidence in the service. Risks assessments were in place and there were control measures in place to actively reduce risk. Audits were completed regularly and there was an established programme of refurbishment and replacement. The service had recently spent a lot of money on the service to bring it up to the required standards. We found overall the service was very clean with no odours and observed staff using personal protective equipment when supporting people. Staff received regular health and safety training and training in infection control, both were covered as part of staff's initial induction. There were a few concerns about cleanliness, in relation to chips in paintwork and wear and tear which could harbour infection but there was a plan in place to address this.

Staff recruitment processes were robust. This helped to ensure only suitable staff were employed. Staff were supported in their employment, completing a detailed induction and received ongoing training and development, supervision and annual appraisal.

Medicines were given safely and as required and people's health care needs were regularly monitored. The registered manager kept a detailed clinical risk register which indicated any concerns about people using the service. This could be related to a recent fall, unplanned weight loss, frail tissue viability or current infection. People were discussed at a daily head of department meeting to help ensure all actions were being taken and all key staff were aware of changes in people's health.

People benefited from a nice environment suited to their needs. We found however signage was poor and the building was difficult to navigate. The service has since addressed this. Social activities were planned, and there were designated activity coordinators, who provided regular activity. The scope of activity was being improved upon, but all staff needed to recognise the importance of activities of daily living and promoted people to engage across the day.

Staff were observed to be caring and had good interpersonal skills and had a good understanding of dementia and how it might impact on the person. Care plans were sufficiently detailed, but we felt they could be more descriptive in terms of people's preferred routines and how staff might reduce people's anxiety around their routines. We have made a recommendation about care plans.

The registered manager told us they were well supported by their regional manager and were able to influence the budget and ask for additional resources as they saw fit. They described the regional manager as responsive which helped them effectively manage the service. The registered manager was a qualified nurse, very experienced in care and a good communicator. They knew people's needs extremely well and ensured the service was well planned and staff sufficiently supported. We met the regional manager and discussed the schedule of audits which were top heavy and did not sufficiently focus on people's experiences. The service did an annual quality assurance survey but the return of these was low and therefore unreliable. This year forms had been amended to make the questions easier, but surveys were not appropriate for everyone using the service. The regional manager said they were developing a dementia strategy, and this would be adopted by the organisation. We have made a recommendation about audits being more specific to the needs of people using the service and have suggested accreditation in dementia and end of life care would improve outcomes for people.

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

Rating at last inspection
The last rating for this service was Good. The last report was published, (15 March 2017.)

Why we inspected

This was a planned inspection based on the previous rating.

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

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.	**Requires Improvement**
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**

Bilney Hall

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by an inspector, an assistant inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Bilney Hall 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
Before our inspection we reviewed information already held about the service. This included previous inspection reports, feedback received about the service and notifications which are important events the service are required to tell us about. 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 this information to plan our inspection.

During the inspection-
During the inspection we spoke with eleven people and six relatives. The inspectors spoke with people during their meal and carried out observations across the day. We spoke with staff including the cook, the deputy manager, the registered manager, the administrator, the maintenance person, the activities coordinator, the regional manager and four care staff. The inspector sat in the meeting and was introduced to heads of department. As part of this inspection we observed medicines administration and did a medication audit. We reviewed staff files, two care plans and other records relating to the management of the service.

After the inspection.
We continued to request information following the inspection which was received within the agreed timescales.

Requires Improvement

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● A number of risks identified as part of our inspection did not assure us that audits were sufficiently robust. We discussed our concerns with onsite maintenance who assured us window restrictors were fitted and tested annually. Despite this we found several faulty restrictors, A radiator cover which had become dislodged and a sensor alarm which could be a trip hazard for people in close proximity. The registered manager subsequently addressed these issues and strengthened their auditing processes to ensure risks were identified and addressed in a timely way.

We recommend that management daily walk around include an audit of the building and any health and safety issues.

●We found the standard of records keeping needed to improve to ensure risks to people were clearly documented and helped to ensure staff could consistently meet people's needs.

●Staff were confident with actions they should take in an emergency and told us they received training to help them manage emergencies. Staff confirmed regular fire drills were held and all were clear of the procedures.

● Staff confirmed they had up to date manual handling training and people had the equipment they needed including their own slings. Staff and records confirmed that individual risk assessments were in place for risks associated with people's care including the use of stairs gates, and risks associated with isolation.

● Risk assessments were colour coded red being the highest risk. We found some contradictory information in care plans and information was not always cross referenced. For example, where a person had Parkinson's and on medication which might make them more prone to falls. This information was not cross referenced or included on their falls risk assessment.

Staffing and recruitment

● The service was needs led and the registered manager had recognised currently the needs of people had increased and more staff were necessary, Hours identified were being recruited to. At the time of inspection, the service had the number of staff it said it needed but we had some mixed feedback from people using the service.

●People told us they felt safe, but some had concern about the staff's responsiveness to call bells. One person told us, "The trouble is they haven't got enough; they could do with more staff. Like this morning, I had my breakfast and then I wanted to use the toilet, but it was a bit of trouble getting someone to help me."

●Another person said, "There are not enough staff at weekends. It impacts only in as far as weekend staff don't have enough time for toileting after meals. The time when it is noticeably very low is after lunch, often

there is only one member of staff in the lounge, it's like the Marie Celeste."
●Staffing levels were regularly reviewed, and a dependency tool was in place to determine what the staffing levels should be. The registered manager did daily walk around which helped them to assess staffing and frequently helped. Call bells were expected to be answered within ten minutes unless it was an emergency buzzer in which case an urgent response was required. Staff response times were monitored.
● We observed staff were busy but attentive and worked well as a team with all staff regardless of role assisting at busier times of the day, including the registered manager who led the staff team. Staff told us staffing levels had improved and they used their own staffing rather than using agency staff.
●We had a discussion with the registered manager and regional manager about staffing and how they were meeting people's needs at busier times of the day which staff told us could be difficult. Staff told us, "It's really busy in the mornings." Another said, "We could do with some more staff." The regional manager told us it was difficult to recruit specifically to the morning/evening shift at peak times of the day. Most staff did long days and picked up overtime. We also discussed concerns from relatives who told us they could not always find staff at busy times of the day which did not reassure them about the levels of care.

We recommend the provider reviews staffing levels and considers if they are sufficient to cover busy times of the day. We also asked the provider to consider how they could let relatives know which staff were are on duty and who was running the unit. We suggested several things which we thought might help relatives feel more at ease.

● Staff recruitment processes were sufficiently robust and helped to ensure that only suitable staff who had been properly vetted were employed.
● At interview staff's suitability for the role was reviewed alongside their application, references and work history. Any gaps in their employment history was explored and if a person had committed any offence this was clearly reviewed, and risk assessed to see if the person was still suitable for employment.

Systems and processes to safeguard people from the risk of abuse
●Most people told us they felt safe. We acknowledged that some people were unwell and suffered from hallucinations which affected their experiences. The registered manager showed a good understanding of people's mental well-being and was able to tell us who was unwell.
● One person told us," It's quite homely, I'm quite content, lovely views of trees and wildlife. I don't do much now, I prefer my own thoughts and company." Another said, "I'm happy here and I've lived here a long time, it feels like home." A third person told us, can't do anything for myself, I'm totally dependent on the staff. I had a stroke and am paralysed on the right side of my body, but the staff understand me and my needs, so I feel very secure here."
● All staff accessed regular safeguarding training and were able to recognise types of abuse and knew what actions to take. The registered manager and their staff were responsive to people's needs and changes to their behaviour which could be indicative of something wrong. Regular audits of care including night audits were in place and helped to ensure staff were meeting people's needs.
● Head of department meetings were held each day to identify changes to people's health, any immediate risks and actions to be taken. This service had a clinical risk register which the registered manager kept updated showing how risks to people were identified and how they were being managed.

Using medicines safely
● People took their medicines as prescribed, but several people told us they had no idea what they took. However, we observed a member of staff administering medicines and explaining to the person what each tablet was for. One person told us," I have to take meds every day. I know what they're for – statins, BP and anti-clotting and so on. Staff are very patient when they bring them round."

● Staff administered medicines to people safely and there were robust audits in place to check that this was the case. Staff administering medicines received regular training and their competencies were assessed.
● We checked the stock of some people against the medication recording sheet and they tallied.
●There were clear profiles for people stating what medicines they were prescribed, when they should be administered and any other information relevant to that person's care. Through our observations staff were careful to ensure people took their medicines before they signed for them. Some people required support and encouragement, but this was done successfully, and no one regularly refused their medicines.

Preventing and controlling infection
●Arrangements for infection control were satisfactory and the service was clean with no obvious concerns other than some wear and tear which was being addressed by the refurbishment programme. Staff received ongoing training in infection control, had appropriate personal protective equipment and were observed using good infection control practices. Domestic staff were employed in sufficient numbers and audits of cleanliness confirmed cleaning was completed routinely.
●The standards of cleanliness were good, one person told us "I keep my room clean and tidy, I keep a brush handy." We spent time in communal areas and visited people in their rooms. All were clean and tidy, beds well-made and surfaces dust free. The service was mostly odour free.

Learning lessons when things go wrong
● There was good communication across the service and when something occurred this was discussed across heads of department to review actions taken and if they were appropriate to risk, lessons learnt and duty of candour. Following an accident there was ongoing monitoring for 72 hours. There was also management oversight of accidents and incidents and lessons learn across the providers group of home. Management meetings took place regularly and used to discuss incidents and actions necessary. Staff told us inputting information could be slowed down due to the lack of enough computers in the service and this should be considered by the provider in terms of a resolution.

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

● Detailed assessments were completed prior to admission to the service, this established any risks and support needs for care delivery. Care plans were put in place and regularly reviewed. The service had established policies which were accessible to staff and staff knew where to find information.

Staff support: induction, training, skills and experience

● Staff received sufficient induction and training to help them carry out the regulated activity. A staff member told us, "There is a five-day induction course, and then on your first day you have a face to face with maintenance and health and safety training. Once inductions are completed and uploaded you pass your induction and get scheduled Medix training system training course."

●Staff told us they received training in line with people's needs and for their job role. A senior member of staff told us, "As a senior I administer insulin and measure blood sugar and have meetings with the nurse. The district nurses review training for this once a year." Other staff confirmed they were doing further studies in adult social care and were supported to do so.

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

● People were supported to eat and drink in sufficient quantities and in line with their individual needs. One person said I'm a vegetarian… while it's not the same as home, the food is good, varied and I have choices – not just 'nut loaf'! I have breakfast and tea in my room, but they take me down to the dining room for lunch, so I can chat with other residents and catch up on gossip. The staff cut my food up for me but otherwise I manage quite nicely on my own and intend to carry on doing it." Another person said, "The food is brilliant, I always get a choice, and if I don't like it or change my mind they never mind."

● We observed lunch and it was well organised and staff offered people appropriate choices and enhanced people's well being through their attentiveness and positive attitudes.

●People had specific specialised cutlery. People's mobility aids were kept close to them, and people were offered aprons. This helped maintain their independence and dignity.

●Staff were familiar with people's dietary needs and preferences. The cook knew people very well and had a passion for cooking and preparing meals for people.

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

● People were supported to retain their skills and learn new ones and were encouraged to mobilise and reduce risks of social isolation.

●People were happy that their health care needs were planned for and met. One person told us, "I get my

eyes checked but they tell me I don't need glasses and I'm fine." Another person told us, "Staff saw that I had a temperature and called the doctor when I came back from hospital. He gave me antibiotics and they seem to be working. The staff know me well and can tell if I'm not my usual self." A relative told us," When she was first here, they organised a new set of teeth."

●Daily records gave us an indication of people's needs and how they were met and there were care-plans and guidance to tell staff how to meet people's needs. This was supported by training.

●The clinical risk register and the daily head of department meeting demonstrated that the service was well organised and were aware of people's changing needs and able to respond and plan for these quickly.

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

● The service had been extended and provided a choice of accommodation. The old build was Georgian, and the new build had been added in the last ten years. Significant monies had been spent to address and replace the boilers and the roof. The service was well furnished providing spacious individual rooms for people and included large, formal communal rooms. The service had extensive grounds

●Signage was poor in communal areas and this was addressed immediately following our feedback.

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 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 registered manager had applied for DoLS as appropriate and had oversight off this to ensure applications were relevant and in date.

●Staff told us they had received training to help them understand the implications of the Mental Capacity Act 2005.

●We saw staff establish people's wishes and supported people according to their preferences. Choices were offered in meaningful ways.

●We reviewed a safeguarding concern which was complex but saw the service were acting in the persons best interest and had ensured the person had appropriate representation to uphold their wishes.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People were treated respectfully, and we noted that care plans told us about people's needs and preferences which were known by staff. Staff encouraged people to maintain the routines they were used to and respected their views and life experiences. For example, one person told us, "I've got my own routine. I wake up about seven and get washed and dressed. Breakfast arrives, always a nice start to the day, newspaper delivered about 10 then a cup of coffee…… I generally go to bed about 10pm, depending on what's on television – I keep a note on my calendar of things I'd like to watch." Another person told us, "If I want to go to bed earlier, or later, then usual then that's what happens."
Another person told us, "Once I get up I find things to do, or the staff ask for help, dusting or sweeping the floor, or setting tables for lunch. I've got free choice of how I spend my time."

● Staff felt comfortable to raise issues and felt they were well supported and listened too. The registered manager had a good impact on the service and was able to tell us about everyone's needs. They communicated effectively and were supportive of their staff.

● We observed that staff had developed a good rapport with people and the atmosphere was relaxed and calm. Some staff had worked in the service for a long time and told us how much they felt things had improved.

● We observed one person constantly trying to manage their environment, move furniture about and organise other people. Staff were very attentive to their needs and engaged with them positively to guide rather than restrict their actions.

●We observed numerous spontaneous interactions between staff and people using the service, cuddles, hand holding, generally being attentive and caring.

● Staff were positive about the service, one said," It's a really good care home, I'd be happy to put a family member here. It's the first care home I've worked in, and I was worried about it, but this has surpassed my expectations. The staff here really care rather than being in it for the job."

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

● People felt involved in their care. One person told us I don't think I've got a key worker as such, but I've got a really good relationship with [named worker] who I can chat to – they know me very well and takes a real interest in me."

●Relatives told us communication was good, one relative said, "They are good at letting my [relative] know if there are any problems." Another said, "If ever there is an issue you go straight to the manager and they will act on it. If you ring they will give you an update." Another told us, "[Relative] does have a care plan, if staff feel it needs to be changed they will call you in."

●In addition, relative and meetings for people living at the service were established, and their feedback acted upon. Feedback received included, 'You said we did was displayed in the hall. 'The service had a newsletter and used surveys to gain feedback. These were in the process of being issued. Last years survey yielded a poor response so this year surveys had been adapted to simplify it.

We recommend the provider consider other ways to assess and demonstrate how people are experiencing good outcomes of care. particularly for those people living with dementia. Audits we reviewed focused on inputs rather than people's experiences.

Respecting and promoting people's privacy, dignity and independence

● People told us, and we observed staff showing people respect and communicating with people in a way which met their needs. One person told us, "They give me a wash, they change my pad many times, I say 'oh no, not again'. They are very nice, all of them." Another said, "I have no reason to think I am not getting looked after, because I am." One person told us there were a couple of staff they didn't like but was looked after okay, another felt some staff could be a bit impatient but, overall, felt staff were kind and caring.

●People were well presented and told us staff helped them with their personal care. One person told us," They're always there if I need something. I had my bath today, it's a big job but one of them always does my hair nicely and although I know they're busy they never rush me. The night staff are good too, but I sleep well so don't often need them."

●We observed staff supporting people's independence and encouraging people to do things for themselves. We noted one person being shaved in the lounge which we felt was undignified.

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 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

●Assessments were completed in consultation with the person and others and care plans put in place in a timely way. This included risk assessment which indicated the levels of risk. There was detailed health information. The care plans included information about the person in their younger years, middle years and later life which gave staff an insight into the person and their likely needs. There was some good information about people which would help staff to provide effective care.

● We found however some of the information in the care plan was generic and did not clearly reflect people's preferences. For example, one care plan stated that the person could get anxious and music might help but gave no indication of the type of music they enjoyed or enough information about why they got anxious. Another person was said to get distressed particularly when staff were supporting them with personal care but there was no guidance about how staff could reduce their stress.

We recommend the provider review the care plans to ensure they are more holistic and include more detail about people's emotional wellbeing and managing distress behaviours.

●Staff we spoke with were able to tell us about people's preferences and how these were met. We observed holistic, person centred care with staff offering people choice and anticipating their needs. The registered manager has confirmed since our inspection they have started to review care plans to ensure they contain more personalised information to help all staff provide continuity of care.

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 included information about people's communication and sensory needs. Staff were aware of these.

●Information was accessible, and staff knew where to access it.

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 service provided daily activities for people which helped to keep them active and reduce the risk of social isolation. Additional hours had just been agreed to appoint a third part time activity coordinator to cover weekends. This would support care staff. We observed activities taking place, but most people needed

a lot of support to engage and this was difficult for activity staff without the support of care staff who were busy helping people with their personal care. Activity staff provided some one to one support and group activity and had a range of activities they provided.
We recommend the provider that activity staff receive specific training in line with their job description to help them develop activities which are suited to people predominantly living with dementia and the service evidences how are care staff contribute to activities of daily living for people.
●One person told us, "I usually go and do the activities. Yesterday I managed to get my hair done. They have all sorts; we get a list. I like it when they've got music on". Another person said, "I'm always in bed, but I'm very comfortable. I don't watch TV, I don't get bored, staff come in and chat." A third told us, "No, I don't do anything like that, I like being in my room." One person told us," Rarely get trips out now and I've not seen the activity programme for this month all down to fewer staff around." Some people did not have regular family support and that affected their day to day experiences of living in a care home.

●Most people told us families supported their care. One person told us, "My [relative] runs the local nursery school and brings a group of little ones every week. The staff all know her and are always welcoming." Another said, "My [relative] often comes to take me out. My [relative] calls in often, they usually texts to say when they are coming.

Improving care quality in response to complaints or concerns
●The service had an accessible complaints procedure and were open to feedback and were able to show clear, timely actions taken.
●The registered manager was responsive to people's needs and listened to people's views and their wider families. Staff were confident that the registered manager acted promptly to concerns and feedback.

End of life care and support
●No one was receiving end of life care at the time of the inspection, but staff were supported to meet people's needs in a holistic way and work with families and other professionals to help ensure people had a good death. For the people reviewed there was no end of life care plan, but there was evidence of people's preferences and information about whether a person would want to be resuscitated. The service had no accreditation for end of life and if this was in place might improve people's end of life experience.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● Staff told us the current registered manager has had a positive effect on the service by increasing staffing, reducing agency, providing more support and training and improving communication. Staff felt they had made a significant difference to the standards of care and reported feeling happier.

●The registered manager had been instrumental in getting works done to improve the environment people lived in. They had set up the daily meeting which had helped to improve communication across the service. They had increased the uptake of training from 60 to 98 percent. We found the registered manager very focused on the needs of people using the service and their staff.

●People and relatives were complimentary about the service and most said they would recommend the service. The service was full and whilst inspecting enquiries about vacancies were coming through and the registered manager was very helpful in terms of supporting and advising them and knew what other homes could offer if people were unable to wait. One person told us, "I see them, a lot and we chat but it's very rare that there's a problem." Another said "The manager. I take them as a I find them they are very professional."

●Staff told us they got on well with the registered manager. One said, "It's been so much more positive since they came here. There was a period of uncertainty, everyone wanted to leave, you didn't know where you were, and it's been so nice to have someone come in and support you. They guide you and brings their experience… they will stop what they are doing and help." Another said, "They are good, and they know their stuff. "

●The registered manager was visible, approachable and inclusive and led by example. They were supported by a management team who were responsive to the registered managers requests. Areas of concern we found were either being addressed or were addressed immediately giving us confidence going forwards.

●We discussed concern with the regional manager about the number of scheduled audits which did not focus on people's experiences and did not include observations and discussions with people using the service. The exception to this was the managers walk around which were not recorded so we do not know what was identified and how things were addressed.

●Most people were able to express their view, but surveys used to gauge opinion had not been used in line with other tools such as Dementia care mapping. This helps staff understand the experiences of people living with dementia and their experiences of residential care. Using evidence-based reflection helps to identify improvements to increase people's wellbeing through individualised care.

●People's care plans would benefit from being more personalised.

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 had robust systems in place for capturing data and analysing it to ascertain if the risk could be reduced or if someone was 'avoidable' and if so what control measures could be put in place.

●The registered manager was open and accountable and regularly discussed with family a change in a person's need or a risk which had been identified.

●We asked people and relatives how issues were communicated and how the registered manager acted on their responsibilities. One relative said, "It's a holistic meeting and can be very interesting." Another said, "The manager is very forthcoming and approachable."

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

● The service had an action and development plan. The service had daily, weekly, and three-monthly audits. In addition, the service had an independent auditor who completed a comprehensive review along the lines of a CQC inspection.

● Planned and routine maintenance was in place and equipment was regularly tested and staff received training to help them deal with emergencies.

●We reviewed accidents, incidents, safeguarding concerns and any other occurrences. These were recorded, reviewed and there was enough oversight of these.

●Lessons learnt was established and managers had the opportunity to meet with each other for support and share good practice. The organisation was good at supporting its managers and sharing relevant information.

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

● The service worked in partnership and collaboration with a number of key organisations. The registered manager had established good working relationships with healthcare professionals and took into account families views. A family member said, "They get everything they need from social services. "Others told us how the service had immediately addressed unmet need such as getting people dentures or equipment they needed to help them with their independence.

● Staff, relative meetings and meetings with people living at the service, along with newsletters and minutes helped keep people informed.

Continuous learning and improving care

●The regional manager said they were working towards a dementia strategy and were setting objectives and standards towards accreditation. This included developing specialist training and developing user friendly audits to establish baseline of care.

●The registered manager told us about awards they and others had been nominated for which were set up to recognise and reward positive staff practice.

Working in partnership with others

● The service was inclusive of families, friends, visitors and health care visitors. The service had links with the community but was in a rural community. They regularly provided external activities and brought in community groups to entertain people. Pre-school children visited people, and this was well established.