

Porthaven Care Homes No 3 Limited

Falkland Grange Care Home

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

Falkland Grange Care Home is a residential care service providing personal and nursing care to 38 old people aged 65 and over at the time of the inspection. This includes people living with dementia. The service can support up to 64 people.

The building is modern and purpose built, set across two floors. There are individual bedrooms with full ensembles, plus large open communal spaces comprising dining rooms, lounges, a cinema and hairdresser.

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

People received safe care. They confirmed this when we spoke with them throughout the inspection. They were protected from abuse and neglect. Any risks to them were assessed, documented and mitigated to protect them from avoidable harm. Accidents and incidents were logged; the service showed they learned from these and had taken action to prevent recurrences. People and visitors were satisfactorily protected from COVID-19 during the pandemic.

Staff were knowledgeable and skilled. They competently provided the support people required. People and their relatives provided positive feedback about their experiences with staff. There was a thorough induction, training, supervision and performance appraisal system which enabled staff to progress their careers. The food, drinks and dining experience at the service was very good. There was a clear focus from the chef and other kitchen staff on ensuring variety and tasty dishes which stimulated people's appetites.

People and relatives described the service as caring and staff as kind. They consistently provided complimentary feedback to us. This demonstrated they liked living at the service and the support they received. People's human rights, dignity and privacy were respected. The staff and leisure and welfare programme helped promote and maintain people's independence.

People's care was specifically tailored to their individual needs. Care documentation showed in-depth information about people's support needs; this was regularly reviewed with the full participation of people, their relatives and health or social care professionals. There was an extensive range of social activities, which prevent isolation and promoted people's emotional health and psychological wellbeing.

The service was very well-managed. There was a clear, positive workplace culture. The registered manager with the assistance of the management team, ensured audits and checks were completed regularly to ensure the safety and quality of people's care. The service and provider were receptive to feedback and implemented suggestions and improvements. People, staff and relatives had a genuine say in how the service was operated.

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

This service was registered with us on 9 December 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

Falkland Grange Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by an inspector, an inspection manager and an Expert 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

Falkland Grange Care Home 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 the inspection

We reviewed information we held and had received about the service since its registration. We sought feedback from the local authority and other professionals who work with the service. We requested information from Healthwatch. Healthwatch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England.

We checked information held by Companies House, the Food Standards Agency and the fire brigade. We looked at online reviews and relevant social media posts. The provider was not 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. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the regional manager, registered manager, deputy manager, home trainer and residential care manager. We also spoke with the head chef, maintenance officer, two activities coordinators, an administrator and two nurses. We received written feedback from the local authority. We completed observations of communal areas during our site visit.

We reviewed a range of records. This included seven people's care records and multiple medicines administration records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested and received quality assurance records, and were provided with additional evidence for consideration.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service ensured that people were protected from harm by identifying risks and mitigating them effectively.
- People's safety was promoted. Systems and processes in place ensure protection from abuse, neglect and acts of omission.
- People's and relatives' feedback supported this. Comments included, "I feel very safe, I wouldn't stay if I didn't feel safe. Even during these horrible times, I have always felt safe". "It is the best decision I made in moving here", "I am very happy here, I can relax knowing I am well looked after", "I have the comfort of knowing that my loved one is safe and well looked after."

Assessing risk, safety monitoring and management

- The service received referrals for new people to move into the care home, and used the information to determine whether the person may be suitable to live there. The registered manager explained they would only accept admissions for people the care home could safely care for.
- If deemed safe to live at the service, a pre-admission was completed in various settings, such as people's homes or hospitals.
- Information from health and social care professionals was also used to inform decision making. This ensured a holistic view of the person's care risks.
- Historical information was recorded about the person. This included a medical history, social history and cultural and faith-based background.
- Other risks assessed included eating and drinking, moving and handling, skin integrity and medicines management.
- Equipment necessary to keep the person safe was also sourced or checked to ensure the person was kept safe. For example, this included hoists and slings.
- Premises and equipment were regularly examined and checked to ensure they were safe and suitable for use. Documentation examined showed the service followed all legal obligations overseen by other regulators.

Staffing and recruitment

- Sufficient staff were deployed to meet people's personal and nursing care needs. Staff were available when called, but also carefully anticipated people's needs.
- Support between staff and people was calm and engaging; we observed staff interacting patiently with people; they said they were appreciative of the care and attention.
- Comments included, "The staff seem to know when I need help because they are always around when I

need them", "Two of the staff are very good they always ask if I need help" and "I am never rushed, the staff always support me with a smile, the staff cannot do enough for me, always willing to help me when I need it."

- Recruitment processes were very robust, which ensured that only 'fit and proper' staff were employed. All the necessary background checks and vetting of any new applicants were thoroughly completed. Associated documentation was available in an appropriate format.

Using medicines safely

- People's medicines were safely managed.
- We checked receipt, storage, administration, documentation and disposal of medicines. These were all in line with regulatory requirements and helped prevent any errors or omissions.
- Staff received comprehensive training in medicines management and were required to complete competency checks to ensure their safe practice.
- The registered manager was receptive of our feedback on embedding best practice guidance. We have also signposted the provider to resources to develop their approach. The service sent us evidence confirming they had made relevant minor improvements after our site visit.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incidents and accidents were appropriately reported and recorded by all staff members.
- Documents examined demonstrated good record keeping and that all reports were taken seriously. Prompt action was taken by management team members to investigate any matters of concern.
- The service was transparent with their approach to learning when things went wrong. They notified relevant parties including the local authority, commissioners and us; full explanations and supporting documents were provided for scrutiny.
- The registered manager showed how learning was used throughout the service's operations. For example, during supervision sessions with staff, meetings and in business planning.
- Trends and themes in accident reporting were produced. The registered manager was praised for their work on this. We provided further feedback to increase their use of the themes for analysis.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The service's philosophy was to provide support in the right way. Staff were noted to ask people their choices and preferences about everyday care. People's preferences were also comprehensively discussed with them and noted in the care records.
- Care records clearly showed people's likes, dislikes and preferred ways of being supported. People and others, such as relatives or friends, had contributed to the care assessments and reviews.
- Assessments included social, emotional and lifestyle information. Staff could access this information to ensure people's care was individually tailored to them.

Staff support: induction, training, skills and experience

- Staff were knowledgeable, skilled and experienced. They received extensive support from the service and provider to ensure they provided the best possible support to people.
- Staff completed the Care Certificate upon commencing as a care worker. This is a group of nationally agreed learning modules for staff new to the care industry.
- There was an extensive list of staff mandatory training and additional training. This was in line with best practice guidelines which set out core mandatory and statutory training subjects.
- Training records were recorded in an electronic system which highlighted when a staff member's refresher training was becoming due or overdue. The deputy manager explained the recording format was being improved at the time of our inspection.
- Feedback from people included, "The staff are very knowledgeable and know what they are doing and the way I like things done", "Staff all know what I need and how I like to be supported" and "The staff are brilliant, they always ask how I am. You can tell they care".
- Staff confirmed they had been encouraged by managers to undertake additional qualifications plus training and development to enable movement into new roles. The service aimed for a pool of staff with relevant qualifications who could be promoted when opportunities arose.

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

- People had ample access to food and drinks. This included snacks throughout the day. Staff were observed to regularly invite people to drink to avoid dehydration.
- The risks of dehydration and malnutrition were assessed and reviewed by nursing staff. This clearly demonstrated when further intervention may be required, for example increasing calorie consumption.
- Staff sought external healthcare advice when needed; examples included with the GP or dietitians. Staff also followed best practice in promoting hydration for older adults in care home settings.

- There was an enhanced dining service in a relaxing atmosphere. Information about the menu was clearly displayed and people were assisted using information about the meals and making choices.
- People's and relatives' feedback about meals was complimentary. Comments included, "The food is very good, the choices are the things I like", There is a good variety. I get three good meals a day and I don't have to cook them" and, "I can eat what I want, what more can you ask for..." A family member stated, "I was able to have Christmas dinner with my [relative]...that is before COVID-19, and it was great. Very good quality."

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

- The service had processes for referring people to other health and social care professionals, when needed.
- Evidence demonstrated staff worked alongside other services such as district nurses and 'rapid response' teams to ensure people's health and safety was assessed, promoted and monitored. There was good evidence this had been applied during the period of the pandemic and associated lockdowns.
- Staff sought advice from the GP surgery on a regular basis. The practice was located across the road from the care home, meaning prompt and timely intervention was available from people's doctors.

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

- The environment was tailored for comfort and relaxation. There were communal areas, as well as quiet areas for contemplation. A landscaped garden ensured people had access to outdoor areas without leaving the care home.
- The service had followed best practice guidelines for designing and decorating the premises to ensure good care for people living with dementia. This included appropriate signage, lighting, carefully planned toilet and bathroom layouts and choices of textures and colours of furniture.
- People's bedrooms were observed to be tailored to their preferences and provided a homely setting. Personal touches such as photographs and ornaments were appropriately displayed for people to remember and reflect on important aspects of their lives.
- There was effective mobility access inside and outside the service. Corridors and door entries were wide, to allow access for hoists, walking equipment and wheelchairs. Surfaces and pathways were even and the service ensured trip free access. There was the provision of disabled parking facilities for people's relatives, friends and others.

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

- People were assisted with access to appointments with external professionals and when diagnostics tests like blood samples or x-rays were needed. Some diagnostic tests were completed within the care home.
- Professionals involved in promoting people's healthcare were available upon request or in a planned manner. For example, this included optometry or podiatry.
- The menu was planned to ensure people's intake was within healthy lifestyle considerations. The head chef explained how they ensured food and drinks were linked to guidance for nutritional requirements for older adults.

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 sought and respected the principles of consent when supporting people.
- We observed a member of staff seek consent before supporting a person to stand. They asked people if they would like to go to the restaurant for lunch.
- One person said, "The staff always ask me before they help me". Another said, "The staff always knock on my door and ask if they can come in (before entering)."
- Staff received training in the requirements set out by the MCA. The service operated in accordance with the principles of restricting people's access to outside the care home when legally authorised to do so.
- Applications were made to the relevant bodies to deprive people of their liberty only when needed.
- Where a person could not consent, staff used the best interest decision making process or sought the decision from another source (such as an attorney) with relevant legal authority.
- People's human rights were assessed, documented and protected by the staff who supported them.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- We always observed staff providing support in a caring manner. The staff clearly knew the people they supported. Those we spoke with agreed that staff were caring.
- One person said, "The staff are lovely. They are very caring and polite. I could not ask for more". Another said, "The staff are great, nothing is too much." A further person stated, "I have only been here for two weeks and I am still getting used to not living on my own. At times it is difficult, but the staff are doing everything they can to help me settle in. They have been fantastic".
- Feedback from all sources was consistently positive and complimentary, for example recent online reviews from relatives. Comments included, "Despite the difficulty of lockdown and [two] elderly parents who struggled to settle, I think Falkland Grange have done a great job. The staff have been friendly and helpful at all times, both to me and my parents", "Falkland Grange in incredibly difficult circumstances have been a warm and welcoming home for my parents" and "The level of care given to our mother is exceptional. The staff are extremely caring and respectful."

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

- People confirmed their involvement in care planning, from the time of moving in and with ongoing reviews.
- One person said, "When I arrived, I sat with the staff and discussed everything that is important to me so they knew how best to support me." A family member remarked, "Even though I have not been able to visit, I am kept up to date with any changes to my relative's care plan."
- 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 progress notes reflected what people told the staff, rather than staff opinion.
- If a person experienced periods of distress or difficulties related to a health problem, staff demonstrated they knew how to respond effectively. They understood and respected people's preferences, which approaches worked to help the person to relax or to feel better, and when to refer to or discuss with external professionals. This was evident in documentation throughout the pandemic period.
- One person expressed they wanted a Chinese takeaway meal delivered to the care home. This was organised by the staff and the person expressed great pleasure in the staff meeting his preference.
- Staff ensured people and their families were interconnected during lockdowns. Staff had utilised technology such as mobile phones, computers and video calls to ensure regular communication.
- People and staff could share regular progress updates with relatives and friends.

Respecting and promoting people's privacy, dignity and independence

- Staff fostered people's independence. Staff we spoke with clearly knew how much support each person required with their activities of daily living .
- We always observed staff being respectful; this included the way they talked to people and ensuring they were facing the person they were interacting with. One person said, "The staff always come down [kneel] to my level to talk to me. This shows respect."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 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

- All care plans and risk assessments reviewed were clearly individualised to each person's different needs. An electronic system was used for care documents, which was widely available to all relevant staff throughout the building.
- Care plans were electronically updated whenever there was a change in a person's needs. For instance, where there was a change in need around a person's hydration or food intake, the care system was amended with new information. This was communicated to staff on the system and care plans were reviewed and amended, as required, to ensure people's needs were met effectively.
- Changes and suggestions from people during their care reviews were embedded into everyday practice. For example, at the last 'residents' meeting, people discussed menu planning. Notes recorded a clear discussion about changes to menus and involvement from people about what they would like. For example, some people expressed they would like a light supper on Sundays; the service was trialling this to see how well it was received. People's care plans would be updated accordingly.

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.

- The service had taken all the necessary steps to ensure that people received information in ways they could understand it.
- Care documentation showed that the service identified and recorded people's sensory impairments, and the steps implemented to ensure effective and meaningful communication. For, example people had access to documents in large fonts, or the use of pictures and symbols to assist with understanding messages clearly
- Care documentation clearly explained what communication aids such as glasses and hearing aids, people required as part of their daily lives.
- Menus were in a restaurant style presentation in the dining rooms. However, kitchen staff or care staff were able to show people plated meals so they could choose food that appealed to them.
- Staff told us they would continue to explore even more avenues to go beyond the core principles of the AIS. This included looking for new initiatives and ways of producing information for people with cognitive and sensory impairments.

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 had an extensive selection of leisure, welfare and activities events always planned and completed. This included modified social activities during the pandemic lockdowns.
- We received detailed evidence of people's involvement in the activities since the service was registered and welcomed people to move in. The service ensured that people's psychological and emotional health was promoted using a busy, varied schedule of events and programmes.
- A wide selection of choices was available to people and they were encouraged to join in relevant groups or activities. The right to refuse group events was respected and instead people were offered individual activities such as pampering sessions, one-to-one chats and individualised experiences.
- Very good examples of events included a garden challenge against other care homes in the group, use of a therapy dog, a pony brought to the care home, chocolate making, preparing sushi and tasting Mexican cuisine and promotion of an intergenerational programme with local school children. People were also encouraged to plan and enjoy special events, such as birthdays where their choices were at the centre of the decision making. People were actively encouraged to celebrate special moments in history, such as those related to the Royal family and community celebrations such as faith-based events and Chinese New Year.
- We saw people being supported to get on the minibus, with one person expressing some anxiety. A member of staff supporting them understood their concern about not being allowed out for so long, but reassured them they would make sure the person was safe. One of the family members told us, "Once people were allowed out, my relative was taken out for a drive and they stopped...and had an ice cream; my relative thoroughly enjoyed it."
- People said there were various groups they could join. One person said, "I have joined the knitting group and we are currently making bunting for the Queen's birthday. I am also part of the gardening group." Others stated, "I know what activity groups are on and can choose if I want to take part" and, "I love looking out my window at the beautiful garden and when the weather is good, I like to sit outside. It is so peaceful."
- The service demonstrated they had used every possible opportunity to ensure people had access to social stimulation, had regular contact with others and part of the local community.

Improving care quality in response to complaints or concerns

- A robust complaints system was in place; people felt they could speak up about any concerns they experienced and their feedback was acknowledged and taken seriously by staff. People told us they had no complaints.
- People told us they knew how to raise a concern. One person stated, "I know who to talk, to but I haven't had any reason to complain. It is so nice here."
- The service provided information to people and others about how to raise concerns. This included for staff members if they felt they needed to speak up on behalf of people.
- Documentation about any concerns or complaints was accurately recorded and used during internal reviews of the quality of care at the service. Outcomes from any concerns raised were clearly communicated to people and others.

End of life care and support

- People's end of life preferences were appropriately documented within their care records.
- There was evidence that people's end of life support was kind, respectful and followed isolation and visiting restrictions during the pandemic. This included people who were unwell during peak periods of the lockdowns.
- We reviewed 'do not resuscitate' orders documented by the GP. The service had used the standard required documents for this part of people's advanced care planning.
- We asked the service to examine all the existing 'do not resuscitate' orders as part of our inspection. We

found that a small number required review to ensure they were in line with the latest guidance about such directives.

- The registered manager and provider were receptive of this and appreciated our feedback. They immediately contacted the GP practice and provided appropriate evidence following our site visit showing the orders would be reviewed.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and staff told us there was a positive workplace culture at the service. They worked well together, communicated clearly between teams and enjoyed supporting people. They all appeared relaxed and happy working together.
- A staff member stated, "[I] love my job and am very happy. I travel 30 miles to my job every day... a brilliant team."
- Staff feedback about the management team was positive. Feedback included, "The registered manager... is brilliant; the best manager I have worked with throughout my career", "Very approachable and supportive. Methodical and carefully looks at things to work out a way forward", "Learnt a lot in my role...the clinical auditor in place who is very supportive. I don't have a bad day at work" and, "Clear delegation...clinical staff lead by me and we work together. I know what to do if I need to step to the manager."
- There were clear aims and objectives for the service set by the provider. These were laid out in documents and an internet site which were accessible to people, staff, relatives and others.
- In May 2020, the registered manager wrote a new local mission and set of values for the service. This meant the care aims were specific to the service and how it operated. One aim stated, "(For people) to continue to enjoy life and bring back some of that old 'sparkle' and pick up...hobbies which may have been forgotten (but) also to remember that (people) can live with many others but still feel lonely and miss... previous contacts." The service had an extensive 'leisure and wellness' team which actively worked with this aim in mind.

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 demonstrated transparency if things went wrong. They communicated in an open way with people, relatives, staff and other external stakeholders such as the local authority to provide necessary information.
- The registered manager ensured they sent notifications to us when required by various regulations. A notification is a report required by law when certain events occur. The registered manager demonstrated their aim to ensure compliance with relevant legislation.
- We checked whether the duty of candour requirement was required and correctly applied. There were events where the candour requirement were required. We checked with the registered manager and they were able to explain their role in ensuring candour. Documentation about the duty of candour steps was not always clear. We asked the registered manager to provide further evidence after our site visit. This was

received and demonstrated that a thorough review of events was completed, new steps and processes put in place locally and a log of all events was created which provided an easier overview of all steps that required future completion by the registered manager.

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

- There was a clear management structure in place. The management team provided continuous support for people, relatives and staff. They had a visible presence throughout the operation of the service and in the everyday support offered to people. Staff in charge of various areas, both clinical and ancillary, demonstrated they were able to lead and motivate their respective teams.
- A very robust system of audits and checks was in place to monitor and review the safety and quality of the care and service. There were clear responsibilities for staff involved in completing the audits. Many were completed by the heads of departments, such as cooking and housekeeping.
- A schedule of audits was in place which set out the frequency of the checks. There was a comprehensive list of checks with varying frequencies. For example, these included medicines, infection control, care documentation, food hygiene, cleaning, premises and equipment and health and safety.
- Areas checked and resulting actions, were logged onto an electronic quality management system. Results from January to March 2021 showed detailed checks. Actions were marked as pending, complete and ongoing. The information showed that prompt action was taken and solutions found to ensure risks were addressed and quality of care maintained. Possible improvements were also logged and solutions put into place. Any changes made from a prior audit were evaluated within one month, to check for effectiveness.

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

- The service actively sought feedback from people, staff, relatives and friends. This was used to shape the service's care and management practices. A relative stated, "I could not ask for more and would be happy living here".
- Feedback was received from multiple sources, and always recorded for review and sharing. For example, there was a staff survey and regular questionnaires for people to complete and submit.
- Results from surveys and other feedback received were consistently positive and complimentary.
- Staff told us people were always kept up to date with what was happening. People we spoke with told said they had the opportunity to voice their views and opinions and they felt listened to. One person said, "We have 'residents' meetings and we can have our say and the management listen to us".
- Meeting minutes from people's and staff's discussions showed suggestions could be put forward. These were recorded and considered by the relevant staff members. Various staff meetings ensured important messages were communicated to the relevant team members.
- People felt able to make their own choices. One person said, "This is my home and I love it. If I want a quiet time, I can find it and if I want...staff are happy to oblige." A relative added, "There is always a good atmosphere; there is always a good buzz when I visit."

Continuous learning and improving care

- The service operated within a continuous learning culture.
- The head chef told us how their team worked to continuously improve the dining experience for people. This included considering people's preferences, seasonal dishes and celebratory occasions. This included regular verbal and written checks with people about potential changes. A person was nominated as a 'champion' to liaise with the kitchen team to provide people's collective experiences.
- An example included inviting people to dress up for a formal wine and cheese tasting evening, with the kitchen team sourcing local produce which could be talked about at the event. People reported that they

felt they had experienced a 'night out' without leaving the premises.

- Staff were nominated to be 'champions' (role models) in specific care subjects. Example included people living with dementia, pressure ulcer prevention and stroke care. Staff were provided additional training in the topics, which was out in place and shared with their colleagues.

Working in partnership with others

- The service demonstrated partnership working. There was clear evidence the service worked closely with other agencies during the pandemic and lockdowns.
- The date for the Age UK dementia memory walk was approaching, and we were told people were planning to take part, if safe and able to do so.
- Reading University were looking at trialling sensory equipment at the service. This would provide items that enrich people's experiences of support, especially those living with dementia.
- The local authority provided positive feedback about how the deputy manager and registered manager worked with them to ensure people's safety and quality of care.