

Musgrave Ventures Limited

Chalcraft Hall Care Home

Inspection report

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Date of inspection visit:
07 January 2019

Date of publication:
22 February 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Chalcraft Hall is a residential care home that was providing personal care to 18 people over the age of 65 at the time of the inspection. The home is registered for up to 20 older people living with dementia or frailty. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service: Quality assurance systems did not always identify issues in practice. Accidents and incidents were recorded. However, these records did not always show management oversight and action taken when trends in incidents were identified. This did not provide assurance that the registered manager had full oversight of accidents and incidents. This is an area of practice that needs to improve.

People were safe from the risk of abuse. One relative told us, "Mum is very safe here. She is very unsteady on her feet and has a frame to walk with. The staff seem to have eyes in the backs of their heads because they don't miss a trick." Specific risks to people had been assessed and were known by staff. The home was clean and people were protected from infection risks. Staffing levels met people's needs and staff were suitable to work with people.

People received effective care from skilled, supported and knowledgeable staff. Staff had access to a range of training and development opportunities and worked well as a team and with other professionals to meet people's needs. People were supported to maintain a balanced diet. People were given choice and control over their lives which promoted their independence.

People received kind and compassionate care. A relative told us, "They're lovely. They're just so caring and lovely with everybody." People's privacy and dignity were respected and their views listened to.

People received person centred care that was specific to their needs. People had access to a range of activities which enhanced their lives. There was a complaints procedure in place which was accessible to people. People were supported with compassionate end of life care.

People, staff and relatives spoke positively of the registered manager and their leadership. One person told us, "The manager is very nice. She is very kind and is always around." There were a range of audits in place with the aim of driving the quality of the home and most were effective in this. People were supported to be engaged in the running of the home and their opinions were listened to.

Rating at last inspection: Requires Improvement. (The last inspection report was published on 16 January 2018). The overall rating has improved since the last inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our reinspection schedule for those services rated Good.

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 Safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Chalcraft Hall 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service.

Service and service type: Chalcraft Hall is a care home providing accommodation and personal care for older people living with dementia or frailty. 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 used information, the provider sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events.

During the inspection we spoke with the registered manager, four members of staff, two relatives and seven people who lived at the home. We spoke with people in communal areas and observed the lunch time meal and people being supported with their medicines.

We pathway tracked the care of three people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care. We reviewed records including; accident and incident logs, quality assurance records, compliments and complaints, policies and

procedures and two staff recruitment records.

After the inspection we spoke with a healthcare professional to gain their views on the home.

Is the service safe?

Our findings

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

We have inspected this key question to follow up the concerns found during our previous inspection on 21 November 2017. At the last inspection we found an area of practice in need of improvement. This was because a business continuity plan was not in place and there had been no fire drills for 18 months. This did not provide assurances that people would be supported safely in the event of an emergency. At this inspection we found improvements had been made and there were no longer any concerns in this area. The registered manager had embedded a business continuity plan for the home and fire procedures had improved. Staff had the guidance needed to support people safely in an emergency.

One person told us, "We're looked after very well. It's nice and quiet here." A relative said, "Mum is very safe here. She is very unsteady on her feet and has a frame to walk with. The staff seem to have eyes in the backs of their heads because they don't miss a trick."

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding and there were systems and process in place to keep people safe. Staff received safeguarding training and knew the potential signs of abuse. A member of staff told us, "Safeguarding is about keeping people free from the risk of harm which could be psychological, physical or financial." Staff understood the correct safeguarding procedures should they suspect people were at risk of harm.
- The registered manager was open and made appropriate referrals when concerns were raised. Staff told us they were confident the registered manager would listen and act should they raise any concerns about the care people received. Safeguarding was regularly discussed at team meetings to maintain staff's knowledge.

Assessing risk, safety monitoring and management

- Risks for people were managed safely. Risk assessments were person centred and addressed people's individual needs. For example, one person was identified as being at risk of falls. Risks had been assessed and mitigating actions to reduce the risk had been developed. There was clear guidance for staff to ensure the person's mobility frame was available to them. Another person was at risk of scalding themselves as they didn't understand the dangers of hot water. A clear risk assessment was in place for staff, taps were thermostatically controlled and staff prompted the person to wear their glasses to reduce the risk of using the wrong tap.
- Risk assessments were reviewed regularly to ensure people living at the home were receiving appropriate care, in line with their needs. People had up to date Personal Emergency Evacuation Plans (PEEP's) in place which ensured they would be safe exiting the building in an emergency. Staff completed fire safety training and there was risk assessment and guidance in place for staff in the event of a fire. Staff were aware of what they need to do in the event of a fire to support people safely.

Staffing and recruitment

- The provider ensured staff were suitable to work at the home before they started. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people living at the home. This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with people.
- There were sufficient numbers of staff to meet people's needs. We observed people's needs being responded to in a timely manner. One person told us there were enough staff and said, "they look after us very well." Another person said, "They're very nice girls. They do all sorts of jobs. It's nice here. They have such patience."

Using medicines safely

- Medicines were managed safely. Staff who administered medicines had regular competency checks to ensure their practice remained safe. We observed a member of staff administer people's medicines. They were knowledgeable and kind in their approach. It was clear they knew people well as they administered people's medicines in the way they wished. One person's medicines protocol stated they liked to have their medicines placed in their hand, the member of staff knew this information and asked them to open their hand to take their medicines.
- There were robust systems in place to manage, administer, store and dispose of medicines. Medication Administration Records showed that people received their medicines on time and when needed. When medicines were required on an 'as and when' basis, people had access to them and there was clear guidance in place about their use which supported safe practice.

Preventing and controlling infection

- The home was clean. One person told us, "they do a very good job of keeping everything clean and sanitary." Staff had training in infection prevention and control and information was readily available in relation to cleaning products and processes. Staff had access to personal protective equipment, such as gloves and aprons. We observed them to use these appropriately during the inspection.

Learning lessons when things go wrong

- Accidents and incidents were responded to in a safe way. Staff ensured accidents were responded to in a timely way to maintain people's safety. We saw that incident forms and body maps were completed and medical attention sought, when necessary. For example; One person had experienced a fall. Staff had acted quickly to support them and contacted a healthcare professional for advice. This supported the person to recover quickly from their fall with no other complications. Another person was experiencing changes in their mood which lead to agitation, staff noticed these changes quickly and sought assistance from a health care professional. The person had their medicines reviewed which improved their mood and had a positive impact on the number of incidents of agitation they experienced.

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. People's outcomes were consistently good, and people's feedback confirmed this.

We have inspected this key question to follow up the concerns found during our previous inspection on 21 November 2017. At the last inspection we found the provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not provided people with adequate support facilities and amenities. This included insufficient available and adapted bathrooms, inaccessible outside areas and inadequate seating. Following the last inspection, the provider wrote to us to inform us of how they were going to address the issues and ensure improvements were made. At this inspection we found improvements had been made in this area and the provider was no longer in breach of this regulation. There was adequate provision of seating, the outside area and driveway had been landscaped to improve people's safety and action had been taken to improve people's access to bathing facilities.

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

- The home was adapted to meet people's needs. People could freely access all areas of the home and there was pictorial signage to help people navigate their way. People now had access to suitable seating, we saw that the provider had purchased additional dining chairs and now all people living at the home could dine together if they wished to.
- The outside area and driveway had been landscaped to make them accessible and safe for people to use. People told us they could now move freely around the home and outside space. One person said, "I can get around where I want to. The garden is nice and I go out there." Another person told us, "The garden is nice, it's a lovely haven, I like to go out there when the weather is nice."
- The upstairs bathroom had been made accessible for all and fitted with hand rails to meet people's assessed mobility needs. The provider was having a wet room fitted during the inspection to add additional facilities to the home. Records showed that people had regular access to bathing facilities and people also told us they could have a bath as and when they please.

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

- The registered manager carried out an assessment before people moved into the home to gain an understanding about people's background, interests, hobbies and preferences. This information was used as the basis for their care plan and further developed when people settled into the home. One person's initial assessment said they were living with diabetes. This information had been fed into their care plan and effective guidance was in place for staff to follow. We observed staff support this person well and they demonstrated knowledge of their health condition.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. These characteristics were supported by staff. For example, People were supported with their faith and had access to the local church if they required. This demonstrated that people's diversity was included in the assessment process.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to deliver effective care and support. A relative told us "All the staff are lovely. They certainly seem to know what they're doing." Staff could access the training they needed to be effective in their roles and this was specific to people's needs. For example, staff received training in dementia awareness and positive behaviour support which was tailored to people living at the home.
- New staff received a robust induction which centred around people living at the home. They shadowed a senior member of staff to gain an understanding of people's needs and how they liked their care to be delivered. All new staff had competency assessments and were signed off by the registered manager before they could work alone. This ensured they were ready to support people effectively. A member of staff told us, "The induction was really good, I did training and shadowing, I learnt what to do and got to know other members of staff and the residents."
- Staff received regular supervision to support continuous development in their role. The registered manager told us, "This is a way to give and receive feedback, discuss progression and any support I can give to staff." Staff told us they felt well supported and could go to the manager with any concerns.

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

- People were supported to maintain a balanced diet. We saw staff encouraging people to eat and drink during the day. The lunchtime meal looked appetising, well presented and people enjoyed their meal. All of the people we spoke with said they enjoyed the food provided. The atmosphere was calm, staff were talking with people and assisted where necessary in a kind, discreet manner. If people wanted something different to eat this was readily available. A relative told us, "It seems perfectly pleasant in the dining room."
- Staff knew about people's dietary needs and had access to clear guidance in people's care plans. For example, one person was living with diabetes which was diet controlled. Their care plan detailed the support they needed and staff knew this information. Other people were assessed as needing a 'fork mashable' diet. Staff were aware of this guidance and we saw these people receive a soft diet at lunchtime.

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

- Staff worked well within their team and across organisations. Staff supported each other to ensure people received person centred care in a timely way. A member of staff told us, "We work really well as a team, everyone is open. It is a small team and we know each other well and support each other." Another member of staff told us they worked well together to meet people's needs and said, "We promote good practice and that is what I expect and what we expect from each other." We observed staff work professionally together to support people with their varying needs during the inspection.

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

- People were supported to access healthcare services and had access to a variety of healthcare professionals such as GP's, social workers, chiropodists and opticians. A healthcare professional told us that staff were responsive to people's need and made appropriate referrals to them should people need their help.
- Staff responded quickly to changes in people's health. For example, staff noticed that one person appeared low in mood. They contacted the GP who prescribed medicines and made a referral to the memory assessment team. Staff further noticed that their prescribed medicines were making the person drowsy and contacted the GP for a medicines review. Staff's good working relationship with the GP, joined with their knowledge of the person, allowed them to get the person treatment in a timely way, mitigating the risk of deterioration in their health.
- The residents and relatives we spoke to were all happy with how they or their loved ones were supported. One person told us, "You just have to mention it to one of the staff and they'd arrange whatever you need for

you" and a relative said, "there's no problem arranging routine checks for the dentist. I think they do very well here."

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. Staff had a good understanding of the MCA. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff and the registered manager had a good understanding of the MCA and DoLS. Some people living at the home were subject to restrictions due to their complex needs. The registered manager had recognised that people received constant support and supervision and had made appropriate DoLS applications to the local authority. DoLS applications were decision specific to ensure outcomes for people were met in the least restrictive way. Mental capacity assessments were completed and where people were found to not have capacity to make certain decisions, best interest meetings had taken place with the relevant people involved.

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. People were supported and treated with dignity and respect; and involved as partners in their care. A relative told us, of the staff, "They're lovely. They're just so caring and lovely with everybody." A person said, "They take very good care of us. We're very lucky. It's very nice here."

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and respect. We observed positive interactions between people and staff, staff knew people well and had built trusting relationships. One person became confused before lunchtime, we saw staff sit with them and offer emotional support and reassurance. It was evident that the person trusted this member of staff which helped to calm the person who benefited from staff's compassionate approach. People told us staff and the registered manager understood their emotional needs. One person told us, of the registered manager, "She knows how down I've been and she's given me a plant pot and compost, all the gear as they say and I'm waiting for the gardening fellow to come in later to get some plants." We observed the person spending time with the gardener which lifted their mood.
- Staff spent time with people in the communal areas of the home, chatting and sharing jokes. The room communal lounge was set up in a way to promote engagement and so people could chat and form friendships with each other. We saw people watching television together and happily chatting throughout the day. One person told us, "I don't get bored. There are some nice people here to chat to if I want to."
- Staff responded quickly to people's needs and showed concern for their wellbeing. One person required support to move between their chair and wheelchair. Staff supported them in a sensitive way, communicating with them and had regard for their safety and wellbeing. The person was supported in a dignified and timely manner when needing assistance to go to the toilet. Staff noticed that another person had food on their top following lunchtime, they were quick to spot this and supported the person to change. The member of staff told us, "I asked them if they wanted help to change their top as I know they wouldn't be comfortable sitting with people in a messy top. It isn't very dignified for them."
- People were supported to maintain relationships with their family and friends and they were welcome at the home without restriction. One person told us, "My family can come whenever they want. We can go to my room. They are always made to be welcome." We saw staff be friendly with people's relatives and include them in conversations with people.

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

- People were involved in day to day decisions about their care and given support to express their views. We observed staff to consistently offer people choices and to listen to their views throughout the inspection. People's right of choice was reflected in their care plans which directed staff to people's level of need in relation to communication and expressing their views.
- People and their relatives, where appropriate, were involved in reviews of their care. Relatives told us they were kept informed if there were any changes with their relatives and felt they could talk with staff openly. A relative told us, "I've had meetings with the manager and we've discussed mum's ongoing care. I think they do the very best they can and show kindness and care on every level."

- People's communication needs were assessed and guidance provided to staff to ensure they could meet these. For example, one person's care plan said they can express their wishes but need time to explain these. We saw staff sat with the person and talking to them in a calm and patient way. Another person required glasses at all times to be able to read and understand information, their care plan guided staff to prompt the person to wear them and we observed the person to be wearing these during the inspection.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. People were encouraged to make their own decisions, where appropriate, and supported to be independent. People could move freely around the home and staff ensured people had their mobility aids to support their independence. One person's care plan provided staff with guidance on how to support the person with their personal hygiene whilst encouraging them to remain independent. Another person's care plan included an overall outcome was to 'maintain their independence' as this was very important to them. Their care plan was written in a way to fully support their independence by guiding staff as to what they can do and what they would need support with. People were given care alarms to use should they be assessed to need one. Where people were independent and did not need an alarm, this was respected. People were pleased by this as it supported their independence. One person told us, "There's always someone here. I don't use a bell because I don't need to."
- Staff supported people in a dignified manner. People were supported to dress in accordance with their identity and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. We observed staff maintain someone's dignity when they supported them to transfer using a hoist. They communicated well with the person so they knew what was happening, ensured the person was covered up and offered them reassurance throughout the transfer.
- People's privacy was respected. Staff knocked on people's doors before entering their rooms and waited to gain people's consent before supporting them. Staff respected people's confidentiality and recognised the importance of not sharing information inappropriately. People's records were held securely. New legislation became effective from the 25 May 2018, namely the General Data Protection Regulations 2018 (GDPR). The GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. The registered manager was aware of this legislation and were embedding this within their practice.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care was person centred and responsive to people's individual needs. People's care plans contained information about their life history, preferences and the way in which they liked to be supported. One person's care plan was detailed in recording their interests, and said they had a love for puzzles. We observed the person to be happily completing a puzzle during the inspection. One person used to be in a band, staff knew this information and we saw them talking to the person with an interest about their life. Their care records showed that they were encouraged to attend and enjoyed music events at the home, to meet their interests. Staff told us of another person's love for music and dancing and how that had been an interest throughout their life. In the afternoon the home had a singer attend, we saw the person enjoying the music, dancing and singing with a member of staff.

- People had access to activities that met their interests and there was a varied activities programme. One person told us, "I never get bored. I am lucky because I have people around me." Another person told us, "I enjoy then music when we have that." A third person told us, "I like doing jigsaw puzzles, there is always something going on." Activities were meaningful for people and consideration had been taken to ensure people could engage in activities that they used to do at home. Staff told us how one person was very house proud and used to enjoy cleaning and looking after their home. The registered manager supplied them with a 'cleaning box' and they are now involved in cleaning the home. Another person enjoys setting the tables for meals and they were involved in this and displaying fresh flowers on the tables. Some people used to be keen gardeners but could no longer garden outside, especially in the colder months. The registered manager arranged for a gardener to come into the home and support people to make pot plants. We observed them interacting with people individually who were thoroughly enjoying the activity and being able to plant seeds as they used to do. Staff and the registered manager understood how certain activities can support people living with dementia. Staff facilitated sessions with people around music from their youth and films which they enjoyed. This was used as a reminiscence exercise and to promote people's memory and spark conversations between people.

- The registered manager demonstrated a good understanding of the requirements of the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. People's individual communication needs had been assessed and people were provided with information in a format that met their needs. For example, the registered manager told us people could have information in large print to aid their ability to read and understand it.

- People had access to technology to meet their needs. The provider and registered manager recognised the importance technology could have on people's safety, stimulation and engagement. One person used a sensor mat which alerted staff should they have a fall in their bedroom. This use of technology maintained their safety without impacting on their ability to move around their bedroom. People had access to a television and the radio which they enjoyed.

Improving care quality in response to complaints or concerns

- The provider and registered manager ensured there were systems in place to deal with concerns and complaints. This procedure was readily available for people, their relatives and staff. All the people and relatives we spoke with said they did not have any complaints about the service and no complaints had been received since the last inspection.

End of life care and support

- End of life care was considered and people's wishes were known. Staff respected people's beliefs and ensured they had the support they needed at the end of their life. For example, one person's wishes were documented in their care plan so staff would know what type of funeral they wanted.
- Some staff had received training in supporting people at the end of their lives and had passed on this knowledge to other staff. Staff spoke empathetically about supporting people at the end of their lives and recognised the role they also have in supporting people's families at that time.

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. The service management and leadership was inconsistent.

We have inspected this key question to follow up the concerns found during our previous inspection on 21 November 2017. At the last inspection, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found concerns with the management of the home and no formal action was being taken to recruit a registered manager. The provider had not ensured that quality assurance systems and processes drove improvements to the care people received and staff did not receive formal day to day support. Following the last inspection, the provider wrote to us to inform us of how they were going to address the issues and ensure improvements were made.

At this inspection we found improvements had been made in this area and the provider was no longer in breach of this regulation. There was now a registered manager in post and staff spoke positively about the support they received from them. However, the recording of actions to ensure robust oversight of accidents and incidents was an area of practice that needed to improve.

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

- Although there had been improvements in the quality assurance processes since the last inspection, these did not always identify issues we found at this inspection. The registered manager worked both providing care and completing all management tasks. This meant they had developed good working relationships with people using the service and supported staff well. However, as a result the registered manager acknowledged that not being able to delegate administrative tasks had impacted on their time to ensure records were maintained, this related to the recording of accidents and incidents. Although accidents and incidents were documented, these records did not always show the action taken when trends in people's incidents were identified. For example, records showed that two people had experienced falls, each individual incident was documented and body maps completed. The recordings on these body maps were not always clear and, while records detailed the immediate actions staff had taken to maintain people's safety, the management and overarching actions taken when trends were identified were not recorded. Although people's safety was maintained as staff were aware of their mobility needs and took swift action when people experienced a fall. It was sometimes unclear as to what overarching action was taken to reduce the person's continued risk of falling or to identify why this happened, due to issues with recording. The registered manager took immediate action and conducted a review of how the follow up from incidents and actions taken are recorded to improve their oversight. These processes need to be embedded in practice to ensure the recording of actions and the management oversight of accidents and incidents is sustained. This is an area of practice in need of improvement.
- The registered manager and provider had improved other quality assurance practices at the home to drive improvements to people's care. For example, health and safety audits were detailed and staff had responses

quickly when issues had been identified. The registered manager had further developed this by taking photos of issues to discuss with staff. They told us the photos ensured staff knew the exact problem and it was addressed quickly. The registered manager regularly audited medicines practices and acted if they identified any issues to improve people's care. For example, the number of medicines they had in stock for people was regularly checked. This audit allowed staff to be proactive in ordering medicines so people received these in a timely way.

- The home had a registered manager. They understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents they were required to report. People, staff and relatives were complimentary of the registered manager. One person told us, "The manager is very nice. She is very kind and is always around." A relative said, "She's lovely. Always smiling and always friendly. I've never seen her without a smile. If she's under pressure she doesn't show it. She runs the place very smoothly. She just seems to be on the ball."

- Staff understood their roles and responsibilities and praised the support they received from the manager. One member of staff said, "The manager is good, we can go to her with any problems. She is very understanding and open." Another member of staff told us, "They are a brilliant manager. They answer any queries or concerns we have and she always sorts them out for you."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility. Continuous learning and improving care

- The culture of the home was positive, people lived in a homely and friendly environment. The registered manager told us the values of the home were centred around people and said, "We are a home, people's home and the residents are our focus." We observed this in practice, staff were person centred in their approach and people's days were led by their needs and choices. People and their relatives confirmed this. One person told us, "They do well getting the staff to know us all and our individual needs." A relative said the environment was, "very homely and calm." Staff had a person-centred approach and one member of staff told us, "We strive to be as good as we can be, to be better as a team and continuously improve."

- The registered manager promoted an open and honest service and led by example. They were accessible to people and staff throughout the inspection and there was an open-door policy. The registered manager understood their responsibility to be open and honest with people to improve their care. For example, following the last inspection the registered manager spoke with people, their relatives and staff about the inspection report and shared their plans to improve the service people received. At this inspection the registered manager evidenced significant improvements and the action had been taken to improve people's care. For example, the improvements to the grounds and bathing facilities at the home.

- The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and had joined the local registered managers forum, to learn from others and share good practice. They told us the provider supports their learning and they have links with another registered manager who provides quality assurance support and advice.

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

- People, staff and their relatives were engaged in the running of the home. Feedback was sought from people living at the home informally. We observed staff asking people questions to gauge how they were feeling when they were supporting them. For example, we saw one member of staff talking to someone about their meal to get their feedback and see if they enjoyed it.

- Meetings were organised to consult with people, as a group, to gain their feedback of the home. We saw actions identified because of these meetings and these were addressed by the registered manager and provider. For example, the provider consulted with people and their relative about the grounds and

driveway. Following the feedback, improvements were made to these areas which are now accessible.

- Staff had opportunities to be involved in the running of the home through regular meetings and staff handovers. Staff said communication with the manager was good and they felt listened to. We saw staff had the opportunity to raise issues at team meetings and these were discussed openly.

Working in partnership with others

- The registered manager and staff worked well with other professionals to meet the needs of people. For example, staff had noticed one person was struggling with eating they contacted the doctor and speech and language therapy team in a timely way and the person was awaiting an assessment.
- The registered manager took the opportunity to learn from other professionals and use their expertise to improve the care being delivered. For example, they had worked with the local community matrons to improve staff's access to training in areas such as positive behaviour support which had been tailored to meet the needs of people living at the home. A healthcare professional told us the registered manager communicated well with them and took on board advice to improve people's care.