Elmbridge Residential Home Limited

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## Inspection report

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## Ratings

| Overall rating for this service | Good |
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|---|---|
| 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
Elmbridge Residential Home Limited is a residential care home providing personal care and accommodation to 16 people who live with dementia and mental health needs. At the time of the inspection 15 people were receiving support in one adapted building.

People's experience of using this service and what we found
People were supported to remain safe and they told us they felt safe. Arrangements were in place to protect people from potential abuse and discrimination. Risks to people's health and from the environment around them were identified and action taken to reduce or mitigate these risks. People's medicines were managed safely, and people given support to take their medicines as prescribed. The home was staffed in such a way so that people's needs, and the needs of the home generally were met. Staff were provided with support and training to be able to look after people appropriately and safely.

We recommended that staff be updated in relation to two areas of current best practice and guidance. The registered manager responded to this recommendation by seeking information about additional learning for staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People who lacked mental capacity to make decisions regarding their care and accommodation were protected against unlawful care as staff adhered to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had access to social care and health care professionals; specialist support and advice was sought when needed to support people's wellbeing. Collaborative working with healthcare professionals also ensured people's health needs were reassessed as required. People received appropriate help to eat and drink and specific risks associated with people's nutrition were identified and acted on.

People's care was delivered in a caring way by a staff team who knew people's needs, behaviours, likes and dislikes well. People's privacy and dignity was maintained. Staff supported people's independence when it was safe and appropriate to do so by weighing up the risks and benefits to people in different circumstances. Staff provided personalised care to people. Family and friends were welcomed, and staff valued the positive additional support this could bring to people's lives.

Care plans outlined people's care support needs, and these were reviewed regularly to ensure the care planned for people remained relevant to their needs.

There were arrangements in place for people, their relatives and other visitors to the home such as professionals to raise a complaint and have this responded to. Thought was being given to how best make

people and their relatives more aware of the home's complaints procedure. Ideas included within a home brochure, to be given on admission. Complaint guidance was however on display in the front hall.

People were supported to take part in activities when they felt able to do this. These were predominantly on a one to one basis although some group activities and social events were enjoyed. Opportunities for people to get out and enjoy the wider community had increased in 2019 and this had improved people's wellbeing.

The service was well managed by a registered manager who was registered with the Care Quality Commission. Regulatory requirements were met, and staff were aware of their individual responsibilities. The registered manager monitored the quality of the service provided to people to ensure the standard of care and working culture met with their expectations. Staff worked as a team and reflected on practice and situations to identify areas for further learning and improvement. There were arrangements in place for people, their relatives and other visitors to the home to feedback their views, ideas and suggestions. Plans were in place to formally gather feedback from these groups as part of the service's quality monitoring action for 2019.

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

Rating at last inspection
The last rating for this service was Good (last report published 7 March 2018).

Why we inspected
The inspection was prompted in part due to concerns received about one person's care; this person no longer lived at the home. A decision was made for us to inspect and examine the care of other people who lived at the home to ensure they were in receipt of safe and appropriate care.

We found no evidence during this inspection that people were at risk of harm. Please see Is the service safe, effective, caring, responsive and well-led? sections of this full report.

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.

# Elmbridge Residential Home Limited

**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
Two inspectors carried out this inspection.

Service and service type
Elmbridge Residential Home Ltd 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 who was also the Nominated Individual. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. (The nominated individual is responsible for supervising the management of the service on behalf of the provider).

Notice of inspection
This inspection was unannounced.

What we did before the inspection
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 reviewed the information we had received along with other information we held about the service since the last inspection. We also sought feedback from commissioners of the service and healthcare professionals who have visited the service. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service, one relative and one person's friend about their experience of the care provided. We also observed staff interactions with people and how people were supported. We spoke with four members of staff including the registered manager (also the Nominated Individual).

We reviewed a range of records. This included two people's care records and five medication records. We looked at two staff files in relation to recruitment and staff supervision and a selection of staff training certificates. We also reviewed a variety of records relating to the management of the service; accident and incident records, medicines audit, care plan reviews, complaints information and procedure, recorded maintenance and safety checks and cleaning records. We also reviewed the last report by commissioners following their visit to the home in March 2019.

After the inspection
We continued to seek clarification from the registered manager to validate evidence relating to the management of a complaint.

Good

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. People's comments included, "They're [staff] so good here" and "It's very good here."
- The systems in place to protect people from the risk of abuse were followed. Outside agencies were informed of all safeguarding concerns.
- All staff we spoke with had a good understanding of their role in safeguarding people and protecting them from harassment and discrimination. Staff knew how to report safeguarding concerns and how to report areas of poor practice.

Assessing risk, safety monitoring and management

- Risk assessments had been completed and were reviewed regularly. Support plans were in place to give staff guidance on how to manage people's risks. When managing people's risks, individual needs and preferences were considered. One person, at risk of falls, declined to use their walking frame and became distressed when staff prompted them to use it. Reviews recorded the person's mobility had improved 'immensely' but prompting them to use the frame had increased the falls risk, due to the person's distress and agitation when doing this. We saw staff walking alongside this person, offering them an arm to balance themselves, which they accepted.
- Referrals to health care professionals were made promptly as needed, and their advice was acted upon. Any changes in the management of risks were communicated effectively within the staff team and shared with people's close relatives where appropriate to do so.
- Necessary environment and equipment safety checks were up to date and appropriate risk assessments were in place. Repairs and replacements had been carried out promptly when issues had been identified.
- A record of incidents and accidents was kept, these were reviewed for trends and patterns to be sure the care provided remained relevant.
- People's needs in the event of an emergency or unplanned event had been assessed. Business contingency plans and personal evacuation plans were in place to assist staff as needed.

Staffing and recruitment

- There were adequate numbers of staff to meet people's needs and the needs of the home, which included the cleaning and catering.
- Staff recruitment records showed appropriate checks were completed on staff before they started working with people. A police and criminal record check included a check against the list of persons barred to work with vulnerable adults (through the Disclosure and Barring Service). References and employment histories were also checked.

Using medicines safely

● People received appropriate support to take their medicines safely. Medicine administration records (MAR) showed people had received their medicines as prescribed.

● Medicines, for example, paracetamol (for pain relief) were not prescribed or kept in stock for occasional use. When we asked about the practicalities of this arrangement, for example, if needed for simple pain relief, the registered manager told us they had already decided to review these arrangements with the local GP so that, paracetamol, could be available in the home when needed.

● Staff who administered medicines received appropriate training and their competencies were reviewed. Monthly audits were carried out to ensure the overall management people's medicines remained safe.

● Medicines were delivered in time for people's use. They were stored safely and securely and returned to the pharmacy if unused.

Preventing and controlling infection

● There were arrangements in place to reduce cross contamination and infection; staff wore disposable gloves and aprons when delivering people's personal care and when supporting them with their food. Soiled laundry was segregated from other laundry and managed safely.

● People were provided with the Flu Vaccine (under the guidance of their GP), with consent or in their best interests, if they lacked mental capacity to make decisions relating to this.

Learning lessons when things go wrong

● Records relating to incidents and accidents were reviewed by the management team to see if a similar incident could be avoided. People's support plans were updated accordingly.

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
- Peoples' needs, and choices were assessed and considered before they moved into the home. In the case of Elmbridge Residential Care Home Ltd this was done in line with Gloucestershire's dementia care pathway, in conjunction with NHS mental health practitioners and adult social care agencies.
- People's physical and psychological needs, associated behaviours and their ability to express choice often altered dramatically over time. Therefore, the homes arrangements for on-going review and assessment of people's needs, in conjunction with other relevant professionals, ensured equal and appropriate access to specialist support and reassessment when needed.
- There were arrangements in place to ensure staff and emergency services were clear about the decisions made regarding people's do not resuscitate orders.
- The registered manager was aware of best practice guidance in relation to planning people's emergency care and treatment. They were planning on getting further information on this so this could be implement in the home.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- There was evidence of staff working in collaboration with mental health services, GPs and community nurses to meet people's needs. In one person's case, staff and community nurses worked closely together to manage the person's wound care needs. This was made more complex by the person's lack of mental capacity and ability to tolerate wound dressings.
- People had access to NHS dental and optical services and a chiropodist visited people on a regular basis.
- Staff informed people's GPs of any significant incidents, such as a fall, or when they suspected people may have a chest or urinary infection, so treatment could be provided in a timely way.
- Accident and incident records, including people's individual care records, showed that where appropriate, emergency services had been used to help support people.

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.

● People's consent was routinely sought by staff, before providing care or support to them; before administering medicines, before taking people to the toilet and bathing them. We observed staff also supporting people to make choices; about what they ate, where they sat, what activities they wanted to take part in, including other aspects of their daily support. Staff used a variety of methods to do this, verbal prompting, non-verbal gestures and returning later to support people when they were more able to accept their intervention.
● DoLS applications had been submitted as required, renewal dates were checked to ensure applications were submitted in a timely manner. DoLS authorisations, in place, had no conditions attached to them.

Staff support: induction, training, skills and experience
● Staff completed regular training which helped them to understand the complexities of people's conditions and to respond appropriately to their diverse needs, including those of their families.
● Staff were skilful in reducing people's anxiety and reducing the risk of escalating distressed behaviour. One staff member responded to one person's anxiety, exhibited by wanting to leave the building, by asking them to stay to tea. When the person agreed, they followed this up with further reassurance and by telling them they should wait a while anyway, as it had just started to rain. The person told us with a smile, "See she's persuaded me!" This person showed no further anxiety and sat in the lounge happily with others. We observed another member of staff continue to speak to a person in a calm and unthreatening way when the person became momentarily distracted by another person whose behaviour had upset them. Reassurance and subtle distraction techniques were used to help this person's wellbeing return.
● Staff had completed training on current legislation regarding people's rights and the Mental Capacity Act and care was provided equally and by using the least restrictive practices.
● Staff had completed training on textured altered foods (puree, soft and thickening agents for drinks) and knew what action to take to support people with swallowing difficulties and in the event of someone choking. The latest training however had not covered latest best practice guidance. Recommendations and instructions provided by speech and language therapists are now provided following this guidance, so the home's staff needed to renew their knowledge on this. Staff had also completed some training on Sepsis which gave them knowledge to help them recognise symptoms of potential Sepsis. Further training was also now available from NHS professionals on how to assess people and recognise early signs of deterioration in people's health.

We recommend the provider seek advice, from an appropriate source, to ensure staff access training on current best practice.
The day after our inspection the registered manager confirmed they had requested further updated training for staff in the areas of practice required.
Supporting people to eat and drink enough to maintain a balanced diet
● People were provided with support to eat and drink sufficiently. Sometimes this involved the process of reminding people it was time to eat and drink and at other times, to encourage people to return to their meal, in cases where they had lost concentration and walked away from the table.
● People were encouraged to eat together in the dining room and the registered manager explained the benefits of this. The dining room and kitchen were closely linked by a serving hatch, people could see, and smell food being prepared. This, along with the prepared dining tables, helped people to understand it was time to eat and drink. Some people benefitted from sitting with others who were using cutlery and feeding

themselves because they could mirror their actions. Staff also used this time to facilitate conversation between people and themselves, therefore getting people to practice their social and communication skills. People could eat and drink elsewhere if they preferred or if they were unwell.

● Staff helped people make food and drink choices; sometimes done by visually showing people plated meal options or by using pictures. Staff knew people's individual likes, dislikes and preferences so they also provided alternatives, which they knew people liked. A choice of drinks, snacks and confectionary were provided between meals to boost calorie intake where required.

● People's nutritional risks were known to the staff and they shared any concerns about these with the person's GP; such as swallowing difficulties or loss of weight. Action was taken to prevent choking or further loss of weight by staff following the advice and guidance given by healthcare professionals. This included providing, textured altered foods (pureed, soft or thickened fluids) so people could swallow more safely or by adding calories to people's foods; additional cream, butter and full fat milk.

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

● The building had been adapted to support people's needs; a stair lift helped people with mobility needs access the upper floors; this had been recently extended and a shower room had been designed to allow easy access for people. Simple written and pictorial signage helped people orientate themselves.

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 now 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

- Staff developed positive relationships with people and were responsive to their social and emotional needs. When one person living with dementia said, "I've missed you", to a staff member they had seen minutes earlier, the staff member said, "Ahh thanks", then gave the person a hug and a kiss on the cheek. This reassured the person who gave them a big smile.
- Staff were inclusive in their approach with people, whose support was delivered in a non-discriminatory way. The rights of people with a protected characteristic were respected. Protected characteristics are set out in law to prevent discrimination, for example, based on age, disability, race, religion and sexuality.
- Staff and the registered manager described a caring working environment, where their well-being was also supported by their team members, including during difficult times in their own family lives.

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

- People had an identified staff member (keyworker) who reviewed their needs with them and/or their representatives. One person introduced us to their keyworker by saying, "This is my lovely carer. She looks after me." We observed a relaxed relationship in place, the person teased the staff member and told us, "She likes a laugh."
- When people were unable to tell staff what they wanted, staff guided them through choices and reassured them. Daily records showed when one person was having an unsettled night, but could not say why, staff gave them a warm drink and assisted them to the toilet. They then stayed with the person for a while to reassure them and make sure they were comfortable.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was supported. One person was very smartly dressed in a shirt and tie. Staff told us they dressed smartly every day and had done so throughout their adult life, so they helped the person maintain this personal standard. Staff took care to ensure people were well-presented in coordinated, clean clothes. They responded quickly to change one person's top which was marked after lunch and changed another person's clothing which had become dishevelled during the morning. One person told us they liked to look as smart as possible.
- People were supported to remain independent. People were encouraged and supported to wear their glasses and/or hearing aid, to assist them in maintaining their independence with daily activities.
- Staff helped people to retain skills which supported independence by carefully selecting when they provided support or intervened. One person fed themselves slowly and predominantly by using their fingers. The person did not like staff support at mealtimes, so their food intake was monitored by the staff to ensure

they ate and drank enough. The person's dignity was maintained by staff quietly helping to clear up any food mess after the meal.

- All personal care was given behind closed doors in order to maintain people's dignity and privacy.

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 as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

● People moved around the home freely, when they needed assistance to mobilise they were prompted and supported by staff. We observed staff asking one person who lived with Parkinson's disease to, "take big steps", while walking to the dining room. The person responded well to this prompt and their shuffling gait immediately improved and they began taking defined steps.

● People's support was provided in line with their needs and preferences. One person usually woke at seven in the morning and was given their insulin between eight and nine, before breakfast. Their support plan emphasised the importance of following this routine. The care plan outlined what would happen if this was not followed; the person would refuse their meals and their blood sugar level become unstable, which would then have a negative impact on their mental and physical well-being.

● Where possible and appropriate to do so staff worked collaboratively with people's representatives to ensure people's care was personalised.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs had been assessed and recorded in their support plans. Short 'snap shot' profiles had been written for people to take into hospital with them when needed, these included information about people's communication needs and how they received information.

● People were assisted to access optical (eye) and audiology (hearing) services and encouraged to use communication aids they had been provided with to support effective communication.

● Information about the service could be provided in a variety of formats when requested such as large print.

● We saw one person reading a passage from the bible which was available to them in large print.

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

● We saw activities were person-led and meaningful to the person. One person was assisted by a staff member to cut out pictures they wanted to keep from old family calendars. The staff member said they planned to make a collage from the pictures, which the person would then keep. The activity was led by the person as they decided when they had done enough for that day.

● People's cognitive and physical needs and abilities were considered when trying to support them with

activities they may enjoy. Talking books had been explored for one person to try and engage them in an activity they could enjoy although the person had eventually shown a disinterest in this.
● People were supported to maintain relationships with others who were important to them. During the inspection a staff member spoke with one person to arrange when they would take them to visit their son the following week. One person was supported by staff to call their wife when they wanted to speak with her.

● People were supported to be part of their local community and follow their interests including those related to their culture or religion. One person's (church) friend spoke with the registered manager about service arrangements at the home. The registered manager suggested the person may also like to attend coffee mornings held at a church the home was 'paired' with.
● The registered manager and staff had wanted to support people to get out more and this year (2019) had been given an opportunity to have regular access to appropriate transport and support to achieve this. The member of staff predominantly involved in these regular trips out said, "We have been everywhere." One person had wanted to visit the waterways museum and the war museum. A visit to the Forest of Dean had also included experiencing a certain fast food on the return journey which one person had expressed a wish to try. Other people had been shopping, out for meals in favourite places and had visited garden centres. The registered manager said. "They needed to get out more" and both staff were openly proud of this achievement, because for some people to enjoy the wider community trips out required planning and support at a time the person was able to accept this.

Improving care quality in response to complaints or concerns
● The provider had a complaints procedure which was displayed on the wall in the home's front hall. When speaking with one relative they said they had not been given any information on how to make a complaint. This relative told us this had not been a problem up to now as they had not needed to raise a complaint and, if they did, they would refer this to the registered manager. The registered manager told us this information had historically been put in people's bedrooms, ready for new people and their relatives to read. They were now considering introducing a 'welcome pack' which would include the service's complaints procedure.
● The registered manager was managing one complaint at the time of the inspection and they told us this had been the only formal complaint received, since the last inspection. Areas raised in this complaint referred to aspects of care and communication with family members. This had been shared with the Care Quality Commission, by the complainant, prior to the inspection. Receipt of this complaint had been confirmed by the provider, an investigation had been completed and the registered manager was preparing their response.
● Areas of small concerns or dissatisfaction were dealt with by the registered manager as they arose; such as clothing related problems and misplaced items.
● In the front hall was a complaints, compliments and suggestions box which could be used by visitors, or people in the home, to give feedback about the service. We were shown a recent email, sent to the registered manager, from a family member, thanking them and complimenting the staff on the care which had been afforded to their relative whilst they lived in the home and at the end of their life.

End of life care and support
● People's end of life (EoL) wishes were explored by the staff with those who were able to engage in such conversations or with their representatives. The registered manager was keen to ensure that anyone who wished to remain in the care home, at the end of life, did so and died in familiar surroundings with familiar people (family and staff) around them. Information gathered about EoL wishes was recorded for staff reference.
● There was evidence to show that staff worked well with community-based healthcare professionals; GPs,

community nurses and pharmacists to ensure all that was needed to assist a dignified and comfortable EoL was in place. This included arrangements for pastoral support and liaising with hospitals and commissioners of adult social care to ensure all necessary arrangements for effective and good EoL support could be achieved in the home.

● Following a person's death, staff attended people's funerals and reflected on the care provided to them. This helped staff identify areas which had gone well and areas which required further improvement.

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

- The Registered manager provided strong leadership to the staff. Many staff had worked in the home for several years and were aware of each other's strengths and weaknesses and worked well as a team.
- All staff were committed to supporting people with dementia and mental health needs and helping those where previous care placements had not been successful.
- Care was person-centred and was delivered around people's individual preferences and abilities. In several situations staff adapted their care, from day to day, to be able to work with people and their individual behavioural needs.
- To maintain and improve good outcomes for people the registered manager had successfully re-validated their registration with the Nursing and Midwifery Council (NMC) in 2019. This enabled them to remain skilled in understanding and recognising people's health needs and when reassessment by specialist practitioners was required.
- A programme of further support was taking place for senior care staff, designed to develop their leadership skills and improve their current knowledge. Two senior care staff had completed additional training in safeguarding people, which enabled them to supervise other staffs' practices in relation to this. This also gave them a better understanding of other agencies responsibilities and roles in safeguarding people. The registered manager had also completed further training on the Mental Capacity Act to be able to support staffs' further understanding of this and how this protected people on a day to day basis.

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 registered manager (also the provider's legal representative) understood their legal responsibility in relation to duty of candour and there had been no incidents where this had been needed. However, when accidents and incidents occurred, the circumstances of these and the actions taken in response to these were discussed with people and their representatives.

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

- The registered manager and staff reviewed their collective understanding of their roles and responsibilities, both during informal discussions and in one to one staff supervision discussions. This had led to the decision to improve senior staffs' knowledge, so, in the absence of the registered manager, they could ensure compliance was maintained with various multi-disciplinary protocols and regulations.

● The registered manager was responsible for the overall monitoring of the service and the care provided to people. Recordable audits were available through the adopted quality compliance system, but the registered manager predominantly preferred to carry out their own observational, quality checks. They did this by regularly reviewing cleaning records, care records, monthly medicine audits and completing visual checks of people's medicine administration records.
● The registered manager oversaw all processes and systems in the home and was fully aware of people's care needs, staff practices and the quality of their work, including the working culture. They completed spot checks when required and were supported in some of this work by the deputy manager and senior care staff.
● Arrangements were in place to ensure the service was kept up to date with necessary changes to policy procedures and regulations.
● The service's previous inspection rating with the Care Quality Commission (CQC) was displayed as required by law and appropriate events were reported to the CQC.
● The registered manager and all staff were responsible for checking daily, the safety of the environment. Any necessary action was taken immediately through the home's maintenance arrangements.
● Improvements to the building or its equipment, were planned and carried out as part of an ongoing improvement programme. In 2019 this had included the new bathing facilities on an upper floor and the new and extended stair lift.
● The service had been quality monitored by the local county council in March 2019 and been inspected by an environmental health representative in 2019. There had been some minor recommendations but no requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Views and suggestions were gathered from people on an informal basis as and when people were able to contribute to this process.
● The lounge was due to be decorated soon and the carpet replaced, and we were told that during discussion with people, their views and suggestions on this had been gathered.
● The registered manager explained that past attempts to hold relative meetings had not been well supported so the views of relatives were sought as they visited. Many relatives also communicated through email with the registered manager.
● A satisfaction survey for 2019 was due to be completed soon by questionnaires being sent out to relatives and staff.
● The registered manager was also considering re-instating the home's Newsletter. Production of this had ceased to time constraints but had been an effective way of updating relatives with information and news about the home.

Continuous learning and improving care
● The registered manager and staff team regularly reflected on areas of practice and process to ensure these were benefitting people and supporting the home generally. This process had led to an increase in staffing in 2019 and the upskilling of the senior care staff.
● Recognition by the registered manager, of needing to improve people's social opportunities, had resulted in people being included in more choice and decision making about trips out. In some people's cases this had really had a positive impact on their overall wellbeing.

Working in partnership with others
● Staff liaised with commissioners of care and a range of health and social care practitioners to support people's access to care when they required it.