

Baxendale Care Home

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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

Baxendale Care Home is a residential care home providing accommodation and personal care to older people and people living with dementia. The service can accommodate up to 45 people and at the time of our inspection there were 29 people using the service.

The home spreads over three floors and has a separate wing, accessible through the main building, which specialises in providing care to people living with dementia. Residents have access to ample outdoor spaces including a patio area and a large garden.

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

People told us they felt safe at the home and with the care they received. People received their medicines as prescribed. Risks associated with people's health and care were identified and assessed as and when needed, and staff were provided with clear guidance on how to minimise these risks. Management ensured appropriate checks were completed prior to staff starting work. The home had adopted strict infection prevention and control measures to keep people safe.

Whilst the service obtained people's consent before providing care and treatment, this was not always clearly documented. We made a recommendation around the need for consent.

People received a comprehensive pre-assessment before their admission into the home which ensured they received the right care and support. Staff were supported through robust induction processes, supervision and regular training. People were provided with healthy meal choices and stayed hydrated. Staff supported people to maintain good health and access a range of healthcare services when needed. 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 and relatives told us they felt staff were kind, caring and supportive. Staff involved people in making decisions about their own care. People were encouraged to be as independent as possible. People and staff engaged with one another with respect.

People received care that was tailored to their individual needs and staff knew them well. Care plans documented how people wanted to receive their care. People were supported with different choices of activities which they enjoyed. The service managed complaints effectively and relatives told us they felt confident in raising any concerns but were pleased with the care their loved ones received.

There was an open and inclusive culture at the service. People, relatives and staff spoke positively of the management and the support they received. Systems were in place to assess and monitor the quality of the service provided. The service sought feedback from people, relatives, staff and professionals which they

used to drive improvements. The team worked in partnership with healthcare services and other professionals to improve and maintain people's quality of life. Staff told us they felt they worked as a team and were happy to work there.

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

Rating at last inspection and update

Since CQC's last inspection in 2019, the provider changed from being an unincorporated charity to a Charitable Incorporated Organisation, which did not affect the day-to-day management of the service. The last rating for the service under the previous provider was requires improvement (published on 26 April 2019) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the service sought guidance on the provision of suitable activities for people living with dementia and responding to people's needs in a person-centred way. At this inspection we found improvements in these areas.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Baxendale Care Home on our website at www.cqc.org.uk.

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, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Baxendale 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 Health and Social Care Act 2008.

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 carried out by one inspector and two Experts by Experience who spoke with people at the service and with relatives by telephone for feedback. 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

Baxendale Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Baxendale Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 11 people who used the service and nine relatives about their experience of the care provided. We observed activity sessions, mealtimes and interactions between people and staff. We spoke with 11 members of staff including the registered manager, deputy manager, team leaders, care assistants and kitchen staff. We also spoke with two members from the board of trustees. In addition, we spoke with two healthcare professionals who were present at the home during our inspection visits.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, staff training, quality assurance, health and safety and meeting minutes, were reviewed.

Is the service safe?

Our findings

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

At our last inspection, under the previous provider, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- During our last inspection in April 2019, we found issues with risk assessments and the monitoring of people's food and fluid intake. The registered manager showed us some examples of updated risk assessments and assured us they would address all these issues.
- At this inspection, we found improvements around how the service managed risks and ensured they delivered safe care and treatment. Risks associated with people's health and support were identified and reviewed regularly. We saw comprehensive risk assessments, containing clear guidance, covering areas including moving and handling, diabetes, infections, medicines, malnutrition and dehydration.
- Where people were at risk of malnutrition and/or dehydration, the service monitored their food and fluid intake daily. We found that team leaders checked the monitoring charts to ensure these were completed consistently. The registered manager sought guidance from healthcare professionals when needed and staff received training in nutrition and hydration.
- Staff were knowledgeable around risks associated with people's health and support. For one person who was at risk of choking, we observed staff followed guidance from their care plan to ensure they remained safe during mealtimes. A member of staff told us, "You always have to watch [person] when he eats." A relative said, "After obtaining advice from SALT [the speech and language therapist] staff will sit and remind [person] to put the knife and fork down between mouthfuls and eat carefully."
- The service carried out safety checks on the environment including checks on electric, gas, water and fire safety. People had personal emergency evacuation plans in place which outlined the support they required in the event of an emergency. One person told us, "Fire alarms tests are held regularly, they come and tell you when there is going to be a fire alarm."

Systems and processes to safeguard people from the risk of abuse

- People felt safe and protected from abuse. The service had systems and processes in place to safeguard people from abuse. Policies and procedures were in place and staff were provided with appropriate training.
- One person said, "Yes I do feel safe. Mostly because there is always someone about, even late at night. I ring my bell if I want something and they always come." Another person told us, "Oh yes, I certainly feel safe living here. I have been here such a long time now and I know how it all works."
- Staff had training in safeguarding and knew how to identify abuse and raise concerns. One member of staff told us, "I would report it [abuse] to management and authorities," if they were to suspect or witness abuse.

Staffing and recruitment

- There were enough staff on each shift to meet people's needs safely.

- Staff did not present as rushed and had time to sit and talk with people.
- We found some staff had been working at this service for many years and had developed good relationships with people. A relative told us, "There have been the same four or five people [staff] with [person] during the five years. The stability of the staff is a huge credit to the home."
- The service followed safe recruitment practices and carried out necessary pre-employment checks before newly recruited staff were able to start. However, we found in some cases, explanations for gaps in staff's employment histories were not clearly documented. We raised this with the registered manager who then showed us scrap notes of discussions around employment histories they had had with some staff during their interviews. The registered manager explained that employment gaps were normally explored and told us they would make sure this was recorded on every staff file as appropriate.

Using medicines safely

- People received their medicines safely and as prescribed. Each person had a medicines care plan which contained instructions such as how they preferred to take their medicines and choices of drinks. People's care plans also listed their medicines including their uses and possible side effects.
- The service ordered, stored and disposed of medicines safely. We looked at controlled drugs and found that these were managed in accordance with national guidelines. Controlled drugs are medicines that the law requires are stored, administered and disposed of by following the Misuse of Drugs Act 1971.
- Medicines administration records were clear, easy to follow and contained no gaps. Where people received 'as needed' (PRN) medicines, protocols were in place to explain to staff when to administer these medicines. PRN medicines are medicines that are administered when necessary such as for pain or anxiety relief.
- The service maintained records of stock levels of medicines. We randomly looked at medicines stock levels and found that balances were correct.
- The management team carried out regular medicines audits and ensured staff were trained and competent to administer medicines.

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 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.
- The service followed government guidance when facilitating visits into the home. People were able to go out and have visitors. The service had installed a 'visiting pod' at the main entrance which enabled people and their visitors to interact safely, if the visitors chose not to enter the home.

Learning lessons when things go wrong

- There were processes in place to promote learning which fully involved the staff team.
- The service had a system to record accidents and incidents. We reviewed the accidents and incidents log and found that these were clearly recorded. Staff completed post observation charts and recorded any actions taken and outcomes.

- Any lessons learnt were used to embed good practice and improve quality of service. These were relayed to staff through team meetings, daily handovers and communication books.

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 our last inspection, under the previous provider, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to demonstrate that they were working within the principles of the MCA. We found issues around the renewal of DoLS authorisations. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff worked in a way that did not restrict people's freedom. Where people were deprived of their liberty, this was done in a lawful way. Appropriate DoLS authorisations were in place.
- We also found a number of DoLS authorisations which had expired. However, records showed applications for renewal had been made and where delays were experienced regarding the granting of authorisations, we saw records of communication between the service and the relevant authorities.
- The deputy manager showed us an up to date tracking document on which DoLS authorisations' expiry dates, renewal dates, progress details and outcomes were clearly recorded. This meant the service was able to monitor and manage DoLS applications to ensure they remained compliant with the MCA.
- Consent to care and details of lasting power of attorney (LPA) were documented. However, the way consent to care was documented was not always clear. For example, people's care records contained several consent forms for different aspect of their care which, in some cases, some were not signed and

others lacked details around how signatures were obtained for people who lacked capacity.

We recommend the provider consider current guidance on obtaining and documenting consent to providing care and treatment to people.

- We discussed the need for clear documentation of consent with the registered manager who explained that people who had LPA would occasionally give consent over the phone during care reviews. The registered manager told us they would ensure details of how consent was obtained, including dates, were clearly reflected in people's care plans.
- People's care plans contained information on their mental capacity, cognition and whether they needed help with certain decisions.
- Care staff received regular training in MCA and DoLS and demonstrated knowledge around people's mental capacity and how to support them to make decisions about their care. A member of staff told us, "They [people] can make some choices like food and clothes. When they can't make decisions (clinical/medical); doctors, the manager, families, we all come to an agreement as to what is in their best interest."

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

- People's needs and choices were assessed and reviewed in line with guidance and the law.
- People received a full assessment prior to using the service. This ensured the service would be able to meet people's care and support needs. A relative told us, "Things were sorted out easily with management at short notice at the start of [person's] care. There were discussions about where he should be, where would be most appropriate."
- The service worked with relatives and the individuals themselves to produce person-centred care plans in which people's needs and expected outcomes were clearly explained. A relative told us, "We had a catch up assessment three weeks ago with the home and discussed a range of issues. Very organised and competent. They [the service] provided feedback and asked us questions."

Staff support: induction, training, skills and experience

- Systems were in place to provide staff with the support they needed to do their work.
- Staff received a comprehensive induction when starting work. This included completing mandatory training and working under the supervision of experienced staff. The registered manager told us newly recruited staff were assigned a team leader who would meet with them regularly and offer support.
- Following the induction, staff received further training in a wide range of areas as applicable to their roles and the needs of the people they worked with. Staff told us they felt supported in their work. Comments included, "We are very well trained" and "I'm going to start my level 3 [Diploma Level 3 in Health and Social Care]."
- The service supported staff with regular supervisions and appraisals.

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

- Staff supported people to eat healthy meals and stay hydrated. People's preferences and dietary requirements were considered and documented in their care plans. The kitchen staff regularly engaged with people and demonstrated knowledge of their dietary needs, including any allergies they may have.
- Most of the people and relatives we spoke with told us how they appreciated the food at Baxendale Care Home. Comments from people included, "It really is lovely food here," "Soup comes up and it is always good, made with mixed vegetables, real fresh ones all homemade," and "I get lots of water too, the jug is always there and they refill it regularly." A relative told us, "[Person] finds it [the food] fantastic. He likes celery and cheese and they accommodate him well."

- Regular meetings were held with the catering team where people were able to give feedback and make requests about new dishes. We saw staff, including the chef, going around and asking people to comment on their lunch. One person told us, "They always do this [staff asking for feedback after meals], they are not doing it just because you are here".

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

- The service supported people to have access to healthcare services when required.
- Care plans contained detailed information about people's health, medical needs and the support they required with these. Care plans also contained information on people's oral health and clear instructions for staff to know the level of support each person required.
- A person told us, "We are lucky, one of them [staff] will always escort us if we need to go to hospital." A relative told us, "[Person's] diabetes is managed well."
- Staff knew people well and were able to recognise any changes in people's health and well-being. Any concerns were raised immediately with the registered manager and referrals to healthcare professionals were made.
- The service worked in partnership with other services and health and social care professionals, such as speech and language therapists, community nurses, GPs and opticians to ensure people received good healthcare.

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

- The premises were bright, spacious and wheelchair accessible. People told us they liked their rooms, the facilities available to them and the cleanliness of the service. One person said, "This is a nice room with a lovely view."
- People had access to an attractive and well-maintained garden overlooking a pond. A person told us, "The gardens are lovely. In the summer we often sit out and they bring us ice lollies too". They also added, "We can have visitors in the garden."
- The west wing, which supported people living with dementia, had been adapted effectively to meet their needs. The service made use of appropriate decoration and signage to promote people's independence and reduce anxiety.
- The provider had recently renovated part of the service and built rooms with en-suite facilities. They told us they were planning to convert all rooms so that they all have their own bathrooms. At the time of our inspection, the main dining area was being refurbished and people were aware of this. Alternative suitable dining areas had been set up for people to still be able to enjoy their mealtime experiences.

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 our last inspection, under the previous provider, we rated this key question good. The rating for this key question has remained 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

- Staff treated people well and supported them in a caring manner. Staff understood and respected people's equality and diversity needs.
- Staff knew people well and understood their individual care needs.
- People and their relatives spoke positively of the staff and how they treated them. One person told us, "The carers are good and they come to help me, everyone is very nice here, it is very good to live here." Another person said, "We have been so lucky to be cared for so well". We asked relatives for their opinions on staff and one relative told us, "Very caring. It is the little things like when we visit, providing tea and biscuits. They are friendly and helpful and once took [person's] coat to clean it."
- People's cultural and religious needs were clearly reflected in their care plans. We found some people kept religious ornaments in their rooms which staff respected. A relative told us, "[Person] is offered a choice and her heritage has been taken into account as she has been offered Irish stew and soda bread and that gives her good memories of her childhood."

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

- Staff fully supported people to express their views and opinions about their care, this was reflected in their care plans.
- We observed pleasant interactions between people and staff. Staff engaged with people to gain their views while providing care and support.
- Staff respected people's wishes and spoke to us about how they supported people to make day to day decisions for themselves. Staff told us they asked people's relatives for their views too. A relative said, "They [staff] are attentive and keep in touch to ask us things. Communication is good."

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected people's privacy and dignity and encouraged people to be independent as much as possible.
- We observed staff treated people with respect and compassion. One relative told us, "I can tell they [staff] are caring as when I visit I overhear their kind tone when speaking to others." Another relative said, "[Person] is the happiest he has been at this home, much more relaxed and comfortable and has good, friendly relationships with the staff who all know him."
- Staff understood the importance of promoting people's independence so that they could do more for themselves. A member of staff told us, "One person was not able to walk in the beginning. We provided slow and gradual assistance with standing up, transfers and going to the toilet. Now [person] is able to walk." A

relative told us, "Staff encourage [person] to use her walking frame and that has given her confidence."

Is the service responsive?

Our findings

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

At our last inspection, under the previous provider, we rated this key question requires improvement. At this inspection the rating has changed to 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; 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

At our last inspection, we recommended the provider to seek guidance on responding to people's needs in a person-centred way and the provision of suitable activities for people living with dementia. The provider had made improvements.

- The service involved people and their closest ones when planning their care and delivered care that was tailored to their needs. Staff demonstrated a good understanding of people's individual needs and knew what were important to them.
- Each person had a person-centred care plan which contained clear and specific information about their behaviour, health, communication, diets and other support needs. Care plans also included detailed information about people's life histories, previous occupations, relationships, favourite things and routines.
- Staff ensured people were offered a wide range of activities regularly. A weekly schedule of activities was printed and provided to each person. A relative told us, "[Person] has thrived since being there. They [staff] have put on various activities and she has engaged with them. She really has quality of life."
- We observed a lively and interactive 'Easter themed' bingo session which people enjoyed. We also witnessed an exercise session where staff encouraged people to engage in simple movements as demonstrated in a video, and a sing-along session during which both people and staff participated. The registered manager told us they were in the process of recruiting activity coordinators to support the care team and provide people with a wider range of activities to suit their individual needs.
- The service supported people with activities which were not on the schedule but important to them, to ensure they remained stimulated and socially engaged. One person told us, "I am interested in gardening and they [staff] let me mix in and prune some bushes if I want." A relative told us, "[Person's] mobility is poor, but she has a sharp mind and there are a lot of external things she is still involved with. The home have done a huge amount to ensure she maintains these connections."
- Staff encouraged people who had a physical disability and people living with dementia to join in the different activity sessions as much as they were able to. One person who resided on the dementia unit was supported by staff to join activities in the main area which they enjoyed. A relative told us, "[Person] just enjoys TV. Not able to do anything else, but I am very confident they [staff] will do all they can to keep her moving."
- The service supported people to go out and have visitors as they pleased. Most people understood the implications caused by COVID-19 and restrictions around visiting but told us they were still able to stay in

contact with their loved ones. One person said, "I can keep in touch with family and friends. Luckily we have the 'pod' here and I can continue to see people and they can visit". Another person who was dressed brightly and smartly told us they were waiting for a friend to visit and discuss some personal papers.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people with their communication needs.
- While most people were able to communicate verbally and understood English, the registered manager told us they were prepared to use specialist communication tools and provide training to staff if needed.
- Staff provided information to people in ways they understood. One member of staff explained to us how they communicated with someone who spoke less English by using signs and gestures which they understood. We observed this person was able to express their needs to staff.
- Care plans contained specific information on people's communication needs. This meant staff were able to communicate with people effectively and in their preferred ways. For one person who suffered from Alzheimer's disease, their care plan said, 'Staff to communicate with [person] with short and simple sentences so not to cause any unnecessary confusion, at eye level and on her better side.'

Improving care quality in response to complaints or concerns

- There were systems in place to document and respond to any complaints. The service recorded all complaints, however minor.
- People and their relatives knew how and were supported by staff to make complaints. However, people told us they were satisfied with the service they received.
- The registered manager talked us through the process of how complaints were received, investigated and outcomes communicated to complainants in a timely manner. Details of investigations, contact with complainants and outcomes were clearly documented.

End of life care and support

- Staff supported people in a caring and dignified manner at the end of their lives.
- The service communicated with families and involved the palliative care team to ensure people remained comfortable and received appropriate care at the end of their lives.
- People had a 'final days' care plan in which their last wishes and any personal preferences were clearly documented.
- The service provided staff with training in end of life care to ensure they were adequately prepared to support people during these difficult times.

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 our last inspection, under the previous provider, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to identify issues around DoLS applications, personalised care planning, completion of monitoring charts, provision of activities and provider engagement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service had effective systems in place to assess and monitor the quality of the service. The management team completed various audits and spot checks covering a wide range of areas including health and safety, medicines, DoLS, activity records, care plans and infection prevention and control. Where issues were identified actions were taken to improve the quality of the service.
- The registered manager and deputy manager talked us through their auditing system and showed us the actions they had taken as a result of any issues they had identified. Monitoring charts for people, such as activity and food and fluid charts, were regularly checked by team leaders and audited by the management team. We found the service had made improvements around issues we previously identified, as demonstrated in the earlier sections of this report.
- The service held regular team meetings in which learning points were discussed and staff confirmed this. All of the staff we spoke with told us they felt confident and comfortable to discuss any issues with the management and they felt listened to.
- The service sought feedback on the quality of service they provided through satisfaction surveys. This was a regular exercise which targeted people, their relatives, staff and professionals. We saw, on a residents' survey, comments a person made about the poor internet connection in their room, and the actions taken by the service in response to this. We spoke to the person in question who happily told us the maintenance person had been in their room and had ordered parts to fix the issue.
- We spoke with two members of the trust who explained their involvement regarding the management of the home, including the different audits they completed, and engagement with the residents. One of the trustees told us, "We try and get to know all the residents, to know what their interests and concerns are." Some of the people told us they knew who the trustees were.
- There was a clear staffing structure and most people were able to name the registered manager, deputy

managers and team leaders.

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

- The staff team created an open and fair culture where people were comfortable to initiate conversations and express their feelings. People spoke positively of the care and support they received. One person told us, "I am happy living here, we are cared for very well."
- Relatives told us how they felt about the service and how it was managed. Their comments included, "The manager is always reachable, helpful and will go the extra mile. Management get things done. I am kept informed." "I can't speak highly enough of the home. Being there has really made a difference to [person's] life and to ours knowing she is well cared for and happy."
- A visiting professional told us, "It's a really nice home. I think it's very very well run. It's one of our ones we don't worry about. If I had to choose somewhere for my mum, I'd be very happy for her to be here!"

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; Working in partnership with others

- The registered manager was aware of their responsibility to be open and honest if anything went wrong. At the time of the inspection, there were no concerns around this.
- The service maintained a good working relationship with a number of organisations, including healthcare professionals and local authorities, to provide effective collaborative care.
- Records confirmed people received timely and appropriate healthcare referrals when needed.