

Barchester Healthcare Homes Limited

Lancaster Grange

Inspection report

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Date of inspection visit:
25 February 2020
26 February 2020

Date of publication:
29 May 2020

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

Lancaster Grange is a residential care home providing personal and nursing care to 35 people aged 65 and over at the time of the inspection. The service can support up to 60 people.

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

There were systems in place to keep people safe from the risk of abuse. People and relatives felt the service was safe. Staff understood how to recognise and report concerns or abuse. There were enough staff to keep people safe and meet their needs. People's needs were assessed, and any risks associated with health conditions documented. Risks associated with the service environment were assessed and mitigated. People received their prescribed medicines safely. People were protected from the risk of acquiring infections and the service was clean. Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences.

People's needs were assessed with them prior to moving into the service. The provider ensured staff had training and support to develop their personal care skills. People were supported to maintain a healthy balanced diet and to eat and drink well. People were supported by staff to access healthcare services when required. The provider had taken steps to ensure the environment was suitable for people's needs.

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 using the service were supported by staff who cared for them and treated them with respect. Staff had the information they needed to provide individualised care and support. People were encouraged to make decisions regarding their day to day routines and express their views about their personal preferences. People's care was provided in ways which promoted their dignity and respected their independence.

People were regularly asked for their views about their care. People's care plans were detailed, containing information about how they liked to be supported, and their daily routines and preferences. People were given information about their care in accessible formats where they wanted this. People were supported to maintain their interests and take part in activities that were important and enjoyable for them. The provider had a system in place to respond to complaints and concerns. People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives.

The provider did not have a registered manager in post, and had not had one since January 2019. The provider and manager undertook audits of all aspects of the service to review the quality of care. Staff were motivated and proud to work for the service. The provider and manager had systems in place to ensure compliance with duty of candour. The provider regularly sought the views of people, relatives and staff regarding the quality of the service. The manager and provider worked in partnership with outside agencies

to improve people's care. People were supported to maintain contact with their family, friends and local community.

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 Inadequate (published 14 August 2019 and there were multiple breaches of regulations. We issued the provider with two Warning Notices to comply with Regulations 12 (Safe care and treatment) and 18 (Staffing). 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.

This service has been in Special Measures since August 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. At our last inspection, we served the provider with two Warning Notices. This was in relation to breaches of regulations 12 (Safe care and treatment) and 18 (Staffing). We found the provider had taken appropriate action to address the issues found on our last inspection.

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?

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Lancaster Grange

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection visit was carried out by two inspectors and a specialist advisor. Our specialist advisor was a nurse with experience in dementia care. The second day of our inspection was carried out by one inspector.

Service and service type

Lancaster Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This is the second consecutive inspection where the service has not had a registered manager in post. At the time of this inspection, the service was being managed by an experienced interim manager from one of the provider's other services. The provider was in the process of recruiting a new manager, who would become registered with CQC. 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

Our inspection was informed by evidence we already held about the service. We sought the views of Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also sought the views of external health and social care professionals, and care service commissioners from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the inspection visit we spoke with three people who used the service and seven relatives. We spoke with six care and nursing staff, the activities coordinator and maintenance staff. We spoke with the manager and two staff from the provider's regional management team. We looked at a range of records related to how the service was managed. These included seven people's care records and how their medicines were managed. We also looked at two staff recruitment and training files, and the manager's quality auditing system. During the inspection visit we asked the manager to send us additional evidence about how the service was managed, and they did this. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that risks were mitigated to ensure people's safety. This was a breach of regulation 12 (1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a Warning Notice to comply with this regulation. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's needs were assessed, and any risks associated with their health conditions documented. Since the last inspection, the provider had sent CQC regular evidence demonstrating they had reviewed every person's health needs. The provider's regional management team had worked to put systems in place to ensure people's risk assessments and associated care plans were kept under regular review and updated to ensure they reflected people's current needs. However, the provider needs to ensure that these improvements are sustained in the longer term, particularly as the service does not currently have a registered manager.
- Risk assessments and care plans were reviewed regularly with people and relatives and updated when required. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe. For example, staff carried out daily checks on people who were at risk of skin breakdown. This was to both check people's pressure areas and to ensure their pressure relieving mattresses were in good condition and at the correct setting. This meant people were protected from risks associated with poor pressure care.
- Where possible, people and their relatives were involved in discussions about managing risks associated with health conditions. For example, one relative said both they and their family member were involved in discussion about how to manage the person's risk of falls. The relative said, "[Family member] was involved in the discussions about this and they were part of planning how to reduce the risks. This is really good for them – they're involved and have control."
- Risks associated with the service environment were assessed and mitigated. Staff had a clear system in place for regular checks on all aspects of the environment. This included legionella checks and checks on equipment such as pressure relieving equipment, hoists and slings.
- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP) with up to date information about people's mobility and support needs. This meant staff and visiting emergency professionals had quick access to information about people's needs. Staff and emergency services would quickly know how to support people safely.

Staffing and recruitment

At our last inspection people's needs were not being met due to insufficient levels of staffing. This was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a Warning Notice to comply with this regulation. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to keep people safe. People and relatives felt there were enough staff to meet their needs. One person said, "Previously in past there wasn't enough staff. Now staffing is better, but the home needs to be mindful to increase staff when residents increase." One relative said, "There has been an improvement (in staffing levels)." Staff said there were enough of them to assist people in each unit. A staff member said, "They (the provider) listen to your concerns like they wanted to decrease numbers downstairs I said it won't be safe and they listened, and we stayed at three staff."
- The manager reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met. The provider's monthly action plan evidence and our observations during the inspection visit showed us that people were supported by enough staff. This included when people needed support to eat, needed reassurance, or wanted to participate in activities.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This ensured staff were of good character and were fit to carry out their work.

Using medicines safely

At our last inspection the provider had failed to ensure that risks associated with people's medicines were mitigated to ensure people's safety. This was a breach of regulation 12 (1) (Safe Care and Treatment) 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 12.

- People received their prescribed medicines safely. Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that overall, medicines were documented, administered and disposed of in accordance with current guidance and legislation.
- People received their "as and when" (PRN) medication when they needed it. There was guidance in place for people's PRN medicine which told staff when this medication was needed. Staff also used nationally recognised guidance to help them assess people who could not clearly communicate when they needed PRN medicines. This helped to ensure people got their PRN medicine when it was needed.
- Each person's medicines records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service was safe. One relative said, "[My family member] is safe here now. She gets the care and support she needs."
- Staff understood how to recognise and report concerns or abuse. Staff received training in safeguarding and felt confident to raise concerns.
- The manager and deputy manager reported any allegations or abuse to the local authority safeguarding team and notified CQC about this. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Preventing and controlling infection

- People were protected from the risk of infections. The service was kept clean, which minimised the risk of people acquiring an infection. Staff described and understood infection control procedures, and we saw they followed these, using personal protective equipment when required. Staff carried out a range of regular

tasks to ensure the service was clean.

- The manager ensured checks were done in relation to cleanliness and infection prevention and control. This ensured the cleaning work done by staff was effective. The risks associated with infections were minimised, and the premises were clean.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this and saw where action had been taken to minimise the risk of future accidents. Learning from incidents was shared with staff to improve care.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had not ensured people's nutritional and hydration needs were properly met and monitored. This was a breach of Regulation 14 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 14.

- People were supported and encouraged to have a varied diet that gave them enough to eat and drink. People told us the quality and variety of the food was good. People told us and records showed there was a varied menu, with options available for people with specific dietary requirements. Where people expressed views about wanting different options, or different times for their meals, their preferences were met.
- People who needed assistance or encouragement to eat were supported by staff. Staff knew who needed additional support to eat or required special diets, for example, fortified diets or appropriately textured food and thickened drinks.
- People who were at risk of not having enough food or drinks were assessed and monitored. Where appropriate, advice was obtained from external health professionals to support people with their nutrition and hydration.

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

- People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of malnutrition. Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans. Staff also had access to current information about a range of health conditions to ensure they were providing the right care.

Staff support: induction, training, skills and experience

- People and relatives felt staff got the right training to meet their needs. Staff we spoke with demonstrated good knowledge of people's needs, and said they had enough time to read people's care plans.
- Staff described the induction they had, and said it was good. Induction included shadowing more experienced staff and being introduced to people before providing their care and support. Staff told us they had regular supervision, where they could get feedback on their performance and discuss training needs. Staff also said they had spot-checks on their skills to ensure they provided consistently good care. Records we looked at supported this.
- The provider ensured there was regular daily communication between staff and management so key information about people's needs and the running of the service was shared.

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

- People were supported by staff to access healthcare services when required. People told us they were able to see their doctor, dentist or optician whenever they needed to. Records we looked at confirmed this.
- Staff we spoke with were familiar with people's health needs, as detailed in care records. Care plans stated what people's needs were and detailed what staff should do to help people maintain their health.
- Staff shared information with each other during the day about people's daily care. Staff also kept notes regarding health concerns for people and action taken. This enabled staff to monitor people's health and ensure they accessed health and social care services when required.

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

- The provider ensured the environment was suitable for people's needs. People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised. The service had clear signs around the building to help people orientate themselves. There were also adaptations for people with mobility needs. For example, handrails in corridors and bathrooms.
- Bathing and shower facilities were designed to be fully accessible for everyone. This meant people were able to make choices about their personal care and promoted independence in bathing and showering.
- The provider had taken steps to ensure the garden area was suitable and accessible for people with mobility needs.

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 and relatives said staff gained permission before offering personal care. Throughout the inspection, we heard staff ask people for their consent when offering care and support and encouraging people to make their own decisions about their daily lives. Staff understood the principles of the MCA, including how to support people to make their own decisions, and how to proceed if the person lacked capacity for a particular decision.
- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people. Conditions associated with people's DoLS authorisations were met and reviewed regularly to ensure they met the principles of the MCA.

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 Requires Improvement. At this inspection this key question has now improved to 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

- People and relatives spoke positively about the staff who provided support. People also commented on how well staff knew them and supported them in the ways they preferred. One person described a staff member as, "A really good role model for a carer. Does personal care for us with dignity and respect. They know what I like and they're consistent in how they do care." One relative said, "The care goes beyond the basic physical care – there's lots of warmth and emotion." Another relative said, "Staff who've been here a long time know [my family member] inside out. The cleaners are amazing. The place now feels much more homely."
- Staff were caring and showed that they enjoyed the work they do. One staff member said, "It's a privilege to provide care." Another staff member said, "I try extremely hard to meet people's needs. They're my second family. Each person is treated with respect, dignity and love." Staff demonstrated good listening skills. We saw staff giving people choices of what they would like to eat and what activities they would like to take part in, and then supporting them to ensure people's preferences were met.
- Throughout our inspection, we saw staff took time to spend with people. Care and support was offered with warmth and good humour to everyone we saw.

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

- People were supported to talk about their care preferences and make their own decisions as far as possible. One relative said, "[My family member] was really involved in working with staff over their personal information for care plans. They wanted to have things in their own words about who they know they are."
- Relatives felt they were kept informed about their family member's care. A relative commented, "I was fully involved in all the discussions around [my family member's] admission to make sure they had everything they needed for their care. It was managed very well and well-coordinated."
- Staff encouraged people to express their views about how care and support was offered, and where possible, involved people in reviews of their personal care.

Respecting and promoting people's privacy, dignity and independence

- We saw staff ensured people's privacy and dignity were respected. For example, staff knocked on people's bedroom doors before entering and waited for each person's response. We saw staff closing doors and curtains to ensure personal care was done in private. Staff had a good understanding of dignity in care and had training in this.
- People were asked how they wished to be addressed. For example, whether they preferred staff to use their first names or another name they preferred. People's preferences for this were recorded in care plans so all staff knew how to address people the way they wanted.
- Relatives told us they were encouraged to visit, and there were no restrictions on visiting times.

- Staff ensured that any conversations about people's care were done discreetly. Staff understood when it was appropriate to share information about people's care. Records containing confidential personal information were stored securely.

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 Requires Improvement. At this inspection this key question has now improved 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

- People's care plans were detailed, containing information about how they liked to be supported. Staff demonstrated good knowledge of the different ways people like to be supported. One staff member said, "It's really important to get to know people – what they like, what they don't like, what triggers distress. Person-centred care is so important. When you spend time with people, you get to know their verbal and nonverbal communication." The staff member then described how the staff team worked with people and relatives to gather information about people's life history, hobbies and disability-related needs. This information was used to plan care and activities with each person to meet their individual preferences.
- People were supported to practice their faith if this was important to them. Staff spoke with people and relatives about any needs associated with faith or culture. For example, one person was supported to get a weekly online newsletter from their own country. The person told us this helped them to keep up to date with news that was culturally relevant to them. This was documented in care records, and we saw evidence that people were supported with these needs.

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 were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information format and communication needs were met for individuals. For example, large print and easy read information was available to people to ensure they had information about their care in ways they could understand.

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

- People and relatives felt supported to take part in the range of activities available at the home. The staff team supported people to take part in a wide range of group and individual activities, depending on people's preferences. The activity coordinator worked with staff to ensure everyone had the opportunity to try activities that they might enjoy. Staff described how activities were planned to meet a wide range of needs, including people's social, cultural, emotional and intellectual needs, and we saw lots of evidence of how activities were planned and delivered.
- Activities took place both within the home and in the local community. Staff also arranged for regular entertainment and visitors from the local community to come to the home. For example, there was a weekly fun sign-language class with a local playgroup. Staff said people do like this now they've learnt basic signs

and enjoy being with the children. This meant people were supported to remain active doing things that were meaningful and enjoyable for them.

- One relative said, "You can't fault the activities – they really tailor them to people." Another relative said "[My family member] is part of the poetry group here and really enjoys it. They also enjoy local schoolkids visiting. [My family member] was in the RAF, and really appreciates the local connections and opportunities to still be part of the RAF family. We have a visiting cadet group and local RAF former service personnel and they really enjoy being able to have these connections."

Improving care quality in response to complaints or concerns

- The provider had a system in place to respond to complaints and concerns. People and relatives were confident concerns or complaints would be dealt with.
- Relatives told us about regular meetings offered with the provider to discuss care and improvements in the home. We found these meetings were offered at different times to ensure relatives who worked still had the opportunity to attend.

End of life care and support

- People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives. People had advance care plans in place which included, where appropriate, records of their wishes about resuscitation. People and relatives were supported to discuss their end of life care, and staff knew how to support people and their relatives in the way they wanted.
- We found that some people's end of life care plans were basic and did not always have much person-centred information in them. We spoke with the manager and provider about this. They confirmed they were in the process of reviewing people's end of life care plans, and making improvements where needed.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider demonstrated a failure to ensure effective systems and processes were deployed to monitor and assess the quality and safety of the service and was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service did not have a registered manager in post and had not had a registered manager since our last inspection. Although the current interim manager, previous manager and provider's regional management team had implemented many positive changes, a lack of stable registered manager meant there was a risk that improvements would not be consistent. Having a registered manager provides longer term consistency in the quality of care, and the provider has not had a registered manager in post since January 2019. This means there is a risk the current improvements will not be sustainable in the long term.
- Relatives and staff spoke positively about the current management at the home. However, some relatives expressed concern about the lack of stability in managers. One relative said, "I feel slightly frustrated they've lost another manager. Hope they can really resolve this." Another relative said, "It's a bit disappointing that the recent new manager just left."
- At the time of this inspection, the service was being managed by an experienced interim manager from one of the provider's other services. The manager told us that they would remain managing the service until a new manager started, and there was a plan in place to have a thorough handover period with the new manager. The provider's regional management team confirmed with us that they were in the process of recruiting a new manager.
- The provider undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. This included a range of regular checks on all aspects of people's care, and the building environment. These audits had been shared with CQC by the provider in their monthly reports, and demonstrated that regular checks on the quality of care was resulting in improvements.
- There was a plan arising from audits to show what action was required and who was going to do it. Since the last inspection the provider had regularly shared their improvement plans with CQC. From reviewing these and looking at the evidence found on this inspection, we could see clear progress in all areas of care. For example, there were now enough staff on each shift to provide safe care. The monitoring of people's food and fluid intake had improved and people were getting enough to eat and drink.

- There was a business continuity plan in place which was detailed and included information about how to ensure provision of people's care during extreme circumstances. For example, if there was a fire or flood.

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

- Staff felt well supported by their colleagues and the provider's management team. One staff member said, "The provider is really good. There is lots of support from management." Another staff member described how they and their colleagues supported each other daily with the emotional aspect of care work. They showed me the resources they used to do this, and two other staff confirmed this really helped to focus on their positive work with people.
- The provider held regular meetings with all staff associated with the service to discuss quality of care and develop improvement plans for the service.
- The manager said that open communication with relatives was a focus since the last inspection. To improve this, the staff team had started a newsletter for relatives, and there had been several meetings with relatives to discuss the current management arrangements and plans to improve the quality of care. Relatives spoke positively about this with us.
- The manager and provider's senior regional director were open with the inspection team about where improvements had been made, and where there was still further work to do.

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 provider and manager had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.

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

- The provider and staff team had developed strong links with their local community. There were regular opportunities for people to go out, and for different groups in the local community to visit.
- For example, people and staff were currently taking part in a virtual world cruise. Each week the cruise went to a different country, and the week had various themed activities culminating in lunch at the Captain's table each Friday. The different countries were chosen with people, particularly with people who had visited or lived in different parts of the world. For the Friday lunch, people were encouraged to invite family members, friends and people from the local community. A relative said, "[My family member] has been enjoying the cruise experience. They've lived all over the world." We saw evidence of the different cruise activities, and how they encouraged people to reminisce and share important parts of their lives.
- The provider regularly sought the views of people, relatives and staff regarding the quality of the service. Staff said they felt well supported by the provider, the manager and their colleagues. Staff we spoke with had clear views about their role in supporting people they cared for. Staff felt able to make suggestions for improving the service and were positive about trying new activities with people to improve their quality of life.

Continuous learning and improving care; Working in partnership with others

- The manager and provider worked in partnership with outside agencies to improve people's care. Staff at the service were confident to liaise with other organisations to ensure people received a high-quality service.
- The service had an external quality audit from the local authority in December 2019 with positive feedback. This audit noted the positive interactions between people and staff, noting that staff had the skills and empathy to build positive relationships with people. The audit also found improvements in staffing

levels, care planning, liaising with external health and social care professionals and risk management. There were several action points from the audit, and on this inspection we saw the provider had acted on these to improve the quality of the service.

- Staff and the manager recognised when people's needs changed. They made appropriate referrals and met with health and social care professionals promptly to address this. This ensured people received the care they needed.