

Kathleens Lodge Rest Home Ltd

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Inspection report

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West Sussex
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Kathleens Lodge Rest Home is a residential care home providing personal care to 20 people in one adapted building. Care and support was provided to people living with dementia and other health care conditions. The service can support up to 20 people.

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

People's experience of using the service was positive. People told us they felt safe living at the service and observations confirmed this. One person told us, "We are like one big family here. We are treated well."

Quality assurance systems were in place, but these were not always effective in driving improvement and identifying shortfalls. For example, care plan audits failed to identify differences within documentation. We have a recommendation about the management and completion of audits.

People were supported to make decisions and they were helped to know their rights by staff. Staff received the training they needed to make sure they had the skills to support people's needs. There was an open culture, led by the registered manager who was described by staff as being approachable and supportive. People knew the registered manager, who often provided their support, and were relaxed in their company.

Medicines were well managed and safely stored and administered. Healthcare professionals were involved as needed and people were supported to maintain a healthy, balanced diet.

There were enough staff to make sure people's needs were met. Staff were also able to spend quality time with people chatting and enjoying each other's company. A dedicated activity coordinator was in post and a wide range of activities was available to promote people's wellbeing.

People and relatives said staff treated them and their loved ones kindly. All the interactions we observed were respectful and professional. People's dignity and independence were respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection:

The last rating for this service was Good (published 21 November 2017)

Why we inspected:

This was a planned inspection based on the previous rating.

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 consistently Well-Led.

Details are in our well-Led findings below.

Requires Improvement ●

Kathleens Lodge Rest Home Ltd

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:

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

Before, during and following the inspection visit we gathered information from a number of sources. We contacted the local authority quality team for their feedback and spoke with other professionals supporting people at the home, to gain further information. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with two visiting healthcare professionals and the registered manager (who was also the nominated individual). The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the provider, three members of care staff, one visiting relative and nine people living at the service. 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.

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

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at training data, team meeting minutes, business continuity plan, competency assessments, service user guide and surveys and questionnaires. This information was emailed to the inspection team after the inspection.

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 and appeared comfortable in the presence of staff. One person told us, "This is the best place I've ever been, they look after me just right." A relative told us, "I think Mum is very safe and happy here. There's always staff around keeping an eye on what's going on."
- There were systems and processes in place to safeguard people from the risk of abuse. Staff had received training on safeguarding and understood the signs and symptoms of potential abuse. One staff member told us, "It could be bruising, emotional abuse. They could present as withdrawn or frightened. It can also include financial abuse, they might be anxious about money."
- Safeguarding incidents had been reported and investigated thoroughly with the local safeguarding team.

Assessing risk, safety monitoring and management:

- People were protected from the risk of harm. Staff understood the individual risks posed to people and guidance was in place around risks relating to hydration, epilepsy, diabetes and bathing.
- Care and support was provided to some people who could display behaviours which challenge. Staff understood and recognised people's triggers and provided proactive care to prevent a situation from worsening. The registered manager told us, "One person can become confused and anxious after lunchtime, advising that they want to go home. Staff will take them to the bus shelter in the garden and look at the bus timetable together. This helps to alleviate their anxiety."
- People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.
- Environmental risk assessments were in place and the provider worked in partnership with the local fire service who provided fire training, drills and evacuation practice.
- A business continuity plan provided information and guidance in the event of the service being unable to operate.

Staffing and recruitment:

- People were supported by staff that had been recruited safely. This had included obtaining and verifying references and completing criminal record checks to ensure suitability of new staff in working with adults at risk.
- The provider used an assessment tool to identify the number of staff required to meet people's assessed needs. People, relatives and staff felt staffing levels were sufficient. One person told us, "I love it here. Everyone is kind and helpful. There's always one of the girls around to help you if you need it." A relative commented, "You never have to search for staff."
- Throughout the inspection, we observed that staffing levels enabled staff to provide one to one time with

people but also to support people when they displayed signs of becoming distressed or anxious. For example, one person after lunchtime began to display signs of agitation. Staff noticed immediately and provided distraction and support to the person.

- The registered manager told us that agency staff were being used on occasions whilst recruitment was ongoing. Where agency staff were required, the same staff were requested to ensure continuity of care. On such occasions, a personal profile was obtained, and agency staff received an induction.

Using medicines safely:

- Guidance produced by the National Institute for Health and Care Excellence (NICE) advised on the importance of regular medicine reviews for people living in care homes. The registered manager confirmed that people were regularly supported by their GP and pharmacy to review their medicine regime.

- One person was prescribed an antipsychotic medicine. Guidelines produced by NHS England and NICE advise that this medicine should be reviewed after 12 weeks of administration and if possible, stopped. This individual had been prescribed this medicine for seven months. The registered manager confirmed that they had been monitoring the side effects of the medicine and would contact the GP for a review of the medicine.

- Where people were prescribed anti-psychotic medicines on an 'as required PRN' basis, staff recognised the importance of administering the medicine as a last resort. Whilst formal PRN protocols were not in place, staff were clear of the steps to take before administering the medicine and sought approval from the deputy or registered manager before administering the medicine. Medication Administration Records (MAR charts) demonstrated that these medicines were not administered on a regular basis. Subsequent to the inspection, the registered manager provided copies of PRN protocols that had been implemented and shared with the staff team.

- Staff carried out medicines audits regularly, ensuring that out of date and unused medicines were removed and that the medicines stored were all currently prescribed for people and in use.

Preventing and controlling infection:

- People were protected from avoidable risks of infection as staff had completed infection control training. We observed the home and equipment were clean and in good order.

- There was a dedicated housekeeper working systematically to clean all areas of the service on a managed basis and they were available to respond to any occurrence as needed.

Learning lessons when things go wrong:

- Lessons were learned if things went wrong in the home. The registered manager audited accidents, so that repeated similar accidents could be assessed and where possible, the staff could make relevant changes.

- Following a safeguarding concern, the registered manager worked in partnership with a local hospital's admission matron to implement a dehydration tool to manage people's hydration and prevent the risk of dehydration related hospital admissions.

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:

- Before admission to the home, the registered manager undertook an assessment of people's individual needs to ensure these could be met, including any specific equipment that may be required. The registered manager was in the process of reviewing their pre-admission assessment in line with their sexual and relationships policy to ensure the assessment fully considered people's sexuality.
- Assessments included the use of a range of recognised tools, such as malnutrition universal screening tool (MUST), to assess people's risk of malnutrition.
- People and their relatives were positive about the care received at Kathleen's Lodge. One person told us, "Yes, this is my home, I am very happy here. They look after everyone very well."

Staff support: induction, training, skills and experience:

- Staff received the support they needed to carry out their roles effectively. Training was specific to the needs of people using the service. For example, training on dementia care and diabetes was provided.
- Staff spoke highly of the training provided. One staff member told us, "The training on dementia was really good. I learnt the importance of empowerment and enabling people living with dementia to make their own choices."
- Staff felt supported within their role and received regular supervision and appraisals. New staff received a structured induction program which followed the Care Certificate. This is a competency based training programme to give social care staff the skills they need.

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

- People and their families consistently spoke positively about the food. One person told us, "The food is really good, I've just had a big plate of fish and chips, my favourite. There's always lots to go around and you can have more if you want it." We observed people receiving well balanced meals and having cold and hot drinks available at all times.
- The provider operated a four-week rotating menu and people were regularly asked for their feedback on their menu alongside suggestions for future menus.
- Unexplained weight loss or gain was monitored and staff sought appropriate advice, where needed. For example, one person was refusing to eat and had lost weight. Staff identified that they might be experiencing problems with their teeth and organised a dentist appointment for them.
- Staff monitored people's nutritional intake to monitor for any changes in appetite.
- Mealtime was a sociable experience for people. The menu was on display in pictorial format and tables were laid with brightly coloured placements to aid orientation. Music was softly playing in the background and condiments were available for people. Staff and the chef checked with people if they were happy with

the meal. When people had finished what was on their plate, they were offered a further portion which many people accepted.

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 to maintain good health and had access to healthcare services. One visiting healthcare professional told us, "The staff know people well and are good at raising concerns."
- Prompt referrals were made to healthcare professionals and staff recognised that a change in a person's behaviour could be due to constipation or urinary tract infection (UTI).
- The registered manager and staff team worked in partnership with the local community matron, admission's nurse and community mental health team. We saw that people's health was monitored and proactive steps were taken to ensure people could live the healthiest lives possible

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

- Guidance produced by the Social Care Institute for Excellence advised on the importance of dementia friendly environments. The registered manager had considered people's needs in relation to their dementia and the environment. Signage was available throughout the service to orient people. Memory boxes were displayed outside each person's bedroom to aid orientation and recognition. (Dementia memory boxes are boxes that contain an item or items that are meaningful in some way to a person or environment.) People's bedroom doors were in the process of being painted a colour of their choosing to also aid orientation.
- In the garden, a small dementia village had been built. The registered manager told us, "We involved people in the planning of the village. What shops they used to go to and what they would like. With people's feedback, we decided on a post office, tea room and haberdashery." Staff spoke highly of the village and the impact on people. One staff member told us, "The shops are always open and one person enjoys going to collect their pension. One person loves going shopping for wool and in the summer, most people are out every afternoon having afternoon tea at the tea room."

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the importance of seeking consent and empowering people to make their own decisions. Throughout the inspection, we observed staff gaining day to day consent and providing people with choices regarding what they would like to do, eat, drink and wear.
- Where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the

authorisation were being met.

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 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 engaged with people with kindness and compassion. Staff made eye contact with people when speaking to them and spoke clearly with a smile. Staff had spent time building rapport with people and took the time to talk with them in a friendly, kind and compassionate manner.
- People and their relatives were positive about the care and support provided. One person told us, "Everyone is kind to you, they are lovely girls, very helpful." Another person told us, "The staff are very kind, anyone will help you with anything. I am part of the furniture I have been here so long so I know them all, they are like family to me."
- Staff showed respect and regard for people's wellbeing and comfort. During the inspection, staff enquired how people were, if they needed any assistance and spent one to one time with people. Staff told us how they were concerned about one person who was presenting as unwell so the GP had been contacted.
- Staff had a good understanding of people's past histories and family which enabled meaningful conversation. With passion, staff were able to tell us about people's history and how they used that knowledge to promote meaningful interactions. With support from staff, one person told us about their working career and what they enjoyed about it.
- Staff actively promoted people's wellbeing and supported them to maintain contact with loved ones and also supported people to reconnect with people. Staff told us how one person spoke about their next-door neighbour with whom they had lost contact. Staff found the person's neighbour and reunited them. One person used to sing in a choir and spoke about their dream of singing in the choir again. Staff tracked down the choir group and they surprised the person at the service. The person then happily performed with the choir group.
- People's religious and spiritual needs were respected and upheld. Staff supported one person to maintain their religious beliefs and had created a book for them with Bible passages that they could read.

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

- People felt involved in decisions about their day to day care. Staff recognised and promoted the ethos of the service being a 'home from home'. Staff actively encouraged people to make decisions on how to spend their day as they would at home in the past. One person enjoyed making cups of tea for people, washing up and opening the front door to visitors.
- People had access to an advocate when they needed somebody independent to support them with decision making
- Relatives told us they were always kept informed of changes in the well-being of their family members. One relative commented, "They've always been good at letting me know how (person) is and if they think

she needs the doctor they are straight on it, no messing around."

- Relatives were involved in the design and review of people's care plans. One relative told us, "They are like one big family, I can't fault them. We were involved when they set up (person's) care plan and I think they've got things just right."

Respecting and promoting people's privacy, dignity and independence:

- People were treated with dignity and respect and their privacy was supported by staff. One person told us, "They are lovely to you here, they are all marvellous. I do not know what I would have done without them. They cannot be beaten here. I like to watch the telly in my own room and they let me do that. I have all my things there, they don't interfere with me. It's my choice."
- Staff recognised the importance of respecting and upholding people's dignity. During the inspection, staff noticed that one person had spilt tea down their top. Discreetly the staff member offered to help change their top before the stain spoiled it. The person accepted the assistance and had a laugh with the staff member about the spillage.

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 received care and support that was personalised to their individual needs, wishes and aspirations. This had a positive impact on people's health and wellbeing and helped them to live fulfilling lives. One relative told us, "They really think about the person and what makes them happy or upset and they pull out all the stops to help them. I think they have some really good staff. Nothing fazes them."
- Care plans were personalised to the individual and included key information on their likes, preferences and hobbies. Guidance was available on how they enjoyed spending their day and what was important for them. For example, one person's care plan identified that they enjoyed chatting and laughing with others.

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.

- Staff recognised and identified people's communication needs. Staff told us how they observed body language and how some people required clear and simple instructions. The registered manager told us that they were implementing communication assessments and, based on that assessment, a communication care plan.
- Care plans included guidance on whether people needed glasses or hearing aids and how they needed to be maintained. Pictorial information was displayed around the service for people with sensory impairment.
- Staff recognised where people may benefit from large text or pictorial aids. For example, staff identified that one person's eye sight was deteriorating and identified the need for large text so they could continue reading their books.

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:

- A dedicated activity coordinator was in post and people had access to a wide range of activities. The provider had signed up to an online resource forum which provided access to a wide range of meaningful activities for people living with dementia. The activity coordinator told us that the activities and ideas provided by this forum tried to emphasise issues that were current in order to enable people to feel connected to what was happening in the wider environment.
- On the day of the inspection, people were being supported to make flowers and messages to hang on their tree for Father's Day. The activity coordinator told us how this activity drew on people's memories on

what their father did and also encouraged further memories.

- Staff maintained a record on the activities people had participated in and whether they enjoyed it or declined to participate. These records enabled the registered manager and activity coordinator to evaluate the provision of activities. For example, whether they were meeting people's needs, promoting their wellbeing and also where it highlighted risks. Staff identified that whilst painting, one person had tried to drink the water that the brushes were washed in.
- Evaluations took place regularly to ensure activities promoted people's quality of life. For example, during the evaluation for one person, it was identified that they enjoyed cooking. To further enhance their experience, staff recognised that they enjoyed chocolate and organised for a chocolate cooking session.
- Where people chose not to engage with group activities, measures were in place to mitigate the risks of social isolation. Staff spent one to one time with people along with the activity coordinator. Meaningful objects were available throughout the home for people to engage with. During the inspection, one person spent time looking at a history book. They told us that they enjoyed reading about the Royal Family. Another person told us, "You can choose whether to join in or not. I like it when they bring the dogs in but I like to do my knitting."
- Staff recognised and understood the importance that toy animals and dolls could bring to people. One staff member told us how one person interacted and engaged with a toy doll which in return reduced their level of anxiety. During the inspection, we observed staff handing a person their doll and making a fuss of the doll. The person was observed smiling and interacting with the doll throughout the inspection.

Improving care quality in response to complaints or concerns:

- People and their families were aware of the complaints process and felt if they raised a concern appropriate actions would be taken. A complaints policy was in each person's room which included details of external agencies people could contact if they felt their complaint had not been dealt with appropriately.
- The provider had systems in place to record and respond to complaints appropriately. Where concerns were received, these were taken seriously and investigated ensuring any corrective action could be taken to make improvements to the service.
- We observed during our inspection that the registered manager was in daily contact with people and their relatives and were available to discuss their care and any concerns they might have.

End of life care and support:

- At the time of the inspection nobody was receiving end of life care at the home. Person-centred toolkits around future wishes and preferences were being introduced and discussed with people and their relatives. These considered people's wishes, spiritual care, preferred place of care and priorities.
- The registered manager explained what whilst the service does not provide nursing care, they would work in partnership with the district nurses to provide person centred care to someone at the end of their life. The registered manager told us, "This is people's home and we want to support them here. Unless we can't meet their need, we will do our utmost to care for them here."

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 now deteriorated 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:

- Quality assurance processes were in place. These included monthly care plan audits, medication, infection control and environmental audits. However, monthly care plan audits failed to pick up discrepancies with documentation.
- Mental capacity Assessments were in place. However, whilst some decision specific capacity assessments were in place, capacity assessments were also in place which considered four decisions within one assessment. The Mental Capacity Act Code of Practice advises that a capacity assessment should be completed for each time specific decision. The principles of the Mental Capacity Act were therefore not consistently being followed. We brought these concerns to the attention of the registered manager who agreed it should be one decision per capacity assessment. However, monthly care plan reviews failed to identify this shortfall. Subsequent to the inspection, the registered manager confirmed that they were reviewing all capacity assessments to ensure they were completed in line with legislation.
- One person's care plan referred to a diagnosis of type two diabetes. This was also reflected in their pre-admission assessment. Guidance was not available within the care plan on how the person managed their diabetes. The registered manager told us that the person's GP confirmed that they no longer had diabetes and this was also verified by the person's family. However, the monthly care plan audit failed to identify this shortfall and consequently the care plan was not reflective of their current healthcare needs. Subsequent to the inspection, the registered manager confirmed that the care plan had been updated and the reference to type two diabetes had been removed.
- Some people were prescribed medicines for the treatment of chronic constipation. Bowel monitoring charts were in place. However, these were not analysed to identify if the treatment remained effective. Constipation care plans were also not in place providing guidance for staff on the signs and symptoms of constipation. Whilst, care plans were not in place, staff were able to tell us that a change in behaviour could be an indication of constipation. However, for new members of staff or agency staff, this guidance was not readily available. These concerns were brought to the attention of the registered manager and action was taken during the inspection process. Guidance was implemented which included information on the signs and symptoms of constipation.
- Risk assessments were in place which covered areas such as diabetes and epilepsy. Whilst the risk assessment included some actions to manage the risk, these were not consistently detailed to enable staff to provide safe care. For example, one person's epilepsy care plan identified that the person was aware of their triggers which could cause the seizures. However, the risk assessment failed to expand on what these

triggers were. The registered manager confirmed the person had not had a seizure in years. Whilst the risk was low, the risk assessment and subsequently monthly reviews failed to ensure the triggers known were documented and whether the risk assessment remained accurate and reflective of how to manage the risk. Subsequent to the inspection, the registered manager confirmed that the risk assessment had been updated.

- For people living with diabetes, support was provided from the district nursing team where required. Risk assessments were in place but failed to consistently identify how to manage the risk. For example, one person's diabetes risk assessment referred to the importance of nutritious meals and administering medicine twice a day. The person was recently reviewed at an eye clinic where it was noted for them to control their blood sugar levels as much as possible, go for diabetes checks and to monitor their blood pressure. These actions were not reflected in their risk assessment or monthly review. Information was not available on how the service was working with the district nurses to ensure these actions were met. Staff told us of the actions they took to help support and manage the person's diabetes. However, these were not always recorded. Subsequent to the inspection, the registered manager supplied updated risk assessments and guidance received from the district nursing teams.
- The registered manager was responsive to our concerns and took action during the inspection process to review paperwork and amend risk assessments. However, the absence of a robust governance framework meant these shortfalls had not been identified earlier.

We recommend that the provider seeks advice and support from a reputable source, about effective governance and audits.

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

- The registered manager and provider promoted a positive culture and were dedicated to achieving good outcomes for people. Since the last comprehensive inspection in 2016, the provider had built a small dementia village for the service. People were involved in the design of the village and what shops they would like at the village. The Mayor attended the opening of the village along with family members. The registered manager told us, "It was a great day, a singer attended and held a garden party to celebrate the village."
- Staff spoke highly of the dementia village and how people's wellbeing had improved since the opening of the village. Staff told us people enjoyed going to get their pension, having afternoon tea in the tea shop and buying their wool and knitting equipment. One person told us, "I like it when we go outside and have our tea."

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:

- There was an open and transparent culture at the service. Staff spoke highly of the registered manager and confirmed incidents and accidents were used to drive improvement and learn from.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of significant events including significant incidents and safeguarding concerns. This ensured we could effectively monitor the service between our inspections. When needed, the management team provided information to us to help with our enquiries into matters.

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

- People and their relatives were encouraged to provide their views on the running of the service. Satisfaction surveys were sent out and the registered manager regularly met with relatives to discuss any

concerns or queries.

- Staff meetings were held to gain their feedback and discuss any practice issues. Staff told us they felt confident in raising any concerns and also felt able to suggest new ideas. Handovers took place in-between each shift to discuss people's individual needs and any concerns or changes in behaviour.

Continuous learning and improving care: Working in partnership with others:

- The registered manager and staff worked well with visiting healthcare professionals. Health and social care professionals confirmed the service worked efficiently and that staff knew people well.
- The service worked well with the local community matrons to avoid unnecessary hospital admissions. Where people had been admitted to hospital, reflective practice was used to see whether it could have been prevented.
- The service had built up links with the local community. School children from the pre-school next door to the service visited and local choirs visited to provide entertainment.
- Events throughout the year were celebrated. Staff and the registered manager told us that at Christmas time, the service was decorated in snow using a snow machine. A staff member dressed up as Father Christmas and the whole service was decorated. Mulled wine was provided and a pantomime show was enjoyed.
- The service worked in partnership with an organisation who provided guidance on activities for people living with dementia. The registered manager and activity coordinator were keen to continually improve the provision of activities and in 2018, the activity coordinator won the award for best coordinator of the year.