Onetree Estates Limited

Ashbrook Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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
Ashbrook Nursing Home is a care registered to provide nursing and personal care to older people, some of whom have dementia care needs. It is registered to accommodate and support up to 70 people. At the time of the inspection, 70 people were living at the home.

The home has three floors with adapted facilities and en-suite rooms.

People's experience of using this service and what we found
There were systems to protect people from the risk of abuse. Potential risks to people were assessed and monitored. However, some risk assessments required further development with more suitable guidance for staff, so they could provide safe care. Staff were recruited safely and appropriately. There were enough staff to meet people's care needs. Systems were in place to record and monitor accidents and incidents in the home. Medicines were managed safely and administered to people as prescribed. People were protected from the risks associated with the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed before they started to use the service. People were supported by staff who had received professional training and ongoing development. Staff worked with other health and social care professionals to ensure people were in good health.

People were encouraged to maintain a healthy balanced diet and were provided food and drink that met their preferences and needs. We have made a recommendation about improving the meal service experiences for people to make them more comfortable and enjoyable. Staff knew people who used the service well and they provided care and support to them in a kind and compassionate way. People were treated with respect and their views were listened to and their requests acted upon.

People received person-centred care. Care plans provided guidance on how to support people, in accordance with their choices and communication needs. People were offered a range of activities that were engaging and meaningful. People and their relatives were positive about the management team and could approach them with any concerns. Complaints were responded to appropriately.

People were positive about the care and support they received from staff and the management team. There was a positive culture in the home and equality, diversity and inclusion was promoted.

The provider had systems in place to assess, monitor and improve the quality and safety of the services provided. The home worked in partnership with services within the community to help maintain people's social involvement.

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 the service was Good (report published 7 August 2019).

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

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
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**

Ashbrook Nursing 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
The inspection was carried out by 1 inspector, a specialist nursing advisor, 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
Ashbrook Nursing Home is a 'care home' in which people 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.

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 but they were on leave on the day of our inspection. We were supported by the deputy manager and the operations manager, who was a representative of the provider to oversee the management of the service.

Notice of inspection

The inspection was unannounced.

What we did before the inspection
We reviewed the information we already held about the service. This included feedback from professionals and notifications. A notification is information about important events, which the provider is required to tell us about by law.

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 the care manager, the operations manager, the chief operating officer, 10 nursing and care staff, 3 members of domestic and laundry staff and 2 kitchen staff.

We carried out observations of people's care and support and spoke with 15 people for their feedback on the home and 4 relatives, who were visiting their family members who lived in the home.

We reviewed documents and records that related to people's care and the management of the service. We reviewed 9 care plans, which included risk assessments. We looked at other documents such as those for medicine management, staff training, staff recruitment, quality assurance and infection control.

After the inspection we spoke with the registered manager in a conference call to seek clarification and validate evidence found.

Requires Improvement

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 we rated this key question requires improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Risks to people's health and care needs were assessed and managed, although we found some risk assessments required more detail to ensure staff could provide people with safe and effective care.

● Risk assessments contained information about specific risks to people so staff could support them safely. These included risks related to people's skin integrity, nutrition and hydration, mobility, choking and the development of pressure ulcers.

● There were also assessments for bed rails, the risk of falling and for people's specific health conditions, such as people who were diabetic. However, for 2 people assessed as having the risk of epileptic seizures and who were prescribed medicines to treat epilepsy, there was a lack of detail in relation to what action staff should take should the person have a seizure. This could people at risk of harm. Some of the information was also generic and not specific to the person. We discussed this with the staff and after our inspection, the registered manager sent us confirmation that these risk assessments were reviewed, updated and personalised.

● We found most risk assessments contained useful information about other health conditions and how to manage the person's pain or symptoms. Some relevant information about people's risks, such as diabetic care plans, were difficult to find due to the provider transitioning from paper based records to electronic records. Staff were not able to locate some records when we asked for them but after the inspection the registered manager sent the information requested. They provided assurance that the information was available but had been misplaced.

● The provider maintained the safety of the premises and equipment. Staff carried out daily equipment checks such as blood pressure monitors, profile beds and sensor mats, to make sure they were safe for use.

● Gas, water, electrical installations, hoisting equipment and fire safety and alarm systems were serviced by professionals. Each person had a personal emergency evacuation plan (PEEP), in the event of a fire or other emergency.

● We did note some areas of the home had signs of wear and tear such as furniture. We also found one small section of the home to be cluttered which could prevent access to fire exits. We discussed this with the management team and immediate action was taken to de-clutter the area and remind staff to keep fire exits clear.

Using medicines safely

At our last inspection in July 2019, we recommended the provider follows best guidance of disposing of expired medicines and administration of some medicines. The provider had made improvements in this area.

● Systems and processes were in place to ensure medicines were received, stored, administered and disposed of safely. Unused medication was disposed of correctly with documentation in place.
● Staff involved in handling medicines had received recent training around medicines. However, we found in one instance, staff did not follow best practice around recording medicines after they had been administered to people. This could leave people at risk of being given additional doses incorrectly because the first dose was not recorded. The management team told us this was a one-off error and records showed daily audits and checks were carried out to ensure medicines were being managed safely. There was evidence of competency checks of all staff who had been trained to give medicines.
● After the inspection, the provider ensured the appropriate staff were trained and reassessed as competent to support people with their medicines.
● Staff ensured that medicines (including controlled drugs) were stored securely. The temperature in each room where medicine was stored was recorded daily and was always within the acceptable range for the storage of medication. The refrigerator temperatures were checked daily and they were always within the correct parameters.
● Staff provided person-centred medicines support. People had medicine care plans which all had recent photos of the person on them. There was information on how medicines should be given to each person, taking account of their personal preferences and abilities. There was also information on people who wanted to take their medicines at certain times, as long as prescribing information was being followed. People's allergies were made clear on medicine administration records (MAR). The MAR charts were completed correctly and were signed.
● There were protocols for medicines to be taken 'when required.' Topical MAR charts for topical medicines provided staff with information and body maps on where these medicines needed to be applied.
● Staff sought guidance from healthcare professionals about people's medicines and shared this information appropriately with all members of staff and the management team. This included medicines that could be administered to people covertly, if it was in their best interest.
● Medicine stock balances were calculated correctly to ensure all medicines were accounted for. The management team took action to resolve any discrepancies.

Systems and processes to safeguard people from the risk of abuse
● Systems to protect people from the risk of abuse were in place. These included safeguarding policies and procedures for people and staff to follow if they wanted to report a case of abuse.
● People told us the home was safe. One person said, "Yes, I feel safe." Another person told us, "Everyone here has been ever so nice, all very friendly and nice. They make you feel welcome."
● Staff had received training in safeguarding people from abuse. They could describe the procedures they would follow should they identify people at risk of abuse.
● We reviewed safeguarding notifications and alerts about the service. Records showed the registered manager took action to protect people from abuse and ensured the home complied with recommendations set out by local authority safeguarding teams.
● The provider had a whistleblowing policy for staff to report concerns to external agencies such as the local authority or the police, if they were unable to report concerns about people's safety to the provider.

Staffing and recruitment
● There were enough staff with the right skills and experience to meet the needs of people in the home.
● Staffing levels in the service were assessed by the provider, depending on people's needs within the home. Each unit in the home was managed by nursing staff and care staff and we saw them all on duty during our inspection. Agency staff were occasionally used to cover gaps in the rota. For example, staff sickness, and when additional staff were required to provide more intensive 1 to 1 support for people. Staff told us they supported each other and felt there were enough staff.

● People had access to call bells which they could press when they required assistance in their rooms. Records showed that staff responded to call bells within 2 minutes so that people could be supported without long delays.
● Staff were recruited by the provider appropriately. This included carrying out criminal background checks, reviewing their employment history and experience, obtaining references, proof of the applicant's identity and their eligibility to work in the UK. This ensured staff who were recruited were safe and suitable to support people in the home.

Learning lessons when things go wrong
● Incidents or accidents in the home were reported and analysed to learn lessons.
● The management team reviewed incidents and took action to keep people safe. They undertook an analysis of incidents and accidents to put in place measures to prevent re-occurrence in future. For example, if people were becoming more prone to falls and injuries, their risk assessments were reviewed.

Preventing and controlling infection
● The provider was preventing visitors from catching and spreading infections. People were admitted safely to the service.
● Staff used personal protective equipment (PPE) effectively and safely and told us they had sufficient PPE for their use.
● The provider was accessing COVID-19 testing for people and staff when required.
● Safety through the layout and hygiene practices of the premises was promoted. The home was clean, and regularly sanitised.
● The provider's infection prevention and control policy was up to date. There were processes to make sure infection outbreaks were effectively prevented or managed.

Visiting in care homes
● The provider was facilitating visits for people living in the home in accordance with the current guidance. Visitors attended the home daily.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

● People's nutritional and hydration needs were met to help them maintain a balanced diet and their health. They had nutritional care plans which set out how they required their meals to be served and how best to support them.

● We observed lunch services on 2 different floors and saw they were well managed with staff supporting people with their meals. There was a pleasant, relaxed atmosphere and people were given as much time as they needed to eat and drink. Some people were assisted with eating in their rooms and this was done with patience. People were given the choice of 2 meals and were presented with each meal as a way of providing them visual choice.

● Although people were supported well, it was apparent that some aspects of the meal service could be improved. For example, menus were not always visible for people and were quite small. Some people ate from a chair with an attached table, instead of on a dining table. One person's attached table was uneven and at a tilted angle. This was reported to staff immediately who adjusted the table.

● Pop music played continuously in all the lounges. The sound levels in some parts of the lounge were loud and we noticed some people were unable to speak with each other. We suggested that some people may also not be familiar with the music that was played.

We recommend the provider explores best practice guidance around meal time experiences for people in large care homes.

● People were supported to drink plenty of fluids. Staff maintained fluid charts to check people were maintaining their hydration with water and other fluids. When there were concerns about people's food and fluid intake or weight, records showed they were referred to other health professionals such as speech and language therapists (SALT), dieticians or their doctor.

● People told us they were provided meals they liked to eat but could also ask for a different meal, should they change their mind about what they wanted to eat on the day. One person said, "Yes, very good I had dessert too."

● People's nutritional requirements and risks were assessed. For example if they had any allergies, if they required their food to be softened or pureed to prevent choking or if they had controlled diets. The kitchen staff knew of this information and prepared meals according to each person's specific needs.

Staff support: induction, training, skills and experience

● Staff were supported by the provider to develop their skills and experience with an induction to the home,

regular training, appraisals and supervision to support people safely and effectively. Training included a combination of online and practical courses.
● New staff and existing staff received refresher training to update their knowledge. Staff told us the training was helpful. One staff member told us, "I have received the training I need to do my job and care for the residents."
● Training topics included infection prevention and control, medicine administration, safeguarding adults, dementia awareness, mental health awareness, moving and handling and fluids and nutrition.
● We observed how staff responded quickly to one person who seemed distressed. Staff sought to understand how they were and used positive de-escalation techniques to support the person. This demonstrated staff had the right skills to support people.
● Staff told us they were supported in their roles by the registered manager. They told us they had opportunities to discuss their work, their performance and any problems with the management team. Records showed staff received supervision in which they had opportunities to discuss their work, their performance and any problems.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they moved into the home. The assessment helped the management team assess and determine if the person's needs could be met and the environment was suitable for them.
● People's preferences, risks and choices were discussed with them and their relatives so they could receive effective care that led to good outcomes.
● Pre-admission assessments contained details of people's backgrounds, health conditions, mobility, their mental capacity and their equality and diversity needs.

Supporting people to live healthier lives, access healthcare services and support; working with other agencies
● People's health and wellbeing was monitored. They were supported to maintain their health and accessed other services such as the local doctor's surgery, hospitals, SALT teams and physiotherapists when they required treatment. Records showed people attended health care appointments. Care plans included the contact details of health professionals or agencies involved in their care.
● The staff and management team worked well with health professionals to ensure people were in the best of health. The GP from the local surgery visited the home weekly to check up on people's and health and ensure they were getting the right treatment.
● For people cared for in bed or who required their position to be changed to prevent pressure ulcers developing, there were documented hourly checks or position changes. If there were concerns about people developing pressure ulcers, staff sought guidance and advice from Tissue Viability Nurses (TVN) so that people could be supported safely and correctly.
● People's continence levels were checked and staff also checked that the correct continence aids were in use. Their weight was monitored regularly as part of their health checks. There was a system to ensure that people with urinary catheters had the dates that catheters needed changing were readily available for staff to prevent infections or other complications.
● Staff told us they ensured people were in the best of health by carrying out regular checks. Staff were able to identify if people were not well and knew what action to take in an emergency.

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.

● The service followed the principles of the MCA. People's ability to consent to decisions made about their care was assessed and recorded. Records showed if people required decisions to be made in their best interest.
● The registered manager applied for DoLS authorisations to ensure they were in place for people whose liberty was being deprived. Records showed specific conditions applied to people's DoLS by the local authority were being met by the service.
● Staff had received training in the MCA and told us they asked for people's consent at all times before providing them with support. We found staff had a good understanding of the principles of the MCA. A staff member said, "I must respect people's capacity to make decisions and ask for their consent before I support them."

Adapting service, design, decoration to meet people's needs
● The design of Ashbrook Nursing Home met people's needs appropriately. The home was located within a residential area and access to local shops, services and public transport links was available. There were areas of open garden space for people to walk around and they were easy for people to go in and out.
● There were appropriate features for people with dementia such as stimulating pictures and items on the walls and coloured fittings, such as hand rails, so that they were clearly visible and easy to grasp. A sensory garden had recently been installed for people to enjoy.
● People told us they felt comfortable and safe in the home. They were able to personalise their rooms with items of their choosing. The home was clean and hygiene was maintained to prevent odours.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection 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; equality and diversity

- People and relatives were positive about the staff and told us they were kind, caring and respectful. People told us they were well treated and knew the staff. One person said, "Everyone here has been ever so nice, all very friendly and nice, they make you feel welcome."
- Staff told us they had got to know people well and had developed positive relationships. A staff member said of one person they supported, "I think the world of [person]. [Person] lets us all know when they want something. I respect [person]. Everyone here has a story to tell."
- People were suitably dressed for the day and their personal care needs were met. We observed staff engaging with people politely and patiently. There were warm and caring interactions between them. We saw that time was taken to chat with people, rather than just carry out tasks.
- We noted that staff knew a lot about people's histories, families, likes and dislikes. They worked with people according to this knowledge for the benefit of those in their care. Some people required 1 to 1 support from staff, meaning a staff member was with them at all times and we found there was positive and appropriate interaction between them. A relative told us, "My [family member] is well looked after. The staff are lovely."
- People's protected characteristics such as their gender, race, religion and sexuality were understood, respected and recorded in their care plans. People were supported to practice their religion. One person said, "Staff are brilliant, they really know how to care. I lost my [family member] to COVID, and the staff supported me through it. On the day of the funeral, they helped me release balloons in [family member's] memory and played their favourite Gospel music".
- Staff had received training in equality and diversity. They told us they respected people as individuals with their beliefs and would challenge forms of discrimination. A staff member said, "I would not judge anybody on their beliefs, sexuality or colour. Their choices are their own business. I support people equally."

Respecting and promoting people's privacy, dignity and independence

- Staff told us they were mindful of people's privacy and dignity and made sure doors and curtains were closed when providing people personal care. Staff told us they understood the home's confidentiality policy and did not put people's personal information at risk by sharing it with unauthorised persons.
- Care plans contained information about people's levels of independence and daily living skills. For example, their ability to carry out some of their personal care themselves or walk independently.

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

- People and their relatives were involved in decisions about their care. There was a collaborative approach

between the management team, relatives, people and staff towards ensuring people received the type of care they wanted.

● People confirmed they could express their views and make choices. We observed staff to be respectful in their approach to people. Staff told us they always offered people choices about their day to day care and how they spent their time. For example, we saw that staff offered residents tea, coffee and a choice of fruit squash throughout the day. One person requested a glass of milk, and this was provided.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 received person-centred care that met their needs and ensured they had choice and control of how their care was delivered. People were supported to achieve good outcomes and care plans, which documented their preferences, were personalised.
- People and relatives told us staff and managers were responsive and acted upon any issues or concerns. One person said, "I could find someone to speak to if I needed to."
- Care plans contained information about people's daily care needs, for example in relation to their mobility, personal care, nutrition and hydration, medical conditions, continence, communication and mental capacity. However, the provider was in the process of transitioning from paper to digital documentation. This meant not all care plans were consistent and made it difficult for nursing staff and care staff to be able to find specific information we requested on the day of our inspection.
- After the inspection, the registered manager provided us the information we had requested. They told us, "I have addressed with the team where to attach medical condition care plans and we will continue to provide further training for nurses on the new system. I will also address this issue at the weekly clinical meeting with the nurses."
- Care plans were reviewed and updated with any changes to people's preferences or health.
- Staff told us they communicated with each other to ensure people received the support they needed. Handover meetings took place between shifts so staff could update incoming staff of how people were and any issues.

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 were supported to take part in activities and to ensure they avoided feeling isolated. There was a programme of activities for people that were socially and culturally relevant and to help with everyday stimulation. The schedule showed that there were 2 activities per day. An additional monthly event poster showed a selection of activities were available such as coffee outings, seaside trips and picnics.
- On the day of our inspection, 10 people were supported to go to the seaside with staff, which had been planned in advance. The home also provided other entertainment such as professional singers, raffles and bingo games. People told us they enjoyed the activities.
- The provider supported people to develop and maintain relationships with others such as family and friends to avoid social isolation. We saw relatives visiting people throughout our inspection.

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 set out in their care plans. For example, if people required support to verbally express their thoughts, guidance was in place for staff to follow. Staff told us they knew of people's communication needs.

● The provider could supply information to people in easy read or pictorial formats to help them understand what the information was trying to say, such as activity planners and menus.

Improving care quality in response to complaints or concerns

● The provider instilled improvements to the home following complaints. A procedure was available should people wish to make a complaint if they were not satisfied with their care. Complaints were logged and the procedure for responding was followed.

● The registered manager investigated all complaints within the timescales set out in the complaints policy and provided people and relatives with an outcome for their complaint. The registered manager apologised for any errors or poor practice, and took action to resolve concerns and make improvements.

End of Life care and support

● People's wishes for end of life care and support were explored and respected in the event of changes in their health. Staff had the knowledge and skills needed to deliver quality care to people nearing the end of their lives. End of life care plans were in place to record people's wishes for their support.

● Where applicable, people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. The home received support from the local GP to ensure these were in place with people's consent.

● The home had support systems in place to provide people with end of life or palliative care. This included making sure anticipatory medication prescribed for people considered close to the end of life was available.

● The home had established a positive relationship with palliative care staff from the hospital and the hospice. Staff also took time to visit people on end of life care when they were not working to provide additional support.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- The provider had quality assurance systems in place to monitor the safety of the home. The home was well managed and the systems were mostly effective.
- The registered manager carried out audits and risk assessments to ensure the quality and safety of the home was being maintained. These included audits and assessments for infection control, fire safety, medicines, care plans, accidents and incident reports and staff training. However, we identified areas that could be improved that were not initially found by the management team. For example, although medicines were managed safely, on the day of our inspection, staff had not signed they had administered medicines to some people in the home. Records showed this was not a regular occurrence and was likely a one off incident but the issue was spotted by the inspection team. Staff also struggled to find information we requested and we found some care plans and risk assessments lacked sufficient detail to ensure staff had guidance on how to support people effectively.
- The management team took action to resolve these issues and shortly after our inspection, the registered manager provided assurance and evidence they had implemented systems to improve the areas identified. They were also aware of ongoing issues that required action, such as preventing people's items going missing in the laundry. The operations manager had recently carried out an internal inspection of the whole home and had identified actions for the registered manager to address. We saw these were in progress.
- There was a clear management structure. The registered manager was well supported by the care manager, nursing staff and the provider. Representatives of the provider, such as the group operations manager, attended the inspection to support staff, in the absence of the registered manager.
- The registered manager was highly regarded by staff, people and relatives. A staff member said, "The manager was really supportive of me when I first started and made allowances for my needs." Another member of staff said, "The manager is friendly, and a very good manager."
- Records showed daily meetings took place between the registered manager, care manager and senior staff to provide updates and discuss each person in each unit in the home. The registered manager also met and consulted with the chief operating officer and the operational manager to go through any issues and obtain continuous support to manage the home.
- Staff told us they were clear about their roles and responsibilities. Staff meetings were used by the management team to share important information and discuss any issues. Topics included medicines, safeguarding, care records, supervision and training. The management team also reminded staff of their responsibilities to be professional and treat people with respect, so they could receive a good standard of care.

● The registered manager had a system for continuous learning to help drive improvements in the home. Audits and meetings with senior staff were used to identify trends, analyse data and develop learning outcomes. For example, analysing the reasons and factors that caused people to have repeated falls. ● Safeguarding concerns were also assessed to learn lessons, for example ensuring that nursing staff document they have spoken to people about pressure ulcers and reminding staff to be more vigilant of people's personal items that could go missing.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;
● People received care that was person-centred, inclusive and empowering. The provider had established a positive culture in the home. One person said, "No negative comments from me, the staff work hard it's a tough job."
● People told us staff were compassionate and caring towards them. 'Thank you' cards and written compliments were received from people and relatives. A relative told us, "I couldn't ask for more, the staff really do care."
● Staff felt supported and encouraged by the registered manager to perform well and told us there was an open-door policy so they could approach the management team with any issues. A staff member said, "It's a nice place to work. The managers are lovely. So approachable, and they listen. They make time for you." For example, we found that night staff had raised some concerns they had about their working patterns and action was taken by the registered manager to ease any pressures they faced.

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
● Providers and registered managers have a legal responsibility to notify the CQC of any allegations of abuse, serious injuries or incidents involving the police.
● The registered manager was open and transparent with people and relatives when things went wrong. They also notified and liaised with the local safeguarding authority and the CQC regarding concerns of abuse.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and relatives were engaged with the home. The registered manager ensured they were kept informed and updated of changes in the home and with regard to complaints.
● The management team including activity coordinators held meetings for people so they could ask questions or voice any feedback. Items discussed included trips, outings, activities, entertainment, food menus and other events that were to be held in the home, such as a King's Coronation party. Minutes of the meetings showed people's feedback was being listened to.
● People's equality characteristics were considered and recorded in their care plans. The culture and values in the home meant that equality, diversity and inclusion was promoted and discussed as an important topic in meetings.
● The provider sent out surveys and questionnaires to people, relatives and professionals for their feedback about the home. The feedback was analysed to make adjustments and improvements to the home.

Working in partnership with others:
● The provider worked with local services, such as schools, charities and social care agencies to help involve people in activities.
● Staff worked with health professionals, such as GPs and pharmacists to maintain people's health and wellbeing.

● The provider and registered manager kept up to date with new developments in the care sector and shared best practice ideas with the service.