

Westgate Healthcare Limited

Kingfisher Nursing Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Kingfisher Nursing Home is a residential care home providing personal and nursing care to 19 people aged 65 and over at the time of the inspection. The service can support up to 22 people.

The home is purpose built and is arranged over one level.

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

People were at the very heart of this service and the staff team were highly motivated, dedicated and committed to provide compassionate care for people. Feedback from people and their relatives was exceptionally positive.

A culture of positivity and inclusivity was found throughout the home. The management and staff team worked tirelessly to find ways to ensure people experienced the best care and support as possible and to improve the quality of the service provided. The staff team demonstrated a 'can do' attitude to care which meant that opportunities for engagement and activity were created around people's individual wishes. People were supported and encouraged to continue with interests they had prior to moving into the home and to experience new things to enhance their feeling of wellbeing.

People were treated with compassion, kindness and respect at the end of their lives. People's relatives praised the staff for their empathy and support, both for the person and for their families when people reached end of life. People's specific wishes regarding end of life were acted upon with dedication and commitment. The registered manager consulted with people and staff about decisions made in the home, it was clear that any changes made were centred around, and driven by, people's wishes, health and wellbeing.

The service was exceptionally well-led. The registered manager continued to build on the culture of openness and transparency. There was an open and honest approach when further improvements were needed. Staff felt listened to, they said their opinions were valued and they felt truly supported both as staff members and as individuals. The registered manager's open and supportive style of management empowered the people who used the service and the staff team.

The provider's robust quality assurance systems promoted high quality care and helped to ensure that people received a safe and effective service that was caring and met all their needs with an holistic approach. The registered manager maintained a strong influence on people receiving excellent care and support by ensuring reflective practice opportunities were provided for staff. These were very effective in putting actions in place and learning into daily practice.

People were protected from the risk of abuse. Staff were trained in recognising and reporting any concerns. The provider operated a robust recruitment procedure to help ensure staff were suitable to work at the home. There were enough skilled and competent staff on duty to meet the needs of the people using the

service. Risks to people health and wellbeing were assessed and care was planned to remove or reduce the level of risk. People received their medicines from staff who were skilled, and competency assessed to safely administer medicines. The environment was pleasant and bright creating a clean and fresh place for people to live.

People's needs were assessed so that they could receive the care and support they needed. Staff received the training they needed to support people's diverse needs. People were supported to eat and drink a balanced diet which met their needs and individual preferences. People were supported to maintain good health and prompt referrals were made to external professionals when health needs changed, or people became unwell. 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 24 April 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Kingfisher 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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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 inspection

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

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including a representative of the provider's senior

management team, the registered manager, a nurse, an activity worker, care workers, domestic staff, catering staff and admin staff. 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 two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 felt safe living at the home and with the staff who supported them. People looked totally relaxed and comfortable with staff and management alike. A person told us, "I feel safe knowing there is someone there all the time." A relative told us, "We are very happy, it is a good service. We have total peace of mind."
- Staff received training and understood what constituted abuse and knew how to recognise and report any concerns.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were assessed, and plans developed to manage or reduce risks. Risk assessments were kept under regular review to help ensure they remained effective in promoting people's safety.
- People had individual personal evacuations plans for in the event of an emergency such as fire. Staff had a clear understanding of the actions they would take to promote people's safety in the event of such an emergency.
- We observed staff using safe moving and handling practice when supporting people to transfer from a wheelchair to an armchair. People were supported to reposition to promote their skin integrity and bumpers were used where people required bed rails to avoid the risk of entrapment.

Staffing and recruitment

- The provider operated a robust recruitment procedure which helped to ensure only staff who were suitable to work with vulnerable people were employed.
- People, their relatives and the staff team told us there were enough suitably skilled and experienced staff deployed to meet people's needs.

Using medicines safely

- People told us they received their medicines when they needed them and in accordance with the prescriber's instructions. We observed nursing staff administering people's medicines in a calm and organised manner allowing people the time they needed to take their medicines safely.
- The provider had a robust audit system in place which meant all tablets in the home were counted and verified weekly. This helped to avoid the risk of medicine errors. Staff received training and had their competency to administer medicines regularly assessed by the registered manager.

Preventing and controlling infection

- The home was clean and fresh throughout. Staff had access to disposable gloves and aprons and used

these appropriately.

Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and reviewed by the registered manager and their team to identify any themes or patterns emerging so that preventative actions could be taken.
- Where things went wrong a full investigation was undertaken into how the issue had occurred and actions taken to prevent further occurrences. For example, a person who lived with diabetes had developed a foot ulcer. The outcome of the registered manager's investigation was that all staff were provided with additional training to gain a better understanding of this condition.

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

- People's needs and choices were assessed before they moved into Kingfisher Nursing Home to help ensure their specific needs could be met. This assessment covered all aspects of people's lives including health and support needs, lifestyle and cultural choices and preferences about end of life care. The pre-admission assessments were used to develop people's care plans. These provided staff with the information and guidance they needed to provide people with safe and effective care.
- A relative of a person recently admitted to the home told us, "The management team has supported the family brilliantly throughout the admission process." The person's relative went on to say, "It's been an emotional time, but we are so happy as [person] has clearly settled in really well."

Staff support: induction, training, skills and experience

- People and their relatives were confident that staff had the necessary skills and knowledge to meet people's needs.
- Staff told us about the robust three day induction they had at another of the provider's homes. Staff told us that the management team invested in them and they received support to undertake additional qualifications. For example, two staff members said they were being supported to undertake a National Vocational Qualification in management.
- The provider had a group training manager who undertook competency assessments of the staff team to help ensure people received good quality care.

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

- People received support to eat and drink sufficient amounts to maintain their health and wellbeing. People's weight was monitored at least monthly and unplanned weight loss was referred to the dietician through GP referral. People assessed as being at risk of poor nutrition or hydration were monitored and if concerns were noted support was accessed from the community speech and language team and the community dietician.
- People and their relatives told us the food provided was of a good quality. We observed a lunchtime meal and noted a pleasant hum of chatter as people happily ate their meals.

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

- The home was purpose built, accommodation was arranged on one level with wide corridors and light and airy communal spaces.
- In recent years the provider had undertaken significant redecoration works in the home which meant it was now an attractive environment that met people's needs.

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

- People said they received health support as and when they needed it. They told us the GP visited twice a week, but they could see them at any time if they were unwell.
- Staff worked with external professionals such as occupational therapists, speech and language therapists and tissue viability nurses for the best outcome for people who used the service.
- People's relatives were confident that people received the care and support they needed to maintain their health and wellbeing. A relative told us, "They look after [person] well. They ring me as and when they need to."

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 had received training about the MCA and understood their roles in promoting people's legal rights. Staff sought people's consent before helping them with any tasks.

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

- People, their relatives and external professionals told us people received good care from a dedicated and caring staff team. A relative said, "The staff are absolutely fantastic, they are really caring and take the time to sit and talk with people." Another relative told us, "They are all so good, it is not just one person. Everyone from the laundry staff, the nurses, the care staff and the management are so friendly and caring."
- A group of people were telling us about their care. One person said, "There are enough staff, they are all really kind." The rest of the group of people confirmed they all felt this way.

- People demonstrated a good sense of well-being, which indicated they were well looked after.

Throughout the day we noted an excellent relationship between the staff and the people who used the service. People were treated respectfully and given choices about all aspects of their day including what they did, when they did it, where they sat and what they wished to eat and drink. People were encouraged to do things in a kind and patient manner and staff members had time to spend interacting with people.

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

- People were firmly placed at the centre of how the home functioned. If any changes or new initiatives were being considered people had the final say. For example, if a new menu was being developed this was only done with people who used the service taking the lead and canvassing opinion from their peers.
- The service operated a 'Resident of the day' system where all aspects of people's care, accommodation and life in the home was assessed and reviewed to help ensure their continued satisfaction. For example, one person indicated that they were not enjoying the food. The registered manager met with the person to explore why and to discuss tasty options to encourage their appetite. In this instance the person fancied trying asparagus soup, the kitchen arranged this for them.

Respecting and promoting people's privacy, dignity and independence

- Throughout the day we heard all staff (including domestic staff, admin staff, nurses, catering assistant, care assistants and management) speaking with people as they passed through the home doing their roles. We heard a domestic staff member stop by a person's room and ask a visitor if they wanted a cup of tea. This friendly and inclusive approach demonstrated how staff respected that Kingfisher Nursing Home was people's home.
- A person moved into the home due to ill health which meant they were separated from their spouse of many years. The person told staff they were lost without their spouse. Staff supported the person to make sure the couple spoke with each other frequently and arranged for them to have dinner dates three times a week. A table was set in a quiet room with a peaceful atmosphere. The person told the team that they felt

they had been given their life back because they could enjoy quality time with their spouse.

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 now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People and relatives told us the care they received exceeded their expectations. They were cared for with compassion and warmth. Staff knew how important it was for people to maintain their social identity after moving into a home and they went out of their ways to ensure they took time to form relationships and get to know people well.
- People were supported by staff who were committed to providing good care and support. Staff achieved this by getting to know and understand people's specific needs and wishes. Throughout the inspection we heard staff interacting with people positively, sometimes having a laugh with people and other times giving people or their relatives a much-needed hug for comfort.
- To achieve this warmth and understanding the registered manager encouraged staff to spend time talking with people and really getting to know them. This was supported by initiatives including 'Friday Fika'. (Fika: a Swedish word meaning to make time for friends and colleagues, to share a cup of coffee or tea and something to eat.) Every Friday morning all staff, people and visitors took time to drink tea, chat together, and make time for each other including those people cared for in bed. People, relatives and staff told us they found this to be a lovely interlude in their day.
- People told us how much their life was worth living because they were involved in the running of the home and this increased their self-esteem.
- People were supported to have control in their home by undertaking various roles. For example, one person told us of their role as 'facilities inspector'. Their duties included checking to make sure radiators were on when needed and windows were closed. The person liaised with the maintenance team if they identified any concerns.
- Two people had the role of food critics. They were responsible for gathering feedback and liaising with kitchen staff if there were any concerns or suggestions. Another person had the role of home ambassador. They liaised with visitors to the home, showed new staff around and gave the management feedback about the suitability of applicants. The person also spoke with people and families considering moving into the home. People told us they were proud to do these roles as it made them feel useful and that they had a say in how things operated in their world.
- People's care plans were holistic focussing on the whole person, including their life experiences, wishes and aspirations. These included what people were able to do for themselves, where they needed support and how their independence could be maximised.

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

- Staff involved the local community to play an active part in enabling people to enjoy an active social life as they had done prior of moving into the home. For example, a nursery and children from the local primary school visited regularly to spend time with people. People told us they thoroughly enjoyed watching the children and hearing their laughter. Friday Fika was a popular time for the local community police support officers to visit the home and we were told of instances where other community services such as the fire service had also attended.
- Staff understood that the transition from independent living to moving into residential care could have a negative impact on people`s wellbeing. To help people through this transition, staff worked hard to create opportunities for people to continue doing the things they had previously enjoyed. For example, a person had been an active gardener all their life and had grown tomatoes every year. The staff team helped the person to continue to do this at Kingfisher. A vegetable patch was developed where pumpkins, flowers and tomatoes were planted. The garden gave the person a purpose and enjoyment as they tended their crops daily. The person said, "I like the garden and it is where I am the happiest. Growing tomatoes gives me a job."
- Staff went over and above their professional duties to make people happy. People were encouraged to identify wishes for something they wanted to do or enjoyed doing. No matter how big or small, the wishes were placed on a pretty, illuminated tree in the communal hallway for all to see. Many wishes had been granted such as budgies were now living in the communal lounge area, a fundraiser was held with money being donated to Parkinson's research at a person's request, a special meal was prepared for a person and a person was supported to visit the grave of a loved one.
- People's relatives also became involved with the wish tree. For example, a person had been a typist in their previous life and indicated they would like to type again. A relative had spotted this on the wish tree and donated an old typewriter. Staff told us the person's face lit up when they saw the typewriter and they were so happy to be able to type again.
- Various opportunities for engagement were provided in the home based on people's individual wishes. These included, animal experiences, private dining opportunities and outings to places such as garden centres and children's nurseries. For example, in arts and crafts sessions people painted small rocks to look like ladybirds and signed on the bottom, 'made by residents of Kingfisher Nursing Home'. The rocks were hidden around a local park for children to find. A person said, "It is fun, I hope the children like them."
- People were encouraged to develop and maintain relationships with people that mattered to them. The home had embraced a national initiative, 'Postcards of Kindness' which asked people to send postcards to residents of care homes, with the aim of combatting loneliness and isolation and reminding people there's always somebody thinking of them. Postcards arrived from places such as South Africa, Isle of Wight, Italy, Spain and London. Some of these interactions had developed into pen pal relationships. One person who had connected with someone living in their home country said, how pleased they were to talk about, "Lots of great memories." Another person said, "Plenty of things going on for us to do. "

End of life care and support

- People had been supported to share their preferences regarding their care in their final days and these were clearly detailed within care plans. Specific training in caring for people nearing the end of their life had been provided to activity staff as well as care staff. A staff member told us, "It was a real eye opener to understand that everyone had a different response, wishes and needs at the end of their lives, such as wanting certain music, specific people or peace and solitude."
- Staff and the management understood how important it was to get things right for people in their final days. They ensured staff were able to provide additional support for people nearing end of life. For example, a staff member said, "We sit with people, hold their hands, massage their hands, brush their hair, read to people, play their favourite music. There are always staff passing by who pop their heads in and speak with people frequently during the day." A person's representative shared with the manager that the person felt

when staff left the room they were abandoning them. In response one-to-one support was arranged for the person so that they were not alone at this sensitive time.

- A person had expressed a wish to donate their body for medical research after their death. The person had no relatives to ensure their wishes were carried out. The registered manager and her team liaised with solicitors, the GP and the London Anatomy Office to ensure the person's wishes were carried out exactly as they had asked. Because the person did not have the opportunity for a funeral a party was held in their memory for friends, people and staff to share memories of this remarkable person.
- The home was supported by GPs and hospice services to help ensure people received appropriate care and support when nearing end of life.

Improving care quality in response to complaints or concerns

- The provider's complaints policy was clearly displayed throughout the home to help ensure people were supported to raise concerns.
- People and their relatives told us they would confidently approach the registered manager or any of the team if they had any concerns. However, they also told us there had been no need to complain. One person said, "What could I possibly complain about? The staff are lovely, the food is good, I am happy and content."
- Feedback from people and their relatives was used positively to improve people's experience. The registered manager told us in the provider information return (PIR), 'Listening to the feedback from the people using and visiting our service allows us to continually improve and to learn, we work hard to maintain a culture of care and support which enables people to feel able to voice their concerns to us.'

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 had specific care plans relating to their communication needs and how best to support them with this need. The home provided information in large print and had a selection of large print books.
- Staff told us about the various methods of direct communication they used to enhance communication with people such as lip reading and basic sign language. Staff had access to a computer tablet they used to assist with communication as well as to support people to watch videos, listen to music and do shopping.

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 improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider's systems and processes were set up to ensure people could be placed in the centre of their care. Their values and ethos were evidenced by the way staff supported people and echoed by people and relatives.
- People and relatives described the positive impact the registered manager and her team had on their lives. A person said, "We decide everything in this home. The manager makes sure we have everything we want whenever we want it." Another person said, "Everything is nice, the service is really good, staff are the best." Relative's comments included, "We are so pleased that [person] is here. The staff have been so thoughtful and friendly." Another relative said, "It is a good home, the staff and management are top notch and the food is excellent. It is really clean."
- The management and strong and effective leadership in the home were exceptional. Since the last inspection the leadership for the staff team and the outcomes for people had continued to grow and strengthen resulting in a highly positive culture. The registered manager was very experienced and their strong passion for delivering specially individualised person-centred care had spread throughout the staff team.
- Staff told us they were encouraged and supported to undertake additional training to support their learning and improve the outcomes for people. One staff member told us, "[Registered manager] leads from the front. She will pull up her sleeves and assist with anything needed. She is very supportive. She is like a friend, but we all know and respect the boundaries." Another staff member said, "[Registered manager] encourages us to take our ideas to her for involving and engaging the residents. She is so supportive."
- Staff said they felt proud to work at Kingfisher Nursing Home and were extremely proud of the care they provided for people at a difficult time of their lives. One staff member said, "We are encouraged to share any suggestions with [name]. They are then discussed as a team and implemented." Another staff member said, "I actually like coming into work."

Continuous learning and improving care

- The registered manager and provider had created a positive culture of reflection and continuous learning and development in the home. The registered manager supported staff to reflect on their practice and learn lessons when care did not go as planned. Staff completed a reflective account, and these were shared at team meetings.
- The management team supported staff to embrace challenge and change by learning. For example, two

staff members told us they were to embark on a recognised national qualification in management. They said the registered manager had undertaken to personally support them with this learning.

- Recent media reports indicated that there could be a future shortage of antibiotics to fight infections because of 'Brexit'. The provider chose to further strengthen their approach to infection control part of their 'Brexit' planning. They used innovative ways to train staff effectively in infection control procedures. They ordered a light box. The light box enables trainers to demonstrate correct hand scrubbing techniques. It will instantly highlight any defects and raises the awareness of potential hygiene problems.
- The provider was constantly looking to promote and improve meaningful interaction between people and staff both in communal lounges and during care provision. They introduced an initiative called 'Chatterbox'. A bright, colourful box of simple questions was put together to support the team (and visitors) to start easy and meaningful conversations with people. The cards were refreshed regularly to ensure conversations were kept flowing. Relatives, people and staff reported that this made a significant difference and they felt so much more personally connected to people as they have discovered common likes and many jokes and anecdotes from people's pasts.
- The provider promoted an ethos of personalised care where people's likes and dislikes were known to staff. To help staff learn people's likes and dislikes a colourful, short and simple 'About Me' book, was developed. The books, accommodating photographs as well as simple words, were placed by every bedroom door, immediately accessible upon entering the person's room. All staff, whatever their role, were encouraged to add things they learned about people helping to further improve staff's understanding. The registered manager shared a relative's feedback about this initiative, '[Person] can no longer communicate, so this is important to us knowing that you all know them as much as their loved ones do. The book speaks for what [person] can't say.'
- The provider and registered manager kept themselves up to date with best practice by using guidance and learning materials from the National Institute of Clinical Excellence and Skills for Care.

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

- Outcomes for people who had been at risk of malnutrition and had experienced weight loss had improved significantly. This was because since the last inspection the registered manager had continued to introduce improvements across the home and to empower staff to deliver high quality, effective and compassionate care. Staff had made suggestions for ways of engaging people who had poor appetites. Various initiatives were considered and trialled such as changing the kitchen assistant duties to be more people led, giving people roles as 'food critics' to canvass opinion from their peers and introducing themed afternoon tea trolleys.
- The provider had a robust suite of comprehensive monitoring tools which the registered manager used to good effect in driving improvements. An external consultant was secured to conduct a 'mock inspection' so the provider and registered manager had an independent check on how the service was performing. The external audit had identified some minor areas for improvement, but primarily positive feedback was received. For example, 'There was a palpable positive, kind and cheerful culture in the home matched by a good attention to detail in relation to the management systems and paperwork disciplines.' This echoed our findings at this inspection.
- The local authority quality monitoring team had undertaken an inspection in September 2019 and had rated the service as 'excellent'. Feedback from the local authority was that, 'Audits were fit for purpose and robust. Action plans were clear with responsibilities and deadlines identified.'
- The provider was very responsive when improvements were needed to keep the home, and people, safe. For example, in staff meeting minutes for 10 October 2019 staff had shared they had trouble accessing the computer to update records as the nurses also needed it. In response to this an additional computer was purchased. Staff had also shared that a hoist was difficult to manoeuvre. This was actioned immediately.

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

- Every person we spoke with as part of this inspection praised the registered manager for the way they always listened to people's views, opinions and suggestions. People felt fully engaged and valued, relatives felt included, staff felt valued and people felt they really mattered and had a voice that was clearly heard.
- The service admitted a high percentage of people nearing the end of their life. Staff told us they found it hard when people they had become close to and cared for until they died. However, they said the registered manager fully supported the team emotionally and the team were encouraged to care and support each other.
- The provider gathered feedback from people, their relatives, staff members and external stakeholders through quality assurance questionnaires. These were provided in different formats where needed. All feedback, gathered by any means including complaints, surveys and verbal feedback was evaluated. The outcome of the survey was displayed in the communal area of the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and acted upon their responsibilities under the duty of candour. For example, they wrote a letter of explanation, and apology where appropriate, to families in the event of any accident or incident that took place in the home affecting individuals' safety or wellbeing.

Working in partnership with others

- The management and staff team worked exceptionally well with external health and social care professionals such as the clinical commissioning group to ensure people's needs were met.