Country Court Care Homes 3 OpCo Limited

The Burnham Nursing and Residential Centre

Inspection report

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06 December 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 05 and 06 December 2017 and was unannounced.

The Burnham Nursing and Residential Centre 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 Burnham Nursing and Residential Centre is registered to provide personal care and accommodation for up to 71 older people. At the time of our inspection 43 people were using the service. Accommodation was provided over three floors but at the time of the inspection only two floors were occupied. The upper floor had undergone an extensive renovation and redecoration programme and was ready to be occupied.

Following the last inspection in August 2016 we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; Safe, Effective, Responsive and Well led, to at least good.

At the last inspection we found people were not always safe. Risks to people were not well managed and there were times when there were not enough staff to keep people safe. Staff who administered medicines did not have an up to date competency check. Some staff did not know how to report concerns to the local authority if they had concerns about a person's safety.

At this inspection we found there were systems and processes in place to minimise risks to people, care plans showed risk had been assessed and clear guidelines were in place for staff to follow. This also included a robust recruitment process and making sure staff knew how to recognise and report abuse.

There was sufficient staff to safely meet the needs of people living in the home. People's opinions on staffing levels varied with some people still concerned about the use of agency staff. However the registered manager confirmed a recruitment programme was on-going and they had employed permanent staff to provide continuity of care. Records showed that there were adequate numbers of staff available to meet the assessed needs of people in a timely manner.

At the last inspection we found the service was not always effective. Staff did not have a clear understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. We also found Staff were not always aware of people's food allergies or need to avoid specific drinks.

At this inspection we found staff had received training in the MCA and could discuss how they recognised people's ability to consent to care. People received effective care from staff who understood their needs.

Staff were able to tell us about people's specific likes and dislikes. People told us they thought staff were well trained and understood them well. The registered manager and staff were very pro-active in arranging for people to see health care professionals according to their individual needs.

All staff attended induction training before they started to work in the home. All staff said they had plenty of opportunities for training and the organisation also promoted dementia awareness training for all their staff.

At the last inspection we found the service was not always responsive. People's care plans were inconsistent and care staff did not have access to people's care plans. People or their relatives were not involved in developing their care plans.

At this inspection we found people received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. Care staff had access to care plans that were clearly written and included plenty of guidance and information to support them in meeting the needs of people living in the home.

At the last inspection we found the service was not consistently well led. Some quality assurance systems failed to effectively identify areas requiring improvement.

At this inspection we found a lot of hard work had been put into ensuring the systems in place identified where improvements were needed and action was taken to continually drive improvement within the service. There were formal and informal quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

The service was well run by a registered manager who had the skills and experience to run the home so people received high quality person-centred care. The manager led a team of staff who shared their commitment to improving standards of care and had a clear vision of the type of home they hoped to create for people.

We saw extensive work had been carried on the renovation and redecoration of the top floor of the building. This had been renovated to a high standard and was ready to be occupied. On-going renovation and redecoration was also evident on the other floors in the home.

People could enjoy a full programme of activities and staff had built up links with the local community to ensure people could stay in touch with organisations such as their place of worship and the local school. People told us the activities organiser worked hard to keep them entertained and occupied.

People said they received care and support from caring and kind staff comments included, "The staff are nice and they care". And "There are some really lovely staff here".

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.

People were supported by staff who had been well recruited to make sure they were safe to work with vulnerable people.

There were sufficient staff to maintain people's safety and meet their needs.

People's medicines were safely administered by staff who had received appropriate training to carry out the task.

Is the service effective?

Good

The service was effective.

People's health and well-being was monitored by staff and advice and guidance was sought from healthcare professionals to meet specific needs.

People had access to a good diet and food was provided which met their specific needs and wishes.

People received care with their consent or in their best interests if they were unable to give full consent.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and patient.

People's privacy and dignity were respected and they received support in a way that respected their choices.

Is the service responsive?

Good

The service was responsive.

People were able to make choices about their day to day lives.

People were able to take part in organised activities or choose to

occupy their time in their preferred way.

People said they would be comfortable to speak with a member of staff if they had any complaints about their care or support.

Is the service well-led?

Good

The service was well led.

The registered manager promoted inclusion and encouraged an open working environment.

Staff received feedback from the management and felt recognised for their work.

Quality monitoring systems were in place which ensured the management had a good oversight of service delivery

The home was led by a management team that was approachable and respected by the people, relatives and staff.

The home was continuously working to learn, improve and measure the delivery of care to people.

The Burnham Nursing and Residential Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 05 and 06 December 2017. The first day of the inspection was carried out by two adult social care inspectors, a specialist professional advisor who was a nurse and an expert by experience and was unannounced. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was carried out by two adult social care inspectors and was announced.

At the last inspection in August 2016 we identified that people did not always receive care that was safe, effective, responsive and well led. The provider sent us an action plan to show how they intended to deal with the shortfalls. We looked at the progress they had made at this inspection.

The Burnham Nursing and Residential Centre is registered to provide personal care and accommodation for up to 71 older people. At the time of our inspection 43 people were using the service. Accommodation was provided over three floors; at the time of the inspection only two floors were occupied. The upper floor had undergone an extensive renovation and redecoration programme and was ready to be occupied.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection we spoke with 12 people living at the home, seven members of staff, four visiting

relatives and four visiting healthcare professionals. We also spoke with the registered manager and the regional manager. We spent time observing care practices in communal areas of the home.

We looked at a number of records relating to individual care and the running of the home. These included five care and support plans, three staff personnel files, training and supervision records and minutes of meetings held at the home.

Good

Is the service safe?

Our findings

The service has improved from requires improvement to good.

At the last inspection we found people were not always safe. Risks to people were not well managed and there were times when there were not enough staff to keep people safe. Staff who administered medicines did not have an up to date competency check. Some staff did not know how to report concerns to the local authority if they had concerns about a person's safety.

At this inspection we found there had been a lot of progress in ensuring people were safe. Systems were in place to identify and reduce the risks to people living in the home. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks. We saw evidence of risk assessments relating to pressure area care, nutrition and hydration and the risk of falls. We looked at the care plan for a person who had been assessed as being at high risk of developing pressure ulcers and saw that staff had contacted appropriate professionals to make sure they had suitable pressure relieving equipment.

Registered nurses were responsible for the management of medicines. We observed a registered nurse on part of a medicine round. They demonstrated an awareness of the needs and preferences of the people they administered the medicines to. Medicine competency records of individual staff who were responsible for administration of medicines were thorough and detailed. The provider recorded when staff last had a competency assessment on their training matrix and this meant people could be confident staff who administered medicines were competent and up to date in their practice.

We saw systems were in place to ensure people's medicines were managed consistently and safely by staff. Medicines, including controlled drugs were obtained, stored, administered and disposed of appropriately. Controlled drugs are medicines which have special requirements about storage and recording. The registered nurses made sure people's medicines were reviewed regularly by their GP. Where people had been prescribed medicines on an 'as required' basis, such as pain killers, plans were in place for pain management, including the use of pain scales to identify the severity of pain. People told us they received their medicines on time and when they requested if in pain. One person said, "The staff are really good with my medicines they know what I need and it is always at the right time."

There were sufficient numbers of staff to keep people safe and meet their needs. People who spent time in their rooms had access to call bells which enabled them to summon assistance when they required it. Staffing level requirements were assessed regularly using a dependency tool and there were adequate numbers of staff in the home to ensure people were safe. The registered manager confirmed that they still used some agency staff but this had been reduced due to the successful recruitment of new permanent staff. People spoken with varied in their opinion. Some thought there were enough staff in the home, whilst others felt there were too many agency staff. One relative said, "There are lots of new staff now as they used

to use a lot of agency." One person said, "It varies they seemed to use a lot of agency but it has improved." Call bells were answered promptly and staff did not appear rushed.

On the first day of the inspection one person said, "There are far more staff here today just because you are here." We looked at the staffing rota and saw that extra senior staff were working than were recorded on the rota. On the second day of the inspection we saw that staffing in the home was consistent with the staffing rota. The registered manager confirmed that on the first day of the inspection they had asked senior staff to attend the home so we could talk with them and so the inspection would not have an adverse impact on the lives and care provided to people living in the home.

The provider had systems and processes which helped to minimise risks of abuse to people. These included a robust recruitment process and ensuring staff understood how to recognise and report concerns. The staff we spoke with had completed training about how to recognise and report abuse and all were confident that anything reported within the home would be dealt with to make sure people were safe. All staff spoken with were aware who they could report concerns to including the local authority and CQC.

People told us they felt safe living in The Burnham Nursing and Residential Centre. One person said, "Yes I feel safe. Very safe". Another person said, "I feel safe I use a frame to stand and two of the carers help me." A Relative said "I am really happy with the home I don't need to worry about [the person]. The care is wonderful here; they've got everything they need to make [the person] happy"

People were protected against the risks of the spread of infection because all areas of the home were kept reasonably clean. There were handwashing facilities throughout the home and alcohol gel by the front door. Staff had access to personal protective equipment such as disposable gloves and aprons which also helped to minimise risks to people.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety.

Risks to people in emergency situations were reduced because, a fire risk assessment was in place and arrangements had been made for this to be reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared: these detailed what room the person lived in and the support the person would require in the event of a fire.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager so appropriate action could be taken. The time and place of any accident/incident was analysed to establish any trends or patterns and monitor if changes to practice needed to be made.

Good

Is the service effective?

Our findings

People received care that was effective. The service has improved from requires improvement to good.

At the last inspection we found the service was not always effective. Staff did not have a clear understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. At the last inspection we also found that staff were not always aware of people's food allergies or need to avoid specific drinks.

At this inspection we saw care plans clearly identified people's ability to make specific decisions had been assessed. Records showed how the staff had tried to involve people as far as possible in decision making. For example, one care plan showed how the person had been involved in deciding their day to day routine.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in people's best interests. Care plans contained assessments of people's capacity to make certain decisions and where necessary, a best interest meeting was held with appropriate people involved in their care and decision making.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made when necessary and the registered manager had followed up decisions with the local authority. When a DoLS application was accepted the registered manager completed the necessary notification to CQC.

People only received care and support with their consent or in their best interests if they were unable to give consent. We heard staff asking people if they wished to be helped and staff respected their decisions.

People's care plans were clear about any potential food allergies and there was very clear guidance for staff on what drinks people should avoid and how people could be supported to drink thickened fluids. The care plans were developed following guidance from the Speech and Language Therapy Team (SALT). SALT assess people who have swallowing difficulties and give care homes advice on the best way to support a person to have sufficient fluids to remain hydrated. When we spoke with the homes chef they were also aware of people's food allergies. For example the chef told us about one person who had a nut allergy. The chef explained that they therefore did not have any nuts in the kitchen and that the person had their own box of nut free biscuits, which was stored away from other biscuits/cakes that may contain nuts. The chef also confirmed that they provided specialist diets for people who had a gluten or lactose intolerance.

People received care and support from staff who had the skills and knowledge to meet their needs. People

said they felt all the staff were well trained and knew their needs well. One person said, "I have to use a hoist to move about and they are very well trained in that." Another person said, "I think they know what they are doing and I hear they have had to come in for training." A visiting healthcare professional said, "I have seen an improvement recently staff seem to know the residents very well and care plans are very clear about their needs."

Staff received the training they required to safely fulfil their roles and effectively support people. The provider had created a training matrix which showed when staff had completed training and when up dates were required. This helped to make sure people received care and support from staff who had up to date skills and knowledge to meet their needs. The training matrix showed a small number of staff still needed to complete some mandatory training. In order to address this, the provider had notified staff that training sessions had been booked and when they needed to attend.

People were cared for by staff who felt well supported. Staff told us they had received enough support from the registered manager to meet people's care needs. The registered manager completed an annual appraisal for each member of staff to discuss their performance, training needs and where improvements were required. There were also one to one supervision meetings for staff with senior staff on a more regular basis which the registered manager monitored. One staff member said, "The meetings with your team leader are really good that is an area [the registered manager] keeps an eye on and ensures happens." Staff also attended regular team meetings when wider issues could be discussed. For example we saw record keeping and the MCA had been discussed with staff at team meetings.

New staff received an induction including information relating to the Care Certificate and shadowing more experienced staff. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. Staff confirmed they had spent time in induction training and shadowing other staff before working unsupervised.

People received the care and support they required because staff assessed their needs and took account of their wishes when they provided support. Each person had a care plan which identified their needs and showed how these needs would be met by staff. Care plans had been regularly reviewed and changes had been made when people's needs had changed. All staff we spoke with had a very good knowledge about each person and what was important to them.

Staff worked with other professionals to make sure people received the care and treatment they needed. A registered nurse was always on duty with care staff to ensure people's nursing needs were monitored and met. Care plans evidenced that people's health and well-being was monitored and the staff sought advice and guidance where necessary. For example, staff had raised concerns about a person's food intake and had contacted their GP for support. This had led to a referral to a speech and language therapist. One person told us they were waiting for their GP, later that day we saw the GP attend the home and speak with the person.

People had their nutritional needs assessed and were supported to have a good diet. The staff sought appropriate advice regarding people's food and fluid needs and put recommendations into practice. For example; one person required a fortified diet to increase their calorie intake and this was provided. Another person needed their food to be pureed and at lunch time we saw their meal was served in accordance with the instructions in their care plan.

People received the support they required to eat their meals. Where a person required physical support to eat staff provided this in a discreet and dignified manner. However we did observe that meal times were more task-orientated for people who needed assistance to eat. Staff concentrated on the role of assisting people rather than creating a social atmosphere. In the large dining area we observed the registered nurse and GP talking with one person during lunch. This did not support their privacy or promote a protected social experience for meal times.

People were complimentary about the food served. Comments included; "Food is good. You get what you ask for," another person said "The food is very nice, you don't expect restaurant style in a care home but it is ok."

All areas of the home were well lit and there was signage to enable people to find their way around. Toilet and bathroom doors were clearly labelled to enable people to find the right rooms. In refurbished areas of the home contrasting colours were used in toilets to enable people with sight or cognitive problems to see where the toilet was. This meant people were being supported to remain more independent.

Good

Is the service caring?

Our findings

The service continued to be caring.

People were cared for by kind and caring staff. Throughout the day we saw staff spoke to people respectfully and showed kindness and patience when supporting them. Staff supported people to move around the home, they did not rush people and offered encouragement and reassurance where appropriate.

Staff knew people well and treated them as individuals. One person liked to sit on their own listening to the TV and staff made sure there was always a programme of their choice playing by them. Another person was being cared for in bed. Staff ensured they were comfortable and warm and spent time with them throughout the day for company.

The registered manager was in the process of building up a strong staff team at The Burnham Nursing and Residential Centre. This meant people were getting used to more permanent staff in the home and were able to start to build relationships and friendships. Staff knew people well and throughout the day we heard friendly chatter between people and staff. One person said, "They're very good, and since we have had less agency I have got to know some lovely girls." Another person said, "Yes, they are kind and caring. I am very happy. You never really want to move into care but I have been pleasantly surprised how easy they made it for me."

People's privacy and dignity were respected and their independence was promoted where possible. One person told us how kind staff were when they helped them with personal care. They said, "They help me but don't take over that is important to me." Another person said, " They respect me and are really kind." However throughout the first day of our inspection we observed the nurse's station doors were not closed when staff were not in the room. This had the potential to put people's personal information at risk of being read by someone else not involved in their care. We discussed this with the registered manager who said they would meet with the registered nurses and remind them about the importance of ensuring the doors were shut and people's records secure.

People were able to choose who supported them with personal care. One person said they had chosen to have a female member of staff to help them with their personal care and this was always respected. Records showed people's wishes had been recorded and staff were aware of people's preferences.

Each person who lived at the home had a single room which they were able to personalise according to their tastes and preferences. Some people had bought their own furniture with them which made their rooms very homely. One person said they had not been allowed to put their own shelves up in their room. We discussed this with the registered manager who explained that they were working with the person to put the shelves in a safer place as the position they indicated had raised health and safety issues for the person in the room.

On a tour of the home we were shown a room used as a 'chapel' for people who wanted to take time out to

sit quietly. We discussed this with the person showing us around the home as it was very Christian based. They explained that the room reflected the religious beliefs of the client group at the time of the inspection. However they confirmed they had access to information and resources which would enable them to provide an area that was suitable for any religion for people to use if the client group changed.

Good

Is the service responsive?

Our findings

The service has improved from requires improvement to good.

At the last inspection we found the service was not always responsive. People's care plans were inconsistent and care staff did not have access to people's care plans. People or their relatives were not involved in developing their care plans.

At this inspection we found people received care that was responsive to their needs and personalised to their wishes and preferences. People were supported to make choices about most aspects of their day to day lives. People told us they could decide what they did and when they could get up and go to bed, One person said, "I prefer to remain here in my room and they let me do that." Another person said, "I can go out if I want to and if I fancy an early night I just say." All staff were able to access care plans, this meant care staff were more aware of people's likes, dislikes and preferences.

Before people moved to the home the registered manager could review the care they required through an assessment or they were visited by a member of the management team to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet people's needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there.

From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Some people were able to tell us they had been asked about their wishes when they first came to live at the home. One person said, "I know about the care plan but I am not really interested in seeing it every day. They look at it from time to time and ask if there are any changes, that is enough for me"

The care plan format provided a framework for staff to develop care in a personalised way. We observed care was provided in a very caring way and in line with people's care plans.

People's care plans gave brief information about people's personal routines to make sure staff had basic information about people's preferred ways of living. For example, care plans gave details of the times people liked to go to bed and whether they wished to be checked on during the night. There was a staff group who knew people well and ensured they provided care that respected people and their individual choices. However we saw that care plans did not state whether people liked their bedroom doors to be left open or closed, especially at night. We discussed this with the registered manager who agreed to ensure this was clearly recorded in all care plans.

People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. At the time of the inspection some people were being cared for in bed. Staff constantly monitored them and took the necessary actions to maintain their comfort whilst respecting their wishes. Records showed that monitoring checks were carried out and people were

repositioned in line with their pressure relief care plan.

People were supported to make choices about the care they received at the end of their life. The staff worked closely with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained. The registered manager explained that although they were not accredited with the Gold Standard Framework (GSF) they were working towards accreditation. The GSF is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. Care plans contained information about the care the person would, and would not like to receive at the end of their lives, including under what circumstances they wished to be admitted to hospital and whether they should be resuscitated. The registered manager and nursing staff ensured appropriate medicines were available to people nearing the end of their life to manage their pain and promote their dignity.

People were involved in decisions about activities which occurred in the home through residents meetings where activities were regularly discussed. People told us the activities organiser worked hard to keep them entertained and active. Throughout both days of the inspection we observed people taking part in activities in the lounge area. On the second day of the inspection the planned entertainer did not arrive so an impromptu Burnham Care Home resident's choir was formed and people sang carols and songs. We saw there was much laughter and one person told us how they had really enjoyed the afternoon.

Some people we spoke with said they preferred not to attend organised activities but liked to occupy their own time. The activities organiser explained how they aimed to visit people in their rooms daily so nobody was isolated.

People and visitors said they would be comfortable to make a complaint if they were unhappy with any aspect of their care. Most people said they would speak to the registered manager or the deputy. One person said, "I know how to complain and would not hesitate to but have had nothing to complain about."

The home had a complaints procedure this was prominently displayed and was routinely given to people when they moved in. We looked at the complaints procedure and found it was also available in large print so people with a visual impairment would be able to access the policy.

Good

Is the service well-led?

Our findings

The service has improved from requires improvement to good.

There was a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection we found the service was not consistently well led. Some quality assurance systems failed to effectively identify areas requiring improvement.

At this inspection we found a lot of hard work had gone into assuring the systems in place were used effectively to identify where improvements were needed and action was taken to ensure the improvements were made. We spoke with two visiting healthcare professionals who had been involved with supporting the service to improve. They told us. "They have really improved and are really good at getting things done. The care plans are really good, person centred with plenty of information and guidance to follow. They are very open and approachable and prepared to listen and take things on. The registered manager is very good she likes to see things done properly and we are confident she will turn it around." Another visiting healthcare professional said, "I have been coming here for some time now and I have definitely seen a marked improvement. The local district nurses have also commented on the improved management of the home and how they listen and act on their advice."

There was a quality assurance system in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. The registered nurses continued to carry out monthly audits to identify areas where improvement was required. They completed audits of topics including medicine administration, night care and care plan reviews. In addition, they completed weekly and daily checks, such as reviewing nutrition, hydration and re-positioning charts, and ensured medical equipment was fully functioning. The registered manager carried out spot checks as well as her monthly audits to ensure the checks were being completed robustly, and that actions required had been identified and addressed. Any actions required were discussed and agreed with the registered manager to ensure people experienced appropriate care and support. We saw that where shortfalls in the service had been identified action had been taken to improve practice. For example a senior care worker was involved in meeting and discussing people's needs with them when they arrived at the home and then developing their care plans with them.

In the entrance hall at the home there were photographs of current staff and their roles, this showed that some staff had lead roles as 'champions'. The registered manager explained that this gave staff responsibility for specific areas such as infection control, dignity, and dementia care. This meant staff felt more involved in decision-making. One senior care worker said, "I am really involved in meeting the new residents and discussing their needs and expectations. I then write up a care plan and sit down and discuss it with them or their relatives. The registered manager has been very supportive in helping me develop the

skills to write the care plans. It has been a great experience. I own what I do and take pride in getting it right".

All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. A copy of the homes policy and procedure for the Duty of Candour was available in the entrance for people, staff and visitors to read. This demonstrated the organisations approach to being open and transparent.

There were robust systems in place to share information and seek people's views about the running of the home. These views were acted upon where possible and practical. Resident meetings were held regularly and people's views acted upon. Meeting minutes showed actions people had requested and how they were followed up. For example one person had asked if, "Office staff could pop into rooms and say hello more frequently". The agreed actions stated, "Office staff will be popping into activities sessions more regularly and occasionally doing walk arounds, making sure we pop by to talk with you more frequently". People told us they saw non-nursing staff more regularly and had a 'lovely chat'. The home also had strong relationships with the local community and school. People said they enjoyed visits from the children and community events in the garden.

Staff confirmed that a system of one to one supervision meant they could discuss training needs and any issues regarding the care and support they provided or the running of the home. This also gave the registered manager the opportunity to share best practice training and guidelines with staff either on a personal basis or in group supervision.

The management team attended local provider groups which enabled them to keep up to date with local initiatives and share good practice with their own staff and other providers. The management team also kept their skills and knowledge up to date, though research and training, and through manager meetings within the organisation when they could share what went well and what they did about things that did not go so well.

The registered provider ensured the home was run in line with current legislation and good practice guidelines. There were up to date policies that were available to all staff to make sure they had the information they required to provide safe and effective care.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.