

Bupa Care Homes (CFChomes) Limited

Eglantine Villa Care Home

Inspection report

Eglantine Lane
Horton Kirby
Dartford
Kent
DA4 9JL

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Tel: 01322863019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Eglantine Villa Care Home is a care home providing accommodation with personal and nursing care for up to 49 people. The service is arranged across two units Jasmine and Lavender. Jasmine is arranged across two floors and Lavender providing care for people living with dementia is on one level. At the time of our inspection there were 47 people using the service.

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

The registered manager had created a clear person centred culture in the service with a focus on overcoming barriers to support people to achieve their goals. Staff took the time to get to know people very well and care and support was highly personalised.

Risk assessments were comprehensive and people were encouraged to take risks. People told us they had choices and their preferences were respected. For example, one person told us, "I can have a bath or shower whenever I want." Personal communication needs had been assessed and the service had implemented signage in Braille in response to this.

People, and their relatives where appropriate, were involved in decisions about their care and they received care which promoted their dignity and encouraged independence. For example one person said, "I feel independent, they allow me to do what I want to do." Another person liked to use a wheelchair without foot plates; a risk assessment was in place for this and their wishes were respected. This enabled the person to be more mobile and independent.

People told us they could choose what to eat and said the food was good and their preferences were met. People said their rooms were personalised. One person said, "I have my own pictures up and I feel the room is my own." Everyone spoke highly of the care workers, one person described them as "angels".

People stayed as active as possible with a range of innovative and meaningful activities that had been planned around individual requests. People were involved in planning the activities and attended meetings to discuss ideas and things they would like to do. People were encouraged to 'make a wish'; and staff supported them to reach their goals as far as possible.

The registered manager had promoted a positive learning culture in the service and when things went wrong, lessons were learned and shared to minimise the risk of recurrence. Effective quality assurance processes were in place to monitor the service and regular audits were undertaken to assess quality and gather feedback. Action plans were in place where necessary following audits and these were monitored through to completion.

The service took an active role in projects for the benefit of people living in the service, to maximise the quality of care and to strive to achieve the best outcomes for people. For example, an aromatherapy project

was in the planning stages during our inspection.

People had been involved in planning and delivering interactive staff training, that made them feel valued and respected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives spoke highly of the management team and staff. People and their relatives knew who the manager was. One relative said, "Across the board with the staff there is good professionalism and empathy. The communication coming out under the management is very good indeed." The registered manager actively encouraged engagement and ownership for staff and supported them to form focus groups to drive continuous improvement.

A commitment to staff wellbeing had resulted in lower staff turnover and reduced sickness. People, relatives, managers and staff worked together as a team. People, relatives and staff all said the registered manager was supportive, approachable and had an open-door policy.

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 outstanding (published 24 December 2019).

Why we inspected

We received concerns in relation to standards of personal care, medicines management and the environment. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe section of this full report.

The overall rating for the service remains outstanding based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eglantine Villa on our website at www.cqc.org.uk.

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 safe.

Details are in our safe findings below.

Good 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Eglantine Villa Care 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

This inspection was carried out by 3 inspectors and 2 Experts 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

Eglantine Villa Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Eglantine Villa Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 10 relatives about their experience of the care provided. We observed multiple interactions between people and staff throughout the day. 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 spoke with 12 members of staff including the registered manager, regional director, nurses, care workers and support staff. We reviewed a range of records relating to peoples' care including risk assessments, care plans and medicine records. A variety of records relating to the management of the service were reviewed including health and safety checks, meeting notes, training records, activity programmes and audits.

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 outstanding. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were clear, comprehensive and up to date and contained enough information for staff to provide safe care and manage any risks, such as falls, skin damage or choking. Where people required monitoring charts such as weight, fluids or repositioning, these were in place.
- Where people required special pressure relieving mattresses, the required settings were documented and checked regularly. The provider used recognised tools for assessing risks such as skin damage and nutrition.
- People received safe care and treatment by staff who knew them very well. Staff spoke warmly about the people they were supporting and were knowledgeable about peoples' needs and preferences. People and relatives spoke positively about the staff. One person said, "The staff are very good, they know what they are doing." A relative told us staff were "absolutely lovely".
- Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. Staff had been trained in fire safety and knew how to move people safely if the alarm sounded. The provider had identified problems with storage and plans were in place to address this. The service was undergoing some refurbishments during our inspection.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff were confident that action would be taken if they were to report something. Staff told us safeguarding training was up to date and records confirmed this.
- Staff had recorded and reported allegations of abuse to the appropriate authorities. Safeguarding records were completed and showed staff cooperated with investigations. Lessons learned were shared.
- People and their relatives told us they felt safe living in Eglantine Villa. One person said, "I feel safe, you have the staff here day and night." Another person said, "The staff are good, they look after me. They help me do what I want to do. There is always someone here." One relative said, "[Relative] feels safe and secure because of the environment and there are always people around." Another relative told us, "Yes, [relative] is absolutely safe, they never show any signs of being disturbed."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. For example, some were time limited to 6 months.
- Staff had a good understanding of the MCA and people had decision specific mental capacity assessments in place. Best interest decisions had been made where appropriate.

Staffing and recruitment

- There were enough staff deployed to meet peoples' needs. The service used a dependency tool, which helped the registered manager to calculate the number of staff needed. Most people and relatives told us they thought there were enough staff. People and relatives told us call bells were usually answered quickly. One person said, "I use the buzzer and they come straight away." A relative said, "The response was excellent when we used the call bell." Staff told us they thought there were enough staff and regular agency staff were used to cover absences.
- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safe recruitment decisions.
- The service was reliant on agency staff to cover absences, but had good systems in place to ensure they had the skills and knowledge necessary to carry out their role.
- Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their Personal Identification Number to confirm their registration status. Nurses were required to update their registration annually.

Using medicines safely

- Medicines were managed safely in line with national guidance. Medicines were stored securely in clean, temperature-controlled conditions. People told us they got their medicines on time. Medicine administration records were completed accurately. Relatives told us their family members received their medicines at the right time. One relative told us, "It is only nursing staff who deliver it. [Relative] is not always compliant, the staff do a good job with encouraging them."
- Medicines were administered by nurses who had been trained and assessed as competent by the clinical deputy. Training and competency records were comprehensive and up to date.
- Medicines were audited regularly by the clinical deputy. Medicine errors were documented, investigated and lessons learned shared during daily meetings, clinical meetings and health and safety committee meetings. Staff wrote reflective accounts which were used as a learning tool after any medicine error.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visiting was unrestricted and we saw visitors coming and going freely during the inspection. Personal protective equipment was provided if required and there was information around the home promoting good hygiene practices.

Learning lessons when things go wrong

- There was a robust system in place for recording accidents and incidents and staff knew what to do if someone had an accident. Records had been completed and were up to date. Professional advice was sought if necessary, for example, from the GP or emergency services.
- Accidents and incidents were investigated. Investigation records were thorough and included root cause analysis, action plans and lessons learned. Actions were taken to prevent recurrence, such as low-rise beds, crash mats and reassessments of risks. Clinical indicators were analysed, for example, weight loss or falls to establish trends or patterns and take the appropriate action.

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 outstanding. The rating for this key question has remained 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; 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

- The registered manager had introduced a 'Make a Wish' scheme, so people could make a personal wish. One person wished to go to Australia, so the staff designed an 'Australia Day' at Eglantine. The chef prepared Australian dishes and the lounge was decorated with Australian flags and signs to famous landmarks. People helped to plan the day by painting maps of Australia to display. The person who made this wish said, "I think the Australia day went well, I thoroughly enjoyed it. It was very thoughtful of the team."
- Another person wished they could see a donkey again as they used to spend time with donkeys when they were younger. This person was cared for in bed, so staff arranged for a local animal group to bring a donkey to the home so people could interact with them if they wanted to. We saw pictures of people enjoying this interaction. The person said, "I thought I would never get to see a donkey again, this has made my year."
- A local community 'Lingotots' class visited the service weekly. Parents, children and people using the service learn a language together. As a result of this, staff discovered a resident knew some Spanish words as their mother had spoken Spanish. This person was fully engaged with the activity and was usually withdrawn. Staff went one step further and asked the person to help design a Spanish themed menu.
- Other examples of personalised events included a "Valentine Day" dinner for a resident and their family member with room and table decorated with hearts, and a meal for two with sparkling wine. There were many examples of special birthday celebrations with balloons, decorations and cake. One relative had responded, "Thanks chef for the gorgeous cake."
- There were regular visits from the local church and choirs visited the service to sing with people. On Remembrance Sunday an ex-serviceman visited to talk to people about his time in service and showed them his medals. They visited the lounges and people in their own rooms. This gave people the opportunity to talk about their own past. One couple said it had made their day. Another person really enjoyed the meeting and the ex-serviceman said, "It was lovely to bring a smile to their face."
- The team actively engaged with new projects for the benefit of people using the service. The registered manager was in the process of planning an aromatherapy project with some people to see if it had an impact on their physical, mental and emotional well being, by monitoring things such as sleep, anxiety, restlessness and nutrition. People and relatives had been consulted with and were involved in decisions about aromatherapy oils and impact measurement. Consent was obtained if they wanted to be included.
- 'About me' sections contained information about people, for example, their past jobs, family and people and places important to them. Staff told us they speak to people and their family members when they first come to Eglantine Villa to get an insight into past hobbies and interests. This helped staff get to know people and supported them to provide a person-centred service. For example one person had been a keen

gardener, so staff supported them to continue to follow their interest. The person was responsible for growing and maintaining indoor plants and planned to grow vegetables outside in the new year. As a result the person felt valued and more engaged with the service.

- The service worked towards 8 dignity standards, or 'promises', which included promises to people about respecting their choices, calling them by their preferred name and helping people to 'live life to the max'.
- There was an enthusiastic activities team and a full programme of activities on offer. Some were group activities, and some were individual sessions. We saw people engaged in various activities during our inspection, such as singing, music for health with exercises and an interactive 'magic table'. We saw the magic table used for group activities and one to one sessions. People were encouraged to pursue their hobbies; one person enjoyed playing bridge at the local church and another person enjoyed going to the local pub from time to time. They were supported to continue these interests.
- People told us there were things to do. One person said, "They try to do something every day. Every Friday we have an exercise class." Another person told us, "There is always something to do."
- Staff considered peoples' cultural backgrounds when planning their care and promoting their health and nutrition. For example, the chef had made changes to a person's meals as they were refusing food and losing weight. This had made an impact on the person's food intake. Another person requested croutons each time they had soup. The chef accommodated this request which had enhanced the meal experience for the person and made them feel more at home. Croutons were now available for everyone who wanted them.
- Care plans were personalised and reflected peoples' preferences in all areas. For example, food likes and dislikes, whether a person wants to choose their own clothes, gender preferences of people giving personal care, and spiritual or religious needs. People told us they were given choices. One relative told us they liked the humanity of the staff; they said, "They treat my [relative] like a person not a robot. Really good empathy with us as a family too."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were observed communicating effectively with people. When people required spectacles or hearing aids, staff made sure they were working, and people used them properly to support better communication. Signage in the service was clear with pictures as well as words to aid understanding.
- Picture prompt cards were used for people where necessary to aid understanding and better communication. Braille signage was used around the service. This had led to a person being more confident to leave their room and join others in the communal areas. This resulted in better nutrition and reduction in weight loss.

Improving care quality in response to complaints or concerns

- The registered manager had a proactive approach to complaints and concerns raised about the service. Complaints were investigated and outcomes shared with complainants in accordance with the company's time scales. Where complainants were not satisfied they were directed to the escalation process where a further investigation would be carried out by a more senior manager.
- Where there had been mistakes, the registered manager apologised and learnt lessons from them. For example, following an incident where a maintenance person had been unavailable to deal with faulty equipment in preparation for a person to move into the service, a help desk had been established for use out of office hours or when the maintenance person was on leave. Staff were encouraged to write reflective

accounts and lessons learned were shared with staff so that the risk of similar concerns arising could be minimised.

- People we spoke to and their relatives knew how to raise concerns and were confident that something would be done if they did. One person said, "If I had a concern I'd speak to the staff, they would help me. I can easily talk to them." A relative told us, "Yes, absolutely, it is all there in the literature, very comprehensive." Other relatives told us if they had concerns they would speak to a manager.

End of life care and support

- Relatives were supported to remain with their loved ones at the end of their lives, staying overnight if necessary. The registered manager had put together a 'comfort box' for relatives which included a blanket, snacks, drink, face and body wipes, toothbrush, toothpaste, aromatherapy oils, temple spa relaxation kit and LED candles. Relatives had described this as a "lovely touch" and said how it had enabled them to stay in the service comfortably.
- People had support to make decisions about their preferences for end of life care. Care plans varied in detail but included any spiritual or religious preferences and funeral or cremation arrangements.
- The service had 'Thinking Ahead' forms for people to complete if they wanted to. This included, for example, people they wanted involved in their care, people they did not want involved in their care, any special items or any music they would like.
- Staff worked with other health care professionals, such as specialist nurses, hospice teams and GPs to provide end of life care when required. Medicines were available to keep them as comfortable as possible.

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 has changed 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 registered manager had implemented some excellent staff rewards and welfare initiatives. For example, regular employee awards based on 'relative's choice' or 'colleague / manager choice'. Staff received gift vouchers and certificates. Another example was a 'Pay Day Breakfast' each month as a thank you to the team. On International Nurses Day the registered manager sent each nurse a letter of thanks and gave them a notebook, watch, pen, key ring and brooch. As a result of these staff told us they were happy in their roles and people benefited from low staff turnover and sickness.
- The recent staff survey results were good with 86% of staff saying they were happy to work at Eglantine Villa. This was an increase of 21% on the previous year. Staff turnover for the previous three months had been 16%; and staff sickness rates had fallen from 5% to 1.3%. This had led to improved continuity of care for people.
- The registered manager promoted a positive culture within the service where people felt empowered and involved, and there was a commitment to continuous improvement. For example, following an audit of call bell response times where it was established that people waiting longer for a response during shift handover times, the registered manager had increase the staffing levels which had resolved this. The registered manager had an open-door policy and encouraged staff, people and relatives to share their views.
- Staff told us the management team were approachable and supportive. One staff member said, "[Registered manager] is doing a lot for the home since they came on board. We are happy to have them."
- Staff told us morale was good with everyone pulling together despite the challenges of high numbers of agency staff. People and their relatives agreed. One relative said, "They seem to be a very well-balanced team and their morale is second to none." A staff member told us support from the registered manager had helped them achieve their ambitions.
- Relatives told us they thought teamwork was good and they knew who the manager was. One relative said, "We see the managers all the time, they are quite approachable." Another relative told us, "The sympathetic atmosphere that pervades the place is first class."
- All staff were treated well. There was a welcome newsletter for all new staff as well as a new starter pack. Agency workers received information in advance of their shifts, called, 'Agency staff need to know information'. This helped new staff and agency staff settle into the service. One new member of staff said they had 'amazing support' and described the registered manager as approachable, knowledgeable and supportive.

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

characteristics

- There was a staff engagement group for all grades of staff who met regularly to discuss ideas for driving positive change. The aim of the group was to make Eglantine a more positive experience for everyone. The group attended engagement events and focused days regularly to discuss ideas. For example, the group had suggested setting up a menopause support group for staff. Staff said they had benefited from this and due to the group's success, the registered manager intended to involve the local GP and extend the group to include family members.
- The registered manager had sought feedback from people about what dignity meant to them, then arranged customer first dignity training for staff. This interactive training gave staff an opportunity to feel what it might be like to be assisted with feeding and hoisting. Staff wrote reflective accounts after this training, reflecting on how they felt, for example, one staff member said about being assisted with food, "I felt like a child, I felt like I was being rushed, I didn't feel like I had a choice." Staff said they were more aware of how people might feel when receiving personal care. One staff member said, "I will definitely better explain what I am doing and reiterate at each stage." Other staff members said they would be mindful not to rush people. Regular staff supervision, quality audits and feedback enabled the management team to ensure high quality and effective care was maintained.
- The staff room had been stocked with sweets, treats, refreshments and toiletry items. There was an active and lively notice board containing up to date information about well-being, support available for staff and whistleblowing procedures.
- People were involved in the running elements of the service. One person was responsible for growing and maintaining indoor plants and planned to grow vegetables outside in the new year. The chef planned to use any suitable vegetables for people's meals. During our inspection we saw people helping to prepare tables for dinner. Another person had helped the management team complete the 'first impressions' environment audits. This had made them feel more involved with running their home, and afforded managers the opportunity to see a different perspective on the service and the environment.
- Staff told us, and records confirmed they were invited to meetings and encouraged to contribute. Staff received regular newsletters which included information about new starters, birthdays, training dates and reminders about whistleblowing procedures. The registered manager encouraged staff to take on more responsibility with 'champion' roles in a variety of areas, including diversity, equality and inclusion, oral health and dementia. For example, the oral health champion would be responsible for checking that people received regular oral health care.
- People and their relatives were asked their opinions on the service, either individually through conversations, via formal surveys or through attendance at regular resident and relative's meetings. Feedback was generally positive. Changes had been made based on feedback, for example, changes to the menu and different activities offered.

Continuous learning and improving care

- Learning boards had been created, for example, for diabetes, displaying the risk factors, possible complications, signs to look for and actions to take. There was a similar learning board on end of life care. These had improved staff knowledge and given them more confidence when supporting people in these areas. Infection control refresher posters provided prompts for staff, acting as constant reminders.
- There was a focused learning topic which changed each month, recent ones included oral health care and diabetes. A falls prevention poster was on display to act as a reminder to staff of the elements that may increase risks of falls, including for example, environment, equipment, footwear, hydration and medicines. The number of falls had halved over a three month period.
- Nurses attended regular clinical meetings where key clinical issues were discussed, such as wound management, weight loss and falls prevention. Action plans were in place to ensure that issues were addressed and reviewed, for example, referrals to dieticians or specialist nurses.

- The service was committed to continuous improvement and lessons learned from incidents, accidents or complaints were shared with the team. The registered manager communicated regularly with all staff groups through a messaging system which alerted staff when a new message had been posted. This ensured staff were up to date with any changes or lessons to be learned from incidents.
- Focused group supervision sessions were held following incidents, one of the most recent was on skin integrity. This had led to staff recognising and reporting wounds earlier and faster healing wounds.

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

- Feedback from visiting professionals was positive. One professional told us, "The person I see has really progressed since being here and the staff are proactive in motivating them and following guidance."
- There was a clear management structure, nurses and care staff understood their responsibilities to meet regulatory requirements. Staff told us the management team were supportive and approachable and were confident in reporting any concerns. Staff told us Eglantine Villa was a good place to work. A relative told us, "Everyone seems to know their job and appears very happy."
- The registered manager met daily with heads of departments to ensure key messages about people were shared in a timely way. Daily handover meetings were held so staff had up to date information about the people they were supporting.
- The provider had a robust quality monitoring process. A range of audits were undertaken regularly, for example, infection control, medicines, care plans and clinical indicators. Action plans were developed to address any shortfalls. For example, staff numbers had been adapted during handover time so call bells could be responded to quickly. Outstanding actions were reviewed and updated each month. Audit results and outcomes were reviewed by regional directors.
- Services providing health and social care to people are required to inform the CQC of important events that happen in the service. This is so we can check that appropriate action has been taken. The registered manager had correctly submitted notifications to CQC.

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities. We saw Duty of Candour letters that had been sent to people.
- Relatives told us staff contacted them with updates when necessary. For example, one relative said, "The staff are very professional and caring. [Relative] recently suffered a fall and we were called immediately."

Working in partnership with others

- The service had several community links, for example, there were visits from local religious establishments and regular religious services had been attended by people living in the service.
- There was a good relationship with the local primary school who visited regularly to talk to people. A visit had taken place as part of the children's learning on World War Two. They had visited to sing World War Two songs as part of their project work. Carol singing sessions had also been arranged with the primary school. We saw pictures of people enjoying these sessions.
- The registered manager worked in partnership with local health and social care teams and had a good working relationship with other healthcare professionals, for example GPs and physiotherapists. The GP did weekly visits to the service.