

Mr & Mrs P A Hughes

Barchester Tower

Inspection report

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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

About the service

Barchester Tower provides personal care and accommodation for a maximum of 17 older people who live with dementia, mental health conditions and long-term health needs such as diabetes. There were 14 people living there at the time of our inspection.

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

People continued to receive safe care and support by staff who had been appropriately recruited, trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "I like living here," and a visitor said, "There is a locked door system, so no one can enter without permission or get out by mistake." Medicines were given safely to people by trained and knowledgeable staff, who had been assessed as competent. There were enough staff to meet people's needs. Staff were deployed in a planned way, with the correct training, skills and experience to meet people's needs. Infection control was well managed and the home was well-maintained and free from hazards.

Staff knew people and their needs well and received the training they needed to meet people's needs safely and effectively. The training matrix tracked staff training and this had ensured all staff received the training and updates needed to provide safe consistent care. The staff rotas confirmed that staff deployment was consistent and that staff skills were considered when planning the rotas. A plan of supervision to support staff was available and this also included competency sessions on training received. One staff member said, "We get supervision and staff meetings. We can go to the manager anytime we need to."

People's nutritional and health needs were consistently met with involvement from a variety of health and social care professionals. Peoples' weight was monitored and fortified food provided when necessary. People enjoyed the food and comments included, "Always good," and "Food is good." Visitors felt the food was "Good" and their relative had put on weight and eating better since they had moved in.

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.

Everyone we spoke to was consistent in their views that staff were very kind, caring and supportive. People were relaxed, comfortable and happy in the company of staff and we saw positive staff interactions during the inspection. Visitors told us, "Amazing staff, always friendly and welcoming," and "I can't praise the staff enough for their kindness." People's independence was considered important by all staff and their privacy and dignity was also promoted.

Staff delivered care in a person-centred way based on people's preferences and wishes which were clearly documented.

People were involved in their care planning as much as they could be and families told us that they were

involved in the well-being of their loved ones. One visitor said, "I sat down a staff member and discussed the care plan."

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated. The provider who was also the manager were committed to continuously improve their service. They had developed structures and plans to develop and consistently drive improvement within the service and maintain their care delivery to a good standard.

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 16 June 2017)

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.=

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Barchester Tower

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of an inspector.

The service type

Barchester Towers 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. However, they were not currently working at the home. The provider had taken over the day to day responsibility to manage the home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider, including the previous inspection report. 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 looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection

We looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during lunch. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with nine people in more detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with one visitor and had contact with one visitor by telephone. We met with the provider and five members of staff, including the house keeper and members of the kitchen team. We reviewed the care records of five people who were using the service and a range of other documents. For example, medicine records, staff training records and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at resident and staff meeting minutes and training and supervision data. We spoke with two professionals who regularly visit the service.

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 Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Care plans had individual risk assessments which guided staff in providing safe care. This included risk assessments for health-related needs, such as skin integrity. For example, people with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular change of position and , continence care.. Daily record checks for air flow mattresses were up to date.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.
- To ensure the environment for people was kept safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. Hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns.
- There were risk assessments for health and safety. People were provided with equipment such as walking frames and raised toilet seats to reduce the risk of falls.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns regarding peoples' safety and well-being and make the required referrals to the local authority.
- A staff member said, "Wouldn't hesitate to report anything that is poor practice or abuse, that's what we are here for."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equality and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The Provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion,

sexual orientation, gender identity or age.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, one person had had an unwitnessed fall in the corridor. Staff looked at the circumstances and ensured that risks such as footwear and trip hazards were explored. A sensor mat had been placed in their room which meant staff could support the person safely and risk was mitigated.
- Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. There had only been two unwitnessed falls in six months. This demonstrated that learning from incidents and accidents took place.

Staffing and recruitment

- People received care and support in an unrushed personalised way. Comments from people included, "There has been sickness but the manager has made sure there were extra staff. Plenty of staff to help, when we need it," and "Always staff to help me." Visitors said, "The staffing levels are usually good, no concerns at all," and "The staffing is good, I visit nearly daily and generally staff are very visible," and "I have not had any concerns."
- Rota's confirmed staffing levels were stable and the skill mix appropriate. For example, a first aider was on every shift.
- The registered manager monitored call bells randomly and looked for trends or poor response to call bells. Action was taken when required, for example looking at staff deployment and skill mix. Calls bells were responded to promptly by staff during the inspection.
- New staff were safely recruited. All staff files included key documents such as a full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.

Using medicines safely

- Arrangements had been made to ensure the proper and safe use of medicines. Medicines were stored, administered and disposed of safely.
- We asked people if they had any concerns regarding their medicines. One person said, "I have a tablet every day."
- All staff who administered medicines had, had the relevant training and competency checks that ensured medicines were handled safely. Senior care staff had undertaken a medicine assessor course with the East Sussex County Council. This helped to consistently drive improvement in medicine management.
- Where people had their medicines administered on an 'as required' basis there was a protocol for this, which described the circumstances and symptoms when the person needed this medicine. Homely remedies had been discussed and agreed with the GPs and supported by a policy and protocols.
- Medication audits were completed on a monthly basis. Due to identifying gaps on the MAR, further daily checks had been introduced and further training arranged.

Preventing and controlling infection

- The home was clean and fresh with no odours.
- Visitors, staff and people were complimentary about the cleanliness. Comments included, "Very clean," and "They keep the place very clean."

- Staff used personal protective equipment (PPE) when assisting people with personal care. PPE such as hand wash, gloves and aprons were available in all bathrooms, with visual reminders about washing hands, and at the entrance of the building. This helped to protect people from risks relating to cross infection.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they enjoyed the food and there was plenty of choice. Comments included, "Really good," and "Nice."
- Staff knew people's preferences, which were recorded in care plans. Discussion with the kitchen team confirmed they were knowledgeable about people's personal preferences and dietetic requirements. They confirmed that they had received training in the preparation of textured foods and received regular updates when dietary guidance was changed. The food prepared was presented well and met people's individual needs. Pureed food was presented in a way that people could see the differing colours and textures.
- Staff offered people drinks throughout the day. When people weren't drinking enough and identified as at risk from dehydration, they were closely monitored and staff used a fluid chart to record what they drank. There was no one at present who was at risk of dehydration. This was confirmed by staff.
- Food offered and taken by people was recorded in their care records and an overview of peoples' weights were kept by the provider. The system highlighted those at risk from weight loss and weight gain. Actions were taken if concerns arose, such as referral to the GP or dietician. Evidence in care records supported this.
- Staff were knowledgeable when asked who needed fortified food and close monitoring because of weight loss. The cook said, "We discuss residents every day and if someone is not eating or has lost weight we discuss how to prompt and improve their intake. I add double cream, butter and full fat milk to food and sauces to add calories."

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.

- There was a file kept by the provider of all the DoLS submitted and their status. The documentation supported that each Dols application was decision specific for that person. For example, regarding restricted practices such as locked doors, sensor mats and bed rails. We saw that the conditions of the DoLS had been met. Each person's care plan reflected how the decision had been made and what actions staff needed to take.

- Staff had received training in the principles of the MCA and understood their role and responsibility in upholding those principles.

- People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people demonstrated that people's choice and involvement was central to how care was provided. We saw people making choices about who supported them, how they spent their time, meals and drinks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to receive support from staff. Records showed consideration had been taken to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs.

- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition, dependency and skin integrity. Care plans and assessment tools reflected NICE (National Institute for Health and Care Excellence) guidance.

- People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff.

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

- People were supported to receive ongoing health care, such as with the GP, Speech and Language Therapists (SALT) and the falls team."

- People were supported to attend hospital appointments and access eye and foot care as required. A domiciliary dentist and optician routinely visited the service yearly and more often if required. One person said, "I see a doctor."

- The service had developed relationships with healthcare professionals. We received positive feedback from health and social care professionals about the care and support people received. One health professional said, "Staff contact us for advice and monitor people well, they accept advice well."

Staff support: induction, training, skills and experience

- On-going training was completed by staff in a variety of subjects such as food safety, infection control and moving and handling. One staff member said, "The training is good." The provider sourced face to face training from various external agencies, for example, the local authority and Skills for Care. Skills for Care is the strategic body for Workforce development in adult social care in England. Other training was done on-line by DVD. For example, health and safety awareness.

- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience. One staff member said, "The induction was really helpful, I got to know the residents, it helped I worked here before."

- Staff received regular supervisions with the provider. Staff said they were well supported in their roles. One staff member said they valued their supervision as it was a chance to discuss their professional development and training.

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

- Barchester Towers was an older style building which had been adapted This provided a welcoming and comfortable environment for people.
- Appropriate signage was displayed to support people living with dementia/memory loss to recognise and access toilets and other key areas.
- People's bedrooms were personalised and individually decorated to their preferences. People and relatives said they were encouraged to bring in their own possessions, such as pictures, photos and small bits of furniture. Bedrooms reflected people's personal interests. One person showed us their room which they had filled with photographs and personal items.
- The first floor was accessible, by a stair lift which ensured that people who were unable to walk independently had full use of the communal areas.
- The garden area was well kept, safe and suitable for people who used walking aids or wheelchairs. There were areas to sit and enjoy the pleasant garden.
- Notice boards contained information about the service, activities, religious services and complaint procedures.

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 good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people and visitors consistently described staff as kind and caring. Comments included, "Staff are very good, and very kind," and "It's a very caring environment here, I can't fault it."
- The kindness of the staff team was commented on by a visiting health care professional who told us, "They are gentle and kind with people." Another health professional said, "They know their residents and are always welcoming."
- People were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. Birthdays and special events were celebrated. One person told us, "We had lots of cakes and presents at Christmas."
- Equality and diversity were embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner. The manager used team meetings to share information by national organisations to promote discussion and reflection around this area.

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

- People and their families were involved in day to day decisions and care records showed they participated in reviews of their care. A visitor said, "The staff keep me informed and I have been involved in the care plan."
- People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews. Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Staff explained that it was really important to encourage people to be involved and make as many decisions as possible about their care and life. One staff member said, "We ask residents first what they want and support them if needed, we really want people to live as they want to."
- Staff supported people to keep in touch with their family. Visitors were always made welcome and offered drinks and privacy if they want it." One visitor said, "The atmosphere here is fairly lively, the staff sit with people and chat with us."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff explained how important it was to listen to people,

respecting their choices and upholding people's dignity when providing personal care. They were able to give examples of how they ensured people's clothing was clean and their dignity was maintained during meal times. People were offered clothes protectors and clothes were changed if stained.

- We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
- People were supported by staff to take pride in their appearance. People were supported to maintain their personal hygiene through baths and showers when they wanted them assisted with make-up, shaving and nail care. One visitor said, "The staff are really good about making sure clothes are clean."
- Staff told us they always promoted people's independence when they were supporting them. We saw staff prompt and encourage people to walk independently, and with the appropriate aid. Staff also said they encouraged people to go out on outings, visit friends or just for a walk. One person told us they had been out shopping and out to a Christmas pantomime.
- People's care plans recorded details about which personal care tasks people were able to do and noted where staff needed to support.
- Confidential information was held securely in the locked staff office within a lockable filing cupboard. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People were supported to exercise choice and control in their day to day lives and were supported to make their own choices about what they did with their time.
- Before coming to live at Barchester Towers Nursing Home, the provider visited the person, either at home, or in hospital/care homes and completed a pre-admission assessment. This ensured that the person's needs and expectations could be met by the service. For example, ensuring specialised equipment, such as pressure relieving mattresses were in place before they arrived.
- There was clear guidance for staff on people's health needs and the care required to manage their long-term health conditions. Care plans had been reviewed regularly and reflected people's changing needs. Each care plan looked at the person's individual needs, the outcomes to be achieved and the action staff should take to achieve this. For example, people who lived with diabetes had a care plan that guided staff in supporting them and contained key information of how to monitor their health and recognise symptoms and signs of high and low blood sugars.
- People's records reflected their beliefs, values and preferences and included specific details like favourite clothes, whether they liked to wear makeup and how they liked to wear their hair. One person liked to wear make-up, dress smartly and staff supported her to do this. It was an important part of her life style choice and of her as a person.
- Staff completed daily records for people, which showed what care they had received, whether they had attended any appointments or received visitors, their mood and any activities they had participated in.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were knowledgeable about people's communication needs and there were detailed assessments highlighting support needs within their care plans. This included specific information on how the person communicated, and any aids they might use, such as glasses and hearing aids. Staff used pictorial cards to communicate with some people.
- People's communication and sensory needs were assessed regularly, recorded and shared with relevant others.
- Technology was available in the home for people to communicate internally with staff using the call bell

system and externally using landlines or mobiles to talk to and receive calls from relatives and friends. There was a broadband system in place and people could use this to contact relatives using skype and emails.

- Notice boards were covered with information about up and coming events or something interesting or attractive to look at. There was some pictorial signage around the home to help orientate people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's needs assessments included comprehensive information about their background, preferences and interests. This information aided staff to initiate topics of conversation that were of interest to people. A staff member said they had read peoples care plans and it had helped her to understand people and care for them.
- Activities at Barchester Towers continued to be individually tailored to meet peoples' preferences and interests as much as possible. Group activities had been trialled but did not suit everyone.
- Activities available included word searches, games, puzzles, gentle exercise to music, table tennis, pet therapy at various times of the year, arts and crafts if people want to and reminiscence. Photographs of people enjoying activities and preparing for Christmas were kept in a file to share with people and visitors.
- There were plans to develop contact with local primary schools after it proved very successful at one of the sister homes. One person told us of the Christmas pantomimes they had been to which they really enjoyed.
- One person said, "I enjoy the trips out with my daughter." Another person said, "I love the exercises and music." People and visitors told us staff had time to chat with them. One visitor said, "The staff make time for chatting, nothing is too much for the staff." We saw staff sitting with people, there was plenty of good-natured banter and laughter.

Improving care quality in response to complaints or concerns

- There was a copy of the complaints policy readily available for people and visitors to the service. People and their relatives knew how to make a complaint and felt comfortable to do so. They described how the management and staff team were receptive to feedback and shared examples of their views being acted on. For example, A sensor mat had been placed in a person's bedroom to alert staff that the person was up and on the move as family were concerned that they may be at risk.
- There have been no complaints received since the last inspection.

End of life care and support

- Staff completed on-line end of life training/palliative care and there was a provider policy and procedure containing relevant information about end of life care.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans also contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed with the person if possible, their family and GP and had been reviewed regularly.
- Staff demonstrated compassion towards people at the end of their life. They told of how they supported their health and ensured they were comfortable. This included regular mouth care and position moving. We were also told that families were supported and that they could stay and be with their loved ones at this time.

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 remained Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

- The registered manager was currently not working at the home. The provider had taken over the day to day responsibility to manage the home. The provider has submitted their application to CQC to be registered manager to ensure clear leadership and support to staff.
- The provider had just completed an honours degree in social care and was working to ensure there was sufficient oversight and effective governance at the service.
- There were systems and processes to assess, monitor and improve the quality and safety of the service provided. This included health and safety, accidents, incidents, complaints, medication records and staff documentation.
- The provider supported staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism. One visitor said, "Incredible home, I thank you." It was also highlighted by the visitor that staff were "Kind, caring and professional."
- Quality assurance processes had been developed to consistently drive improvement. These included audits of care plans, staff files, complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys. There were areas to still improve and develop and this had been identified by the provider and work has commenced. For example, a new oral health assessment tool had been introduced but had not yet been completed as staff were undergoing oral health training. New mental health assessments had been introduced and now needed to be developed for each person and reflected in care plans.
- The management team worked well together and were open and transparent with people, their loved ones and staff about any challenges they faced. Everyone was encouraged to work together to find solutions and this showed in the atmosphere in the home, caring attitude of staff to people, visitors and each other.
- Staff were valued, and this had a positive effect on their ability and resilience in supporting people. One staff member said, "We all work together, support each other," and "It's a really good place to work."
- Staff felt supported and told us they received any support or guidance they asked for. One staff member talked of the recent medicine training and said it had really boosted their confidence.
- The provider and registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed.
- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to

by updating people's risk assessments. Any serious incidents were escalated to other organisations such as the Local Authority and CQC. The rating awarded at the last inspection was on display at the service entrance and on the provider's website.

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

- The provider was aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Surveys had been sent out to relatives and professionals yearly. These were collated and actions taken in response to comments. The actions were then shared with people, visitors and staff. There was also an on-line system that visitors and health professionals could access at any time.
- Staff told us they were involved with regular staff meetings where they could discuss training or any ideas to improve care. This included thanking staff for hard work and celebrating successes.
- Resident and relative meetings were held regularly, the feedback from people and relatives was recorded and showed the action taken. This was then fed back to all who attended.
- For those unable to share their views, families and friends were consulted. One visitor said, "I try to attend all the meetings, if I can't then I read the minutes, the communication here is very good." Another visitor said, "I would like more meetings, they don't happen that often." The registered manager said that the frequency of meetings was being discussed.

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

- The provider's ethos was to promote a relaxing atmosphere of care and support which both encourages and enables our residents to live as fulfilled, interesting and independent a lifestyle as possible. This ethos ran through everything that happened at the service and was fully supported by staff.
- People and visitors were consistently positive about the manager and staff. Comments from people, included, "Very good," and "Approachable and kind."
- Staff told us the provider promoted a positive culture that was open, inclusive and empowering. This was underpinned with a solid induction programme. This had ensured staff were following organisational policies and procedures. Staff discussed organisation policies and were aware of where to access good practice guidance, such as National Institute for Health and Care Excellence (NICE).
- The management structure allowed an open-door policy, the manager's office was amongst people's bedrooms and the communal areas, so the manager was visible to visitors, people and staff. Staff confirmed they felt supported to bring in ideas, discuss what worked and what didn't work.
- Staff worked very closely as a team and made sure they shared information and tasks so everyone received good quality care.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

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

- There was an open and transparent culture within the service.
- The registered manager told us how they kept families informed when incidents were being investigated. Records we reviewed showed that families and other agencies had been informed as soon as there were any developments.

Continuous learning and improving care

- The management and staff team made sure they continually updated their skills and knowledge by

attending training, meetings and forums.

- The provider consistently questioned what they could do to improve the service and made any changes they felt necessary. When a safeguarding had been raised, the registered manager worked with the local authority and confirmed that lessons had been learnt and learning taken forward.
- The management team checked that the service was being delivered to the standards they required everyday by talking to people, their relatives and staff, as well as checking records and observing what happened at the service. Any shortfalls were addressed immediately.

Working in partnership with others

- The management team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing.
- Staff had a good relationship with the community nurses and other health care professionals and contacted them for advice when needed. Feedback from a health care professional was that, "Very well managed, knowledgeable staff and they appear kind and calm."