

Anexas Care Limited

Stanholm Residential Care Home for the Elderly

Inspection report

Mill Hill
Edenbridge
Kent
TN8 5DB

Tel: 01732863748

Date of inspection visit:
17 October 2019

Date of publication:
20 November 2019

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

Stanholm Residential Care Home for the Elderly provides personal care to older people and people living with dementia. The service accommodates up to 26 people in one adapted building. At the time of the inspection 22 people were living there.

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

People told us they felt safe. Individual and environmental risks to people were assessed and managed safely. There were enough safely recruited staff to meet people's needs. Medicines were managed safely. The service was kept clean and systems were in place to ensure food safety. Accidents and incidents were monitored, action was taken to prevent a reoccurrence and any identified improvements were made.

The staff team worked closely with other health and social care professionals to ensure all people's health care needs were met. People received the care they needed to stay well and achieve the best quality of life. People were supported by a consistent, knowledgeable and well-trained staff team. People told us the food was good and they were given choices. People enjoyed the mealtime experience.

The provider had made improvements to the environment which was homely, accessible and met people's needs. 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 were happy living at the service. Staff were caring with people and knew them well. We saw positive and respectful interactions throughout the inspection. People were involved in their care and supported to make choices. Staff respected people's privacy and dignity and people were encouraged to maintain their independence.

People received person centred care which met their individual needs and preferences. People's communication needs were met, and people were supported to maintain relationships that were important to them. People were encouraged to take part in a wide range of activities and social events. People were happy with the care they received and knew how to raise and complaints they had.

The provider and registered manager had ensured the delivery of high quality and safe care. Quality assurance systems were used effectively to monitor and improve the service. Feedback was used to make improvements. There was a caring, open culture in the service. People, relatives and staff were all able to raise any concerns or ideas and were listened to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 July 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Stanholm Residential Care Home for the Elderly

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because due to unforeseen circumstances we had to repeat this inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission the service, but we did not receive any response. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, team leader, senior carer and care assistants. We spoke with one visiting health and social care professional.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and surveys were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at health and safety records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to maintain accurate and contemporaneous care plans and risk assessments to support the management of people's safety. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection and the provider was no longer in breach of regulation 12.

- Individual risks to people were identified, assessed and managed safely. Detailed and up to date risk assessments were in place to provide guidance to staff about how to reduce the risks to people. For example, one person was identified to be at risk of choking therefore their care plans provided clear guidance for staff to ensure the person is sitting upright when eating and not left unattended. This was put into practice.
- People told us they felt safe. One person said, "I'm asthmatic and staff are always available. They give the support I need in an asthma attack, and the rest of the time they understand how it could happen and what to do." Comments from relatives included, "(Name) is definitely safe here. I feel they give me an accurate picture of how they are." And, "(Name) is safe, I can leave here knowing they are receiving the right care from people who know how to keep them safe."
- Staff could tell us how they kept people safe. For example, following their care plans around their risk of falling.
- Health and safety checks were completed, recorded and monitored, for example around fridge and freezer temperatures, and equipment. These were not recorded formally for hot water temperatures. We spoke to the registered manager about this who acted immediately and implemented records for safe water temperature checks with detailed guidance for staff.
- Environmental risk assessments were in place to ensure the environment was safe. All the required health and safety certificates were available, for example around gas and electrical safety and equipment servicing.
- Fire safety was managed. The fire risk assessment had been reviewed, the fire alarm system was checked and serviced, and fire drills had been held. People had personalised emergency evacuation plans to provide guidance on the individual support people needed in these circumstances.

Staffing and recruitment

- Safe recruitment systems were in place to protect people from the employment of unsuitable staff.
- The provider had amended their policy to repeat Disclosure and Barring Service (DBS) background checks on all staff every three years. Although this is not a requirement, it is identified as good practice. DBS checks help employers to make safer recruitment decisions.
- People told us there were always staff available when they needed them. One person said, "My bell had a

problem, but they were able to make a temporary switch, so I was always able to call, and when I do use it, they come quickly. At any time of night, I know I can depend on them and they stay as long as necessary to see I am safely back in bed."

- There were enough staff deployed to keep people safe and meet their needs. Staff were not rushing about and confirmed there were enough staff.
- The registered manager had assessed the required staffing levels for people's dependency needs and kept these under review to ensure there were always enough staff to meet people's needs. Rotas confirmed this. Call bell response times were recorded and checked to ensure people's needs were met in a timely way.
- When required, agency staff were used to provide cover during busy holiday periods. The registered manager told us only regular agency staff were used to ensure consistency for people.

Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place to protect people from abuse and avoidable harm. The provider worked in line with local safeguarding policies and procedures.
- Staff had received training in safeguarding people and understood their responsibilities to safeguard people. Staff were knowledgeable in the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them.

Using medicines safely

- People received their medicines as prescribed and these were managed safely. There were appropriate systems in place to order, store, administer and dispose of medicines safely. When people administered their own medicines there were risk assessments in place to ensure their safety.
- Guidelines were in place for all 'as required' medicines which ensured staff knew when people needed these medicines. People were asked if they would like their medicines for pain relief. One person said, "I know I can have extra pain killers if I need them."
- Regular checks were done to ensure that medicines were stored at the right temperatures. Monthly audits were completed to ensure people received their medicines safely and as prescribed. An annual audit was completed by a pharmacy and any actions identified were completed.
- Staff administering medicines had their competency checked regularly to ensure medicines were managed safely. Good practice guidance was available to staff.

Preventing and controlling infection

- A cleaner was employed, and the service was kept clean. Systems were in place to ensure food safety. A daily house inspection checklist was used to monitor cleanliness and the registered manager told us they checked the house weekly. One person told us, "The environment is looked after and is kept very clean."
- Staff had received training in food hygiene and infection control and could tell us what they do to prevent and control infection, such as wearing gloves and disposing of soiled items correctly.
- Information about how to prevent the spread of infection was present in the service and personal protective equipment was available around the service for staff to use. Records were kept of all infections and whether these were contagious to help reduce the risk of infections spreading.

Learning lessons when things go wrong

- Staff could describe the process for reporting incidents and accidents and knew what to do in the event of incidents, such as a fall.
- Accidents and incidents were recorded, monitored and action taken to prevent a recurrence. Individual needs had been identified and acted on. For example, one person had fallen due to the effects of their medicines. Therefore, their medicines were reviewed and given at a different time of day when they were less mobile.

- The registered manager had analysed incidents and accidents for any trends to identify any learning and make improvements. For example, it was identified some people were falling when they got up at night to use the toilet or due to an infection. In response sensor mats were implemented to enable staff to provide timely support to prevent a fall at night. Sensor mats have an alarm which alert staff when pressure is applied to the mat. A new system was put in place to promote good hydration and this had resulted in less infections and therefore falls as a result.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed and included their expected outcomes from their planned care, so staff could support them effectively. For example, to keep healthy and safe and live a comfortable and stress-free life. People received the care they needed to stay well and achieve the best quality of life. For instance, to mobilise safely whilst preventing falls and to keep their skin healthy to prevent pressure sores.
- One person told us, "They have been very understanding of my situation and have helped me get very much better. I feel more relaxed and they have helped me cope with my memory problems."
- The registered manager used best practice guidance and well-known assessment tools to plan people's care. For example, around their nutrition, skin care and falls management.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. This included for example, people's needs in relation to their sexuality, culture and religious practices. Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's equality and diversity needs were met.

Staff support: induction, training, skills and experience

- Staff told us they received training, appraisals and supervision for their role and they were supported by the registered manager.
- Staff were knowledgeable in their roles and could answer any questions we asked about meeting people's needs. Staff had received appropriate training and regular updates to support people living at the service. For example, all care staff had received training in health and safety, fire safety, moving and handling and dementia. There was a system in place so that when staff required a training update, this was arranged.
- New staff had an appropriate induction to the service and people's needs which included a combination of training and working alongside experienced staff.

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

- People's nutrition and hydration needs were fully assessed. There was monitoring of people's dietary intake and weight where people were at risk of malnutrition and weight loss. This had achieved good outcomes as people's weights were maintained or increased.
- The registered manager promoted the need for people to drink plenty. Staff encouraged this by offering additional choices of drinks every day. For example, milkshakes on Mondays and hot chocolates on Sundays.
- Staff ensured people's dietary needs and preferences were met. Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from people's care plans and

healthcare professionals in relation to these. For example, from their dietician. People used adapted cutlery and plates to help them to eat independently.

- People told us the food was good and they were asked their preferences and to make choices by the chef. One person said, "I'm vegetarian, which hasn't been a problem. They know I'm glad to eat cheese any time, and that I eat all types of vegetables. One of the menu choices each day is often vegetarian, and they make special single meals like cauliflower cheese just for me." Another person said, "I really like the meals here. I'm a Londoner and the cook did a pie and mash meal especially for me."
- One relative told us, "(Name) is eating properly, which they weren't at home and has put on weight. They (staff) have done that by encouraging (name) to eat at the table with others, and by giving direct help to eat when necessary." Another relative said, "Meals are a strong point of the home. (Name) has put on weight... The staff have reassured us about how they are eating, it is clear they monitor and help them when needed."
- People could choose where they ate and who with, whether in the dining room, lounges or in their bedroom. There was a good atmosphere in the dining room during lunchtime, the food looked and smelt appetising and people were clearly enjoying the mealtime experience. People had individual placemats with their pictures on where they liked to sit.

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

- People were supported to maintain good health and were referred to appropriate health and social care professionals as required.
- One person told us, "They will always get the doctor or district nurse quickly if necessary, or if I ask to see them." One relative said, "They made arrangements swiftly both times a doctor was needed. They have arranged transport and escort to a hospital appointment that the family were not able to support."
- Healthcare records and plans were detailed and offered clear guidance for staff on all people's healthcare needs, for example people had care plans to manage their skincare. People had detailed oral health care plans in place. Care plans included information about specific health conditions, for instance, diabetes.
- The registered manager worked closely with other health professionals and agencies to ensure people's needs were met, such as occupational therapists, physiotherapists and the hospice.
- Detailed records were maintained for all people's health appointments, for example with their GP, dentist and chiropodist.

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

- The provider had invested in making improvements to the environment. It was accessible, comfortable and met people's needs. For example, there were communal areas in the service where people could watch television, listen to music or engage in activities. People's rooms were personalised with their own belongings.
- One person told us, "It's a lovely place with plenty of options where to spend time and easy to get around. I can go out to the gardens anytime I like." Another person said, "I was asked what colour I would like for my door, and for ideas for decorating the corridor, which has been done beautifully."
- The provider ensured people's needs were met by the service's facilities which were accessible for everyone. Where needed, people had specialised equipment, for example for their mobility needs.
- The registered manager had ensured the service was 'dementia friendly'. For example, there were pictures outside people's bedrooms to help them find their room and signs on bathrooms to indicate their purpose. The rooms had been decorated for people living with dementia with contrasting colours. The time and date were displayed to help orientate people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were aware of the principles of the MCA and clear guidance was provided to them within people's care records. Care plans promoted people's rights, considered the least restrictive approach, documented consent and the involvement of people's relatives as appropriate in decisions about their care.
- Decision specific mental capacity assessments were completed, and a best interest process followed in relation to decisions about people's care and treatment.
- Staff established whether consent to care was given and promoted people's choices, for example around how they wanted to spend their time. One person said, "They don't insist you do anything, so I'm still deciding how I live each day."
- Where people had a Lasting Power of Attorney (LPA) in place it was clear in their care records and they were involved in making decisions about people's care. An LPA is a legal document that lets the person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.
- Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this and ensured any conditions were met.

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 now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy living at the service. Comments included, "I feel respected for being who I am. Nothing is too much bother for staff when they are with you. All the little ways add up to a lovely way of living." And, "Staff always smile and that goes a long way."
- Staff were patient and caring with people and showed compassion. We saw positive, respectful and focused interactions throughout the inspection. For example, people were spoken to in a respectful and friendly way, people were asked if they needed anything and were given choices. Staff and people clearly knew each other very well.
- People's emotional wellbeing was assessed and looked at what helped them to improve their mood. This provided staff with guidance how to support people with their emotional needs.
- People's needs around equality and diversity were identified and recorded in their care records to provide guidance for staff. One person told us, "I take communion once a month, I choose to take it alone in my room rather than with the group."

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

- People and relatives were asked about their views on their care. One person said, "I've been able to maintain how I like to live. I have good conversations with staff and they help me to take pride in my clothes and keep life interesting."
- Staff showed a good understanding of people's needs and preferences and engaged them in everything they did. One person said, "The staff have got to know me as an individual. They always try to be helpful."
- Reviews were held with people and where relevant their relatives to gain their feedback and plan their care. People were asked to make choices on their environment. For example, the colour of their door.
- People were supported to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was respected. One person said, "Staff ask my permission before they do anything, and explain what they are doing or intending to do. They definitely think about my privacy and dignity and work accordingly." One relative said, "Staff show respect and dignity all the time; they always use (the persons) name."
- The service had an identified dignity champion whose role was to promote this within the service. People's care plans included choice and control, for example people's preferred gender of staff, their choices around intimate care and how they liked their own room.

- Staff respected people's privacy, listened to people and told us how they upheld their dignity when providing personal care. For example, one staff gave the example how they could identify when one person wanted the toilet and how they would discreetly offer to help them.
- People were encouraged to maintain their independence. People's care plans around their personal care provided clear guidance for staff what they could do for themselves and what support they needed. Staff could tell us how they promoted people's independence by always asking people before helping and encouraging them to do those things they could do for themselves.
- People's confidentiality was supported and information about people was held securely.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- People told us they received person centred care. Comments included, "It's just a happy and relaxed place to be. I like the fact I can read when and where I like"; "I feel as though I am living in my own house. The only difference is I don't go out shopping anymore as I don't need to." And, "I feel the home suits how my life has changed. It fills the gaps that go with getting older and makes sure I'm able to do as much as I can for myself."
- Staff knew people's preferences, for example if they preferred a bath or a shower. Staff told us they got to know people by talking with them. Care records contained details of people's preferences. For example, what position people liked to sleep in and how many pillows they liked.
- People's care records were person centred. They included information about their preferences, what was important to them, details of their life history, past interests and their family tree.
- People's care was regularly reviewed and updated in their care plans to reflect their changing needs. People's relatives and other professionals were involved in person centred reviews and information was shared about people's care appropriately to support their best interests and promote positive outcomes for people.
- Assistive technology was used to ensure people's need were met. For example, there was access to WIFI as people had their own tablets. People were supported to use telecommunication applications to keep in touch with their loved ones.

Meeting people's communication needs

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

- People's communication needs were known and understood by staff. People's care plans included details which helped new and unfamiliar staff learn about any communication needs, for example some people used gestures and picture cards to support their communication.
- Information was shared with people and where relevant, available to people in formats which met their communication needs. For example, documents were available in large print.

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

- People were supported to maintain relationships that were important to them, for example friends or

family could visit at any time. One relative said, "We can and do visit any time and are made welcome."

- People were encouraged to take part in activities and social events they liked within the home and the community. There was a wide range of activities on offer to meet people's individual interests which included art and music therapy.
- A therapy life like doll was available for people to use. This had been identified as bringing comfort and positive outcomes for people living with dementia. For example, one person who couldn't clearly communicate verbally, when they held the doll they were able to maintain a fluent conversation.
- One person told us, "I have lots of chances for conversation. I spend mornings in the lounge to be with the others, but it's good I can go and be quiet in my room any time I want, so I have the best of both worlds." Another person said, "We often go out in the minibus, not far but it is lovely to go out and feel part of the world. We also use the gardens a lot when the weather allows. I don't do art but there are plenty of other things. I like the balloon game, which gets my arms moving and is great fun. There are plenty of opportunities to enjoy music and to sing, which I really like."
- One relative told us, "They have found out (name) can draw and have involved them in the art activities. They really like that, and the singing. So already (name) has a better quality of life as a result of moving to the home."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place for people, relatives and visitors. The registered manager had ensured all complaints were logged and responded to appropriately to ensure people received the best care.
- People and relatives told us they did not have any complaints. Compliments included many thank you cards in reception which showed people and their relatives were happy with the care they had received.

End of life care and support

- The service supported people at the end of their life. People's wishes and arrangements for their end of life care were recorded in advanced care plans. This meant staff had the necessary guidance they would need to support people in line with their wishes if a person became unwell or died unexpectedly. This included any spiritual needs people had.
- The staff worked closely with hospice services and anticipatory medicines had been made available for people if they needed them.
- Where people had chosen, they had a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) order in their care records. This helps to ensure a person's death is dignified and peaceful.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure quality monitoring was effective in highlighting shortfalls in the service and making improvements. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Much improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The governance framework had ensured the delivery of high quality and safe care. Risks had been identified and managed to reduce the risks. The registered manager reported on the service performance regularly to the provider to ensure they had good oversight of the quality of the service. The provider visited the service regularly and completed their own quality audits.
- The registered manager told us they were supported by the provider, were listened to and they responded to the needs of the service. For example, they had invested in improving the environment.
- Quality assurance systems, such as audits, checks, and surveys were used effectively to monitor and improve the service. Actions were identified as a result and followed up to make improvements. For example, changes were made to the environment with the redecoration of corridors and people's bedroom doors. People had been informed of the plans and been consulted in the changes.
- The registered manager had a regular presence in the service. They analysed all complaints, incidents and feedback to ensure any improvements needed were made. For example, one person had suggested curtains in the lounge to make it feel warmer. This had been acted on and fed back to people in a newsletter.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The registered manager clearly understood their role and responsibilities and had met all their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their ratings and it was on the provider's website.

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

- There was a caring culture in the service. All feedback about the registered manager was positive. One

person said, "The manager comes in to see me every day they are at work. They want to know if everything is working well. All the staff are a team, they work well together. Some have been here a long time." Another person said, "If you tell the manager something is wrong, they'll say, I'll get it sorted, and they do."

- One relative told us, "I could raise anything with the manager. I regularly get asked if I am happy with how the care is provided and if I have any issues of concerns. But I can honestly say we haven't had any."
- The registered manager demonstrated a strong commitment to ensuring they provided person centred and high-quality care and were responsive to feedback during our inspection.
- There was a stable staff team. Staff were happy working at the service and therefore there was good staff retention. Staff told us the registered manager was approachable and had an open-door policy. Staff were positive about the vision and values of the service. One staff said, "They (managers) do want everyone (people) to be as happy as they can be and motivated and stimulated at the end of the day...offering activities and conversation, papers and manicures makes a big difference to residents."

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 law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager and provider understood their responsibilities in respect of this and had informed the relevant people of any incidents or accidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and those important to them were engaged with the service and asked for their views. For example, through meetings, surveys and informal conversations. Surveys were reviewed by the registered manager and showed a positive response.
- Staff had regular team meetings where they could raise any issues or make suggestions. The registered manager made an effort to go in early to see the night staff to ensure they were included.
- The staff team worked in partnership with other agencies to ensure people's needs were fully met in a timely way.
- The registered manager had made links with the local community. Relationships had been developed with local churches, schools and community groups.