WCS Care Group Limited

Drovers House

Inspection report

Drover Close
Rugby
Warwickshire
CV21 3HX

Tel: 01788573955

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09 January 2020

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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
Drovers House is a residential care home, providing personal care and accommodation for up to 75 older people, including people living with dementia. The home was divided into six separate units across three floors, five of which were being used as residential accommodation. There were 56 people living at Drovers House when we inspected the service.

People's experience of using this service and what we found
People's relatives and staff gave us mixed feedback about whether there were enough staff available to always respond to people's needs. However, we found staffing levels were determined by people's support requirements and were being regularly reviewed by the provider. During our inspection visit we found there were sufficient staff to respond to people's preferences and wishes.

People felt safe at Drovers House. Staff were provided with guidance about how to keep people safe. Environmental risks were identified and mitigated against. Staff understood their responsibilities to protect people from the risk of abuse. The manager checked staff's suitability for their role before they started working at the home. Medicines were stored, administered and managed safely following a full review of all medicine procedures at the home.

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 cared for and supported by staff who had the skills and training to meet their needs. People were supported to eat and drink enough to maintain a balanced diet that met their individual dietary needs and preferences. People were referred to healthcare services when their health needs changed.

People received kind, responsive person-centred care from staff. Staff respected people's privacy. Overall, people and their relatives were involved in planning their care and support. The staff team worked to promote people's dignity and prevent people from becoming socially isolated within the home.

People were encouraged to maintain their preferred and familiar routines and habits, which made them content and relaxed. The provider employed lifestyle coaches, who were dedicated to supporting people to make the most of each day through physical activity. The group and one-to-one activity sessions were effective and the positive impact on people's moods was visible. People knew how to raise concerns and provide feedback about the service. The provider ensured people received care at the end of their life, which met their wishes.

The service was led by an interim general manager who had been appointed to the home two months before our visit. This was because the registered manager of the home had been on leave for several months. The general manager was supported by a care manager, daily duty manager, and care co-

ordinators. The management team worked together to identify areas for improvement at the home.

The provider had implemented technological systems that promoted undisturbed sleep, ensured staff and management had access to the most up-to-date information at the press of a button and enabled relatives to be fully informed and involved in their relations' care. People benefited from the technology because staff had more time to care for them. The provider listened and acted on people's views to improve the service.

Rating at last inspection
The last comprehensive inspection report for Drovers House (published June 2017) we gave a rating of outstanding overall. At this inspection we found the service had changed and have rated the service as good in all areas.

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

Why we inspected
This was a planned inspection based on the rating at the last inspection. During our inspection visit we looked at a notification of a specific incident where a person had developed an injury. This incident is currently being investigated. As a result, this inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns around the safety of people at the home. This inspection examined those risks.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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.

Drovers House

Detailed findings

Background to this inspection

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

Inspection Team
The inspection team consisted of an inspector and an expert-by-experience who had experience and knowledge of using this type of service.

Service and service type
Drovers House is a care home. People in care homes receive accommodation and personal care. 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 (CQC). However, at the time of our visit the registered manager was on long term leave. The provider had appointed a general manager to run the home in their absence. The registered manager 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
The initial inspection visit took place on 23 December 2019 and was unannounced on the first day. We returned following the Christmas break to complete our inspection on 09 January 2020. On the second day we told the manager we would return.

What we did before inspection
We reviewed information we had received about the service since the last inspection. This included information received from the provider about deaths, accidents and incidents and safeguarding alerts which they are required to send to us by law. We also requested feedback from the Local Authority quality monitoring officers and the local clinical commissioning team. We used all this information to plan our inspection.

We were unable to use information from the Provider Information Return, as we had failed to request this before our inspection visit. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We therefore asked additional questions of the manager during our visit, to ensure we gathered all the information we required.

During our inspection
We spoke with four people living at the home and four people's relatives. Some people, due to their complex care needs and disabilities were unable to give us their feedback about the home. We spent time with people to see how staff supported them.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed care and support being delivered in communal areas of the home.

We received feedback from eleven members of staff including the chef, lifestyle lead, general manager, deputy/duty manager, care manager, deputy chief executive, service manager, a recruitment and training manager and a volunteer.

We reviewed a range of records, including five people's care and medicines records. We also looked at records relating to the management of the service, including audits and systems for managing any complaints. We reviewed the provider's records of their visits to the service; and records of when checks were made on the quality of care provided.

We looked at two personnel files to check that suitable recruitment procedures were in place, and that staff received supervision and appraisals to continue their professional development.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

●Overall, people and their relatives told us they felt safe at the home. One person commented, "I am safe. If I want anything I press my alarm and they [staff] come quickly." A relative said, "My relation is happy here, she doesn't want to be anywhere else."

● Risks to people were assessed, and plans were in place to reduce risks. The provider had recently introduced a risk management tool, where managers reviewed care records and risk assessments to ensure each person at the home had a comprehensive risk management plan in place. For example, new epilepsy management plans and wound management plans had been put in place for people with these diagnoses.

● All identified environmental risks had an associated risk assessment in place which guided staff how to mitigate risks. Equipment was maintained, and the fire alarm system was fit for purpose.

Learning lessons when things go wrong

● Staff knew how to report and record accidents and incidents. The manager was responsible for analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence. Learning from incidents was shared with the staff team, and at provider level, to drive forward best practice.

● Staff who administered medicines reported any errors they made, and these were investigated, so that further training and learning reduced the risks of future errors. New medicines procedures had recently been implemented at the home to prevent future errors.

Staffing and recruitment

● We received mixed feedback from relatives and staff about whether there were enough staff to safely meet people's needs and preferences. Before the appointment of the general manager there had been regular use of temporary staff, as the home had a number of staff vacancies. This had impacted on the consistency of staff.

●We spoke with a recruitment manager who explained the provider had made improvements in their recruitment practices. The provider was recruiting more permanent staff to fill all existing vacancies, and to ensure additional staff were available to cover staff leave. They explained the use of temporary staff at night had now ceased. A reduction in the use of temporary staff during day shifts had also been achieved.

● The provider had introduced a new dependency tool at the home, to ensure the calculation of the numbers of staff needed to support people, were based around people's current assessed health and care needs, the management team were now confident there were enough staff to keep people safe.

●In addition to allocated care staff, there were also a number of other staff that could be called on to support care and nursing staff at busy times, such as activities co-ordinators (Lifestyle Team) and managers.

● Throughout our inspection visit we saw people's needs were met in a timely way. Staff were not rushed

and had time to spend with people.
● The registered provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home.

Systems and processes to safeguard people from the risk of abuse
● Staff had received training and understood their roles and responsibilities in keeping people safe. Staff told us they would report any concerns if they suspected abuse and had confidence the registered manager would investigate.
● The general manager and provider understood their legal responsibilities to protect people and share important information with the local authority and CQC. Notifications about specific events had been sent as required by the provider.

Preventing and controlling infection
● Overall the service was well presented, clean and tidy and there were no odours.
● Staff had received training in infection control and worked in line with NHS England's Standard Infection control precautions and national hand hygiene protocols.
● Staff understood the importance of using gloves and aprons to reduce risks of cross contamination.

Using medicines safely
● The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. Before our inspection visit we had received concerns that medicines were not always provided to people in a safe and consistent way. Prior to our inspection visit the provider had reviewed their medicines procedures, and had re-trained some staff, to ensure medicines were always administered safely.
● Staff were trained in medicine administration and their competencies assessed to ensure they worked in line with the provider's policies and procedures.
● Medicine Administration Records (MAR) were completed as required and people had their prescribed medicines available to them when they needed them.
● Regular audits, and spot checks on the administration of medicines ensured recent improvements to policies and procedures were being followed by staff.

Good

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

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.
● Mental capacity assessments were carried out for people when a need was identified. The manager and staff demonstrated they understood people's capacity could change, according to their health.
● The manager and staff understood the principles of the MCA and were supporting people to make choices about their care. One person confirmed they were asked for their consent before staff supported them and said, "I get up when I like usually about 8.00. I go to bed when I want to."
● People who required restrictions were supported through authorised DoLS and staff completed regular training in the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs regarding their physical and emotional health were assessed in line with their wishes and preferences for their daily routines. Pre-assessments were carried out prior to anyone moving into Drovers House and information regarding people's social and spiritual needs and their sexuality formed part of the assessments.

Staff support: induction, training, skills and experience
● The provider offered care staff an induction that met the standards laid down by Skills for Care, a recognised organisation that provides care staff with training standards.
● The general manager told us temporary staff received a brief induction to the service, and support from permanent staff whilst on their shift. They told us where temporary staff were utilised they often used the same staff, so they were familiar with the home.
● Permanent staff received relevant, ongoing refresher training for their roles. The provider maintained a record of staff training, so they could identify when staff needed to refresh their skills. One person told us, "The staff are all well trained."

● We saw staff used their training and skills to support people living with dementia effectively. For example, at lunch time staff gave a visual choice to people living with dementia to help them make decisions about what they wanted to eat or drink. One staff member demonstrated how they used their dementia training to respond to a person who experienced anxiety. They encouraged the person to help clear the tables following a mealtime, to help them feel useful and engaged in everyday activities, which reduced their anxiety and made them smile.
● Regular meetings with a manager, team members and individual performance reviews gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations, and identify areas of learning and development.
● The provider had an 'open door' policy, they could raise any issues of concern or gain support from a duty manager seven days per week. One member of staff told us, "We can always speak with a manager."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People told us they were able to access health professionals and medical treatment when they needed to. One person said, "I see the doctor here, I also have eye tests and the dentist comes."
● People's oral healthcare needs were assessed, and plans developed to promote good oral hygiene.
● Where people required assistance from a nurse, nursing professionals visited the home on a daily basis to support people with their treatment.
● Following a recent incident where the communication between visiting health professionals and staff had not ensured people received effective care, the general manager had put in place two weekly meetings with the district nursing team to exchange information and monitor people's treatment more effectively.
● Regular staff handover meetings shared key information about people's needs, accident and incidents, hospital admissions, any changes in their health, and whether follow up referrals to other health professionals were needed.
Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional needs were assessed to ensure they received food and drink in line with their nutritional requirements. Each person who required a specialist diet had their needs referred to the chef, and food was prepared accordingly. Staff responsible for preparing and cooking food could tell us what they did to fortify food with extra calories for people nutritionally at risk.
● Overall, people and their relatives told us they were satisfied with the quality of food provided. Comments included, "The food is nice and there is a choice", My relative has put on weight here which speaks volumes", "I think [Name] eats far better here than he did at home. On Friday they get him chips from the Chippy."
● People told us they were offered plenty to drink, to keep them hydrated. One person said, "I always have water in my room, and tea and coffee when I like." When we visited people in their rooms we saw people had drinks close by, and drinks were available for people to help themselves in communal areas and café.

Adapting service, design, decoration to meet people's needs
● Drovers House was divided into six separate households, five of which were used during our visit. One of the households was being re-furbished. Each household had their own communal lounge, kitchen and dining area in keeping with a domestic environment. Households were being developed in three specific designs to help people feel comfortable and at home. The three designs had been developed following a consultation with people. The provider planned to re-furbish all their units based on the three different designs and allow people to choose where they felt most at home.
● The home was a purpose-built residence offering people a number of areas, rooms and lounges, which gave people opportunities to socialise and meet people, family and friends. These areas included a café and meeting area, a designated games area where people could play table tennis, a shop and salon.
● Signs were used around the home to direct people, to ensure people with memory problems or confusion

were able to easily find their way around the home.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
● Relatives told us staff were kind and caring. We saw staff spoke to people in a caring way, engaging them in conversation in things people were interested in.
● Staff were thoughtful and helpful in their approach and were observed to take time and patience supporting people. For example, we observed people living with dementia being supported at lunchtime. Warm, empathetic and respectful interactions were observed between staff and people. Staff were quick to respond to people's requests for interaction and used non-verbal communication such as touch and smiling for people who struggled to communicate verbally.

Supporting people to express their views and be involved in making decisions about their care
● The lifestyle team used regular feedback from people when planning lifestyle events and outings to ensure these were responsive to people's enjoyment.
● Food and drinks surveys enabled people to express their views and rate meals in terms of choice preference, nutrition, presentation of food, flavour and presentation of the dining room.
● Records showed people, or their relatives, were involved in planning their care, and commenting on the care people received. Care records were personalised to meet individual needs and included people's preferences on how they wanted to spend their time.
● The management team ensured people were involved in making decisions about their care as much as possible.

Respecting and promoting people's privacy, dignity and independence
● Staff were observed to protect people's dignity. For example, when being supported to eat and drink, people were offered wipes for their hands before eating. People who needed help to eat were not rushed and care was taken to ensure their dignity was maintained throughout their meal.
● People who did not need help to eat were left to eat independently but still checked on by staff, offering drinks and bread to go with their meal.
● Staff could explain what they did to protect people's privacy during personal care routines. One relative commented, "They always talk to [name] in a respectful manner. They close her curtains when they help her dress and wash".
● Relatives commented on how the provider enabled them to have privacy when visiting their relatives. Comments included; "The communal area is quite vibrant, we enjoy our visits here", and "We like the private area when we visit."

Good

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 outstanding. At this inspection this key question has changed 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

● Care records showed people's health and support needs and covered topics such as people's life history, so staff knew people's cultural needs and preferences.

● Care records were in an electronic format, and were written with the person, their family members and professionals. Records were reviewed monthly.

● The provider had implemented an innovative technology, which enabled staff to respond more promptly to people's support needs during the night. The system included a listening device that was switched on at night, pre-set to ignore the individual's normal noise level, but to trigger an alarm for unusual noise. The provider had consulted with people and their relatives to make sure they agreed with its use. People who did not want to use it, did not have to. The benefit of the system was that staff no longer checked people at night by opening their bedroom doors and disturbing them. Instead, people were able to sleep undisturbed, unless they needed support.

● The management team were confident that the acoustic monitoring had improved their ability to minimise risks to people's health and well-being. Their analysis of falls at night, since the acoustic monitoring system was implemented, showed a reduction of 55 per cent.

● Relatives and people were provided with access to their electronic care records through a 'gateway' system, that were updated as staff supported people. This meant relatives could be re-assured that their relation's needs were being met. A relative told us, "My relation has recently lost weight. Staff are encouraging him to eat. I can see progress on the 'gateway' system. I love it."

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 provider employed care staff to support people with their day-to-day lives and dedicated lifestyle coaches to support people to lead fulfilling lives. The three lifestyle coaches worked across seven days a week, to support people with activities that provided physical and mental stimulation, which promoted people's well-being.

● Group activities were organised daily. Activities included coffee mornings, scheduled exercises, social groups and clubs, daily games and reminiscence. A member of the team said, "I am passionate, we really make a difference and work as a team to help people enjoy every day".

● People and their relatives gave positive feedback about Lifestyle staff and the organised activities at Drovers House. Comments included, "I think the activities are great. There are always things going on. My relation likes the painting, he goes out on trips to the art gallery and the donkey sanctuary."

● Each person was informed about the scheduled activities in a weekly planner and displayed posters. When an activity was taking place, staff approached people to see if they wanted to join in. Where people did not want to participate in group activities, staff organised one-to-one time with them to pursue their

interests.
● There were areas within the home which provided people with social opportunities to mix with each other, visitors, and people from the local community. There was a hairdressing salon, beauty parlour and small shop. People could meet their friends and families in the café, which was stocked with drinks and snacks, newspapers and games.
● Volunteers visited the home to provide people with opportunities to meet animals such a dogs, and the provider made sure people could look after pets at the home by providing opportunities to spend time with chickens, rabbits and cats.
● Activities were inclusive of the local community who were invited to take part in regular planned activities. This gave people opportunities to make friendships outside the home. For example, volunteers from a befriending service included visitors from pastoral support groups, who were matched with people with similar beliefs and interests. A local nursery also regularly visited the home, where children and people mixed together and created crafts and projects.
● People and staff organised a number of 'interest' clubs, such as gardening, knitting and baking, where people could demonstrate their skills and learn new ones.
● Night staff took turns to monitor whether people slept well, and if people decided they wanted to get up at night, staff ran the 'wide-awake' club for people who did not sleep well.

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 carer.
● Staff demonstrated they knew people well and what support each person required to make decisions about their everyday lives. Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people such as large print, electronic records and pictures.
● The provider used electronic tools to assist people with language and translation, where English was not their first language.

Improving care quality in response to complaints or concerns
● Relatives told us they knew how to raise concerns or complaints with staff and the management team if they needed to. A relative told us, "I would speak to the person or manager in charge if I had any concerns."
● The provider had a complaints policy and procedure that was on display in the reception area of the home. There was also a suggestion box in the reception area and people were encouraged to leave their feedback.
● The service had a complaints log where all complaints were recorded. Where learning was acquired through people's feedback, the manager shared this with the provider and staff, to ensure improvements were made.

End of life care and support
● People and their relatives were supported to make decisions and plans about their preferences for end of life care. Some people had a DNARCPR form in place, which meant staff and emergency services knew the person should not receive resuscitation in the event of a sudden cardiac arrest.
● No-one at the home at the time of our visit was receiving palliative care. Advance planning took account of people's wishes to meet their individual cultural and religious preferences.

Good

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 outstanding. At this inspection this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 was on long term leave at the time of our inspection. The provider had appointed a general manager who began in November 2019 to run the home in the registered managers' absence. The general manager was supported by a care manager, who also started work in November 2019. In addition, there were other managers and supervisors supporting the home, including a daily duty manager chosen from the management team.

● We received mixed feedback from relatives and staff about whether the home had been well managed during the previous year, due to the absence of the registered manager. However, people, relatives and staff consistently told us the newly appointed management team were implementing changes at the home and making improvements to ensure the home continued to meet people's needs. Comments from people included, "I think we would have to give the home 9 out of 10", "The atmosphere is really good", and "We always go away happy. There are no improvements required."

● People were placed at the heart of the service. The staff and management team had maintained the philosophy and values, that is, 'every day should be a day well-lived'. Staff understood that the provider's values of, "Play, make someone's day, be there and choose your attitude", empowered them to take action that promoted people's well-being. For example, people chose whether they attended group fun-exercise sessions or received one-to-one time with the lifestyle coaches. People, staff and volunteers ran clubs that reflected people's interests and hobbies.

● There was a 'suggestions box' and regular meetings for people and their relatives to make sure their views about how the service was run were known.

● Staff were engaged and included in discussions about how the home should be developed. The provider had a blog, where any staff member could share their views with senior leadership. Regular meetings and consultation groups involved staff in developing procedures and processes that would improve outcomes for people. For example, the staff team were developing a range of 'knowledge nuggets' which were one page 'aide memoires' of how to support people with specific health concerns and risks.

Continuous learning and improving care

● The provider had recognised there were some changes that needed to be made to the senior leadership team, as some services in the provider's group required improvement. The provider had acted to make the required changes, and the deputy chief executive had taken an operational leadership role to assist with quality assurance and senior oversight of services. They told us they had implemented an improvement plan to re-enforce their values, recognise and improve risks, and to ensure services maintained good quality care.

They said, "We have gone through lots of organisational learning and reflection and drawn on our quality experience and corporate memory to make improvements to our services".

● Part of the changes made by the provider included the appointment of an interim management team. The general manager and care manager had made changes in how the home was managed. This included the consolidation of people living at the home into five of the six households, so that refurbishment of the home could commence. Staffing levels had been reviewed to ensure there were enough care staff deployed at the home, on each household and at different times of the day and night. These staffing levels were determined by a review of the care people required, so that the numbers of staff could be calculated. In addition, the provider was recruiting additional team leaders to support staff and provide managers with extra resource for quality assurance checks and daily maintenance of the home.

● The provider had recognised there had been a number of medicines errors in the previous year. They had worked with the local authority and commissioning group to establish new systems and processes around the administration, storage and ordering of medicines to reduce medicines errors at the home. New auditing procedures included daily checks of the medicines people received, to ensure people always had their medicines when required. New daily checks ensured any medicine errors were identified at the time of the error, so that these could be immediately resolved.

● The provider had also introduced a number of new auditing and quality checks, to recognise where improvements needed to be made. These new checks included a review of people's risk assessment and risk management plans, and the introduction of additional paperwork to monitor healthcare provision.

● All actions from audits were added to an improvement plan the manager and provider oversaw. The provider held leadership meetings every two weeks to review quality checks and outcomes for people at their services. Changes were made in response to the findings. Information and improvement plans were shared with staff across each department, and each service so that lessons were learned across all of the provider's homes.

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

●The provider organised regular meetings and stakeholder surveys for people who lived at the home, relatives and staff, to provide them with an opportunity to give feedback.

● In the most recent staff survey 100 per cent of staff were satisfied with the home's policies and approach to equality and diversity.

● The management team held regular staff, team and departmental meetings, to provide staff at all levels an opportunity to give their feedback about the home and any ideas for improvement.

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

● Senior staff worked alongside staff, where they demonstrated best practices. For example, during weekly shifts they assisted people and staff to help them develop relaxed, positive relationships with people, and discreetly observe staff's support of people, so performance was continuously reviewed.

● The manager understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was prominently displayed in the home and on their website and, there were systems in place to notify CQC of incidents at the home.

Working in partnership with others

● The service had links with external services, such as government organisations who provided links to renewed best practice guidance, charities, commissioners of services, nurses and health professionals. These partnerships demonstrated the manager sought best practice to ensure people received good quality care and support.

● The manager sought opportunities to work with other bodies to increase people's enjoyment in life. For example, local charities to increase people's opportunities for social interaction in the local community.
● The provider had researched national and international best practice measures and adopted innovative technologies to improve how people's care was delivered, for example, circadian lighting had been installed set to people's natural sleep and waking rhythm to improve people's wellbeing.
● The provider was working with national government organisation to assist with Brexit planning strategies for the care sector.

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 general manager and provider understood their responsibilities to share information under the duty of candour regulations.
● The provider acted on the feedback they received to improve their services, and shared improvement plans and actions with people and relatives.