West Bank Residential Home Limited

Woodland Court Residential Home

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
The Woodland Court Residential Home provides accommodation and personal care for up to 30 people, some of whom may be living with dementia or have a physical disability. Accommodation is arranged over three floors with lift access to all floors. At the time of our inspection 28 people lived at the home.

People's experience of using this service and what we found
People were safe and supported to have maximum choice and control of their lives. Risks to people were mostly recorded in their care plans and staff demonstrated they had a good knowledge of people. Safe recruitment procedures were mostly followed, and people received their medicines safely.

The home had a consistent staff team who understood the needs of people well. We saw staff mostly upheld and promoted people's rights relating to equality and diversity and safe recruitment procedures were mostly followed. People and their relatives were positive about the quality of care and support people received. Staff identified what was important to people and endeavoured to provide meaningful experiences for people.

The service was well-led by a management team whose passion and drive to deliver a good service, leading by example, was evident. People and their relatives spoke positively about the registered manager. The registered manager carried out numerous audits to ensure the service was effective. However, we did find that audits had not always recorded when actions had been completed.

Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We saw evidence of people's and their relative's involvement in care assessments. People and their relatives were very positive about the food. People were encouraged to maintain a healthy, balanced diet, based on their individual needs.

People experienced care that was personalised. The home provided a range of activities enabling people to live fulfilled lives with a strong focus on social inclusion. The registered manager was proactive in ensuring they had a visible presence within the home and operated an open-door policy ensuring that any low-level concerns were dealt with promptly preventing escalation.

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?

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.

Woodland Court Residential Home

Detailed findings

Background to this inspection

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

Inspection team
This inspection was carried out by one inspector.

Service and service type
Woodland Court Residential 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with two professionals who regularly visit the home and we spoke with ten members of staff including the registered manager, senior carers, carers, administrative and domestic staff members, activities coordinator and the chef.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We contacted a further twelve relatives about their experience of the care provided and five professionals who regularly visit the home for feedback. We looked at training data and quality assurance records.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people felt safe. Comments included, "Oh yes, secure here", "100%" and "I find the care home is safe".
- There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and protect people. One staff member told us, "I'd go and speak to [registered manager's name] … would go higher up if needed to. Have a number for safeguarding and would phone them if [registered manager's name] didn't act on what was reported but I know [registered manager's name] would act on it."
- The registered manager had introduced 'flash cards' for staff to carry on their persons which summarised important safeguarding information and contact details. We observed during the inspection that this had been embedded and staff had these cards to hand.

Assessing risk, safety monitoring and management

- Risks to people were mostly recorded in their care plans. However, risk assessments and care plans relating to mobility and falls had not always been updated to establish what measures had been implemented, if any, following a fall to reduce or manage the risk.
- We found that the risk was mitigated by the detailed falls analysis and investigation recorded separately and the knowledge demonstrated by the registered manager and staff. We raised this with the registered manager at the time of inspection who promptly made plans to address this.
- Health and safety audits identified when maintenance work was required, and the provider ensured that work was completed in a timely way.
- Equipment was maintained and had mostly been regularly tested to monitor effectiveness and safety. However, the emergency lighting tests were not being completed monthly at time of the inspection. We raised this with the registered manager who took immediate action to address this and implemented processes to ensure these tests were completed monthly. The risk was mitigated as the emergency lights had been tested very recently by an outside fire company who confirmed they were all working.
- Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Staffing and recruitment

- People and their relatives gave us mixed feedback on the staffing levels at the home. Comments included; "I believe they have staffing to a safe staffing level yes", "Oh yes", "I think they are short of staff, these girls do work hard" and "I think there needs to be more as when you have a difficult patient you need more staff to

spend with them if someone is ill."
● The registered manager used a dependency tool to identify the staffing levels required and we saw evidence of these hours being consistently met. This was confirmed by the staff we spoke to and by the call bell audits which identified the average call bell response time as 1 minute 2 seconds.
● Staffing levels were based on the needs of the people living at the service. We saw evidence of staffing levels being adjusted in response to people's changing needs. For example, the registered manager had provided one to one support for an individual in response to an identified need.
● Safe recruitment procedures were mostly followed. However, we found for some of the recruitment files reviewed that there were gaps in the employment histories. We raised this with the registered manager during the inspection and they promptly gathered, and provided, the missing information following the inspection. They also shared their new monitoring form they had implemented to ensure this did not occur again.
● Staff files contained the information required to aid safe recruitment decisions such as references and a Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Using medicines safely
● People received their medicines safely in line with their preferences and by staff who knew them well.
● The staff carried out regular audits to ensure all medicines had been administered correctly.
● There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines.
● Staff had been trained to administer medicines and had been assessed as competent to do so safely.

Preventing and controlling infection
● Staff completed training in infection control. Staff told us they have access to personal protective equipment (PPE) and waste was disposed of correctly. We observed staff wearing PPE appropriately.
● The home was clean, tidy and odour free. People and relatives told us, "It's always clean when I visit. (everyday)" and "There is always someone around cleaning. If anything happens I'll tell them, and they'll clean it up straight away."

Learning lessons when things go wrong
● Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence. For example, we saw the provider had replaced a step with a slope promptly following a fall by a person when outside in the premises of the home.
● We saw evidence of trend analysis of incidents taking place. Staff were informed of any accidents and incidents and these were discussed and analysed during handovers between shifts and at staff meetings. The registered manager had processes in place to ensure team meeting minutes were provided to each individual staff member.

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 has remained the same. 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 assessed, regularly reviewed and included their physical, mental health and social needs. We saw evidence of people's and relative's involvement in care assessments.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics.
- The provider ensured staff had access to best practice guidance to support good outcomes for people. For example, the registered manager was in the process of updating their pre-assessment documentation in relation to oral hygiene to make it even more personalised to people and their needs.

Staff support: induction, training, skills and experience

- People and their relatives felt staff were well trained. Comments included, " All the staff are good, 100%", "All care workers have shown skill in their work" and "All residents are treated to their specific needs, and all care givers have shown they are able to respond to this."
- There was a strong emphasis on the importance of training and induction. Staff new to care were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to.
- All staff received a range of face to face training, e-learning and observed supervisions to ensure they had the necessary knowledge and skills to do their jobs. The registered manager was in the process of implementing personal development plans for each staff member. Staff we spoke to told us about their personalised plans and how they had been encouraged to participate in them and felt listened to.
- Training was regularly refreshed and updated. Training which gave staff the opportunity to better understand people's experiences was particularly valued. The registered manager sought out courses which would increase staff understanding of specific conditions or needs. For example, mental health, first aid and oral hygiene training with the local oral hygienist.
- Staff received regular supervisions including face to face meetings, observational checks and appraisals. They told us they were well supported.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us that the food was good. Comments included, "The food they do is outstanding", "The food is good", "The food is amazing, always a hot home cooked meal, with a choice" and "Our relative likes it and it always smells good."

● We observed the lunch time experience. The tables were set with tablecloths and napkins with cutlery, jugs of squash and condiments. We observed people being offered a choice of drinks with their meal.
● People were encouraged to maintain a healthy, balanced diet, based on their individual needs and could access food and drink when they wanted to. The home had a menu with choices available to choose from however people were able to order off the menu whenever they wanted. The chef made a point to get to know people and their preferences and supported people to have what they wanted.
● We saw people being offered drinks and food throughout the day and were supported by staff who had received food hygiene training. A selection of drinks and snacks were accessible to people throughout the day. We observed the incorporation of dementia friendly crockery to promote independence for people living with dementia.
● Information on people's weight was kept up to date in their care records and was monitored. The registered manager told us how they would ensure people who were losing or gaining weight would be referred to the most appropriate healthcare professionals for appropriate support if required. This was supported by the information in people's care plans and staff awareness.
● For example, we saw how for one person they had been supported to maintain their weight by the home through a fortified diet. For another person we saw how the home had alerted the GP to significant weight loss and worked with the GP to identify a problem with their insulin resulting in a positive outcome for the person.
● Staff involved people, and where appropriate, their relatives to ensure people received effective health care support. One person told us, "They get in touch straight away". A relative told us, " My [resident's name] has only been there a few months, and in that time the optician, and dentist has been to see her. Both I couldn't get her to visit."
● The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. Records showed people had been seen by a range of healthcare professionals including GP's, community registered nurses, dieticians and Chiropodists.
● People had health care plans which contained essential information, including information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.

Adapting service, design, decoration to meet people's needs
● We saw the environment was designed to support people to move around safely; it was spacious with a lift and accessible grounds and gardens.
● The home had successfully incorporated a dementia friendly environment within the décor of the home. For example, dementia friendly signage, good lighting, dementia friendly communal corridors, dining room and bathrooms. The registered manager had plans to extend this even further with tactile walls and connecting the rear of the premises to the front of the premises with a secure connecting walkway to enable everyone to access this area freely and safely.
● People's rooms we looked at had been personalised to each person's preferences, including the paint colour of their choice. One relative told us, "A very nice bright room with an interesting view."
● Specialist equipment was available when needed to deliver better care and support.

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.

- The registered manager had ensured that these authorisations had been applied for where necessary and these were reviewed when required.
- Staff were knowledgeable about the MCA and how to protect people's human rights. One staff member told us, "Always presume that someone has capacity. If they don't have the capacity, you treat them the same and try and support them the best way they can. Like little things in the morning like choosing clothes out of the wardrobe, it's about asking them what they want to wear, if they have a colour they want to wear and offering choices of that colour."
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice. For example, where discussions around power of attorney had been held and there was evidence that Mental Capacity and best interest assessments had been considered and put in place.

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

- People and their relatives were positive about the quality of care and support people received. Comments included, "Excellent and very caring", "Treat the residents with care, consideration and respect" and "I find them brilliant. From the carers to the cleaners and laundry people."
- A professional told us, "I would just like to comment on how involved the staff were with the residents and how interactive they were too in my observations."
- Visitors stayed for long periods and spent meaningful time with their loved ones. People told us that their families could visit when they wanted them to. A relative told us, "I visit daily, they are always welcoming, always ask if they can help me with anything."
- We saw a warm and caring approach by staff with positive and kind interactions between staff and people. For example, when observing people being supported with their medication, staff were observed to kneel to be at eye level with people and spend time chatting with people about their chosen activity.
- Staff spoke about people with genuine interest and affection. One staff member told us, "We have one who prefers a female carer. They are supported to have that choice met." Another told us, "I treat people how I'd like my mum, dad, nan, grandad or myself to be treated." A relative told us, "They treat her like an adult and abide by her wishes."
- People were supported to have detailed personal histories and likes and dislikes. 'All about me' booklets detailed people's preferences, emotional wellbeing support needs and cultural and spiritual needs.

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

- Feedback from people and their relatives about people's involvement in making decisions about their care was positive. Comments included, "The carers will ask me and talk to me, check I'm alright with it", "They always ask [resident's name] opinion" and " I have asked for certain things to be included in her care plan, and these are completed."
- There was evidence of risk assessments and care planning to meet people's specific needs. Care plans were updated regularly and reflected the actions identified from the risk assessments. There was a strong emphasis on promoting people's independence. One staff member told us, "You shouldn't take people's independence away, you should encourage people to keep their independence."
- People had access to advocacy services if they needed guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Respecting and promoting people's privacy, dignity and independence

● The home mostly respected people's privacy and dignity. We saw staff were discreet when people needed assistance with personal care; they ensured doors were closed and protected people's privacy and dignity when they supported them.

● However, we observed two occasions where people were confused about which room was their bedroom and attempted to enter other people's bedrooms. Whilst staff were successful in redirecting on one of the occasions, they were not able to intervene in time to prevent a person being disturbed in their bedroom on the other occasion. We spoke to the registered manager about this who explained that this was not a usual occurrence and was an indicator of a urinary tract infection causing increased confusion. The registered manager told us how they used this indicator to seek appropriate medical treatment for the person.

● People were supported to observe their faith and staff acknowledged and supported people in their spiritual well-being. A person told us, " Three people come in every third Wednesday and deliver a service."

● Independence was actively promoted and maintained for people. A staff member told us, "We always try to encourage them to do the things they can do for themselves and the things less able to do we try to support them to be able to do it themselves. I will ask if they can wash their face and the bits they are not able to do I always say would you like me to help you with that."

● The registered manager had created a unique colour code system which blended into the décor of the home but communicated instantly specific priority care needs for people to staff and was indecipherable to those not aware of the code. This system had been adopted across all of the homes supported by the provider.

● People's private information was kept confidential. Records were held securely.

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 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 experienced care that was personalised, and care plans contained detailed daily routines specific to each person. Assessments were undertaken to identify people's individual support needs and their care plans were developed outlining how these needs were to be met. For one person who chose not to wear continence aids their care plan detailed how their choice was respected whilst promoting their privacy and dignity.

● People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff were able to describe the care and support required by individual people. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly.

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 home provided a range of activities enabling people to live fulfilled lives. Such as, prize bingo, quizzes, baking, arts and crafts, an exercise programme twice a week, live entertainment, trips out; such as fish and chips on the sea front, local walks, music, reminiscing talks, gardening and life stories. The home had a projector screen for films and sporting events such as horse racing. Relatives were encouraged to join in activities.

● People and their relatives were positive about the activities available. Comments included, "We have quite a lot of entertainment here. Today we had a balloon man with different shapes and he was good", "We have exercise and puzzles and painting. There is plenty to do here. There is always a lady who gets us up exercising. I really enjoy it", "When the weather gets good we go in the garden", "The activities are great, [resident's name] is not one to join but is always asked and offered" and "There are loads of activities here."

● We observed people being engaged in various activities throughout the inspection; people doing puzzles, reading magazines, tactile sensory items, live entertainment, quizzes and people having photographs taken for the personalised Christmas cards they were going to be making.

● The home had activities coordinators who had created a flexible activity programme that was led by people and what they wanted to do. There were activities available daily, including weekends, supported by activities coordinators.

● People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

● There was a strong focus on social inclusion and taking activities to people and their bedrooms. For example, offering hand massages, games, opportunities for a chat, to read the newspaper to people and

discuss current affairs. One person who was too unwell to leave her bedroom on her birthday was supported to have a party thrown in her bedroom.
● Staff identified what was important to people and endeavoured to provide meaningful experiences for them. For example, supporting people to continue to be able to have a 'shopping experience' through the implementation of a 'tuck trolley' which had various items people could browse and purchase.
● The registered manager had arranged for people and staff to have a life coach meditation session to promote everyone's emotional wellbeing.
● The home had established a positive relationship with the local schools. For example, the pre-school visited where the children performed songs, music and movement as well as general interactions with people which built both the people's and children's self-esteem and confidence.
● Another example was an on-going annual invitation people had for a Christmas meal at the local senior school.
● Providing person centred care was embedded within the staff team and people were supported to do activities they wanted. One person was supported to visit the local library monthly. Another person who had a passion for the garden and painting was supported to paint the garden furniture and décor in vibrant colours of their choice. The registered manager told us, "It's about giving them person centred care; if they want the newspaper then we'll go over the road with them to get one. [Resident's name] the other day wanted to go for a walk so I put my coat on and went out with her for a walk."
● People were encouraged to be involved in running activities. For example, being the caller for bingo or dressing up as Father Christmas for the children's Christmas visit.

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 fully considered during the initial assessment and as part of the ongoing care planning process so that information was given in line with their needs. For example, using pictorial format and offering visual choices. There were many examples throughout the home of easy read and pictorial formats for information. For example, the activities programme was in a pictorial format, there was a pictorial complaints procedure prominently on display in the home and accessible fire evacuation plans outside bedrooms.

Improving care quality in response to complaints or concerns
● The registered manager was pro-active in ensuring they were visible within the home and operated an open-door policy. They ensured that any low-level concerns were dealt with promptly preventing escalation and led a clear culture of learning. We observed people and relatives being greeted by name by the registered manager and it was evident that they were known to people and their relatives.
● People and relatives knew how to complain if they needed to and felt they would be listened to. People told us, "No fault at all with anything" and "I would go to the boss (registered manager)." A relative told us, "They are always willing to talk to you."
● A complaints procedure was in place to make sure any concerns or complaints were brought to the registered manager's attention. The registered manager was keen to rectify any issues and improve the quality of the service.

End of life care and support
● At the time of the inspection no one living at the home was receiving end of life care.
● Care records demonstrated that discussions had taken place with people and their relatives about their

end of life wishes, and these were clearly recorded. People and relatives told us they were confident that the home would respect people's wishes.

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 Good. At this inspection this key question has remained the same. 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 feedback we received from people and relatives was positive, expressing confidence in management, leadership and care delivery.
- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available in the office and displayed on notice boards.
- The registered manager promoted an inclusive, value based and positive culture. They were committed to developing and valuing staff. For example, staff were supported to access further development training and career progression.
- The registered manager got to know staff and staff were encouraged to make suggestions and were listened to. We saw how a staff member's feedback about offering additional pureed choices for people had been incorporated into the menu.
- People and relatives were positive about the registered manager. Their comments included, "The boss (registered manager) here is brilliant. She talks to you not as a boss but as a friend" and "The care home is well led". A professional told us, "[registered manager's name] is so good, she is very hands on. Very good, knew what she was talking about."
- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently within the home.

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

- The service was well-led by a management team whose passion and drive to deliver a good service, leading by example, was evident. Staff were involved in the running of the home and were asked for ideas.
- The feedback about the registered manager was positive. Staff comments included "All you need to do is knock on the door. [Registered manager's name] always got time for you", "The manager will come out and join in with the karaoke and dances, she gets involved. [Registered manager's name] isn't one of those managers who sits behind a desk, she gets involved" and "[Registered manager's name] is really good. She's brilliant."
- The registered manager told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. They participated in the local registered

managers meetings, to learn from others and share good practice.
● There was a stable and consistent staff team who were skilled and motivated. They were not only clear about their own specific roles, but also upskilled as and when needed. This was particularly evident around dementia care and support.
● There was a quality assurance system in place to monitor and improve the quality of the home. However, some of the quality assurance audits were not consistently effective in monitoring the quality of care provided. For example, there were some audits that had been consistently completed but which had no information recorded on them as to whether the identified actions had been completed. Following the inspection, the provider provided evidence that the actions had been completed.
● The registered manager had robust processes in place to review any concerns and trends which helped to maintain their oversight of quality and safety within the service.
● The registered manager was clear about the legal responsibilities in line with their registration with the CQC. They were open and transparent when accidents/incidents occurred.
● The provider had appropriate polices in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● The registered manager had developed links with external agencies ensuring successful partnership working, such as with the local authority and the local GP surgeries and district nursing team. For example, the home worked closely with their local GP surgery resulting in regular visits from the GP promoting consistency and better health outcomes for people. A visiting professional told us, "They do reach out for support and to the right places and they do listen to what we advise."
● The home invited local community groups to become involved in the home. For example, the local patchwork club were in the process of making a tactile wall hanging for the home, the local community helped with the fish pond and donated fish and the home had signed up to the 'Postcards of Kindness' imitative. Postcards of Kindness is an initiative that asks people to write and send postcards to residents of care homes.
● The home employed various methods to ensure people and their relatives were kept informed about what was happening in the home and to ask for their views and suggestions. For example, resident's meetings and newsletters sent out to relatives as well as surveys and reviews. We saw that the registered manager had set up a regular e-mail communication letter in response to feedback from relatives.
● Staff were positive about the support they received from the registered manager and management within the service. Comments included, "We have supervisions so we can set goals", "They are very good' and "If anything is bothering me or need to talk to management about anything I know I can do that."
● Staff meetings were held regularly, and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly.
● The registered manager had started to implement staff champions in different areas. For example, they had an end of life staff champion in place and had plans to develop these roles and embed them further into the home. They also had plans to invite people's relatives and the local GP's surgery staff to the home to be introduced to the 'Dementia Bus'. The Dementia Bus gives people an experience of what dementia might be like by creating a simulated environment. The home had introduced the staff to this experience to very positive feedback.