Alexander's Mental Health LTD

Park View 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
Park View is a residential care home which was providing personal care to 16 people living with a mental illness or dementia at the time of the inspection. The service is registered for up to 30 younger or older people.

The service comprises of four houses which are arranged into two sets of adjoining houses, Parkview and Parkside. Within each set of houses there are two communal lounges, a dining room and kitchen. There is access for people to mix freely between the two sets of houses, via a communal rear garden.

Since the last inspection the service's five double bedrooms, had been converted into single bedrooms, each with an en-suite shower and been re-decorated. A further five bedrooms had an en-suite toilet. The service now accommodates up to 21 people and will be applying to amend their registration accordingly.

People's experience of using this service and what we found
People were happy with the care provided and felt safe and well cared for. A person said, "Whatever I need I get it in here. I cannot ask for a better care.'' Another person told us, "I've chosen this home because it's well managed, maintained and with a good atmosphere."

People were safeguarded from the risk of abuse. Staff understood what could constitute abuse and robust processes were in place to protect people. Staff identified, assessed and managed potential risks to people's safety. Incidents were reviewed and any relevant actions taken to reduce the risk of repetition. People received their medicines safely from competent staff. There were sufficient numbers of competent staff to keep people safe and meet their needs. Processes and procedures were in place to protect people from the risk of acquiring an infection.

People's needs were assessed and their care and treatment was delivered in accordance with current legislation and good practice guidance. People were supported by skilled and knowledgeable staff. Staff ensured people received plenty of food and drink which was suitable for their needs. Staff worked effectively both together within the service and with external teams to ensure they identified when people required a referral to external services and to share relevant information. The building was suitable for people's needs. Processes were in place to monitor and promote people's mental and physical health.

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.

Staff consistently treated people with kindness, respect and compassion. They understood when people required emotional support and ensured this was provided. Staff encouraged people to express their views and to be involved in all aspects of decisions about their care and support wherever possible. People's

privacy, dignity and independence were respected by staff and promoted.

People received personalised care from staff which took into account their wishes, needs and preferences. Staff supported people to participate in activities and to form social links, which reduced the risk of social isolation. Processes were in place to seek and respond to people's complaints which were seen as an opportunity to make improvements in the service for people. Staff had the required skills to support people at the end of their lives.

The registered manager was experienced and promoted a positive, person centred culture, focused on achieving good outcomes for people. They understood their role and responsibilities and inspired staff to provide good quality care. The registered manager sought the views of people, staff and professionals and acted upon any feedback received. Processes were in place to evaluate the quality of the service provided and to drive improvements. The service worked collaboratively with external agencies to improve outcomes for people.

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 (29 July 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.

Park View 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
The inspection team included an 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
Park View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 gathered this information during the inspection.

We reviewed the information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also requested feedback from a specialist nurse about the service.

During the inspection
We spoke with six people who used the service about their experience of the care provided. We also spoke with six members of staff, including the registered manager, deputy manager, the chef, activities worker, a senior care worker and a care worker.

We reviewed a range of records. These included two people's care records and medication records. We looked at two 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 looked at training data and staffing rosters.

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
● Staff had completed face to face safeguarding training which they updated annually, in accordance with good practice guidance. Staff understood their role and responsibility to safeguard people from the risk of abuse. They had access to a range of relevant policies and guidance. These included policies on the prevention of bullying, harassment and exploitation of people.
● The provider's 2019 quality survey, showed 100% of those who responded felt safe with care staff. A person told us, ''Staff are doing their job well; I have no reasons not to feel safe.'' People were provided with relevant information about how to keep themselves safe from the risk of abuse.
● The provider had appointed a safeguarding lead to provide staff with guidance and advice. The registered manager ensured relevant agencies were informed of any potential safeguarding incidents.

Assessing risk, safety monitoring and management
● Staff regularly assessed potential risks to people's mental and physical health using recognised tools and control measures were in place to manage them. For example, people were screened for their risk of suicide, challenging behaviours and neglect. If a person was identified as experiencing behaviour that challenges there was guidance for staff about how best to support the person. Staff discussed the management of risks to people with them wherever possible.
● Staff assessed potential risks to people's physical health, such as those related to their mobility, risk of falling or developing pressure ulcers. Where people required equipment to manage identified risks to them, this was provided. If people lived with health conditions such as diabetes, there was guidance for staff about the person's safe levels of blood sugars and what to report.
● Staff ensured any interventions were proportionate and the least restrictive. For example a person living with dementia was at increased risk if they were to leave the building unsupervised. There was a front door alarm in place to alert staff if they left the service unnoticed. This ensured people could leave the service, but staff could also take any required action to keep this person safe.
● The provider ensured equipment used in the provision of people's care was safe and regularly checked. They completed regular checks in relation to fire, gas, electrical and water safety within the service for people. The registered manager had contingency plans in place, in the event of an emergency to ensure the service could continue to operate.

Staffing and recruitment
● There were sufficient competent staff on duty. A person told us, "If I call the staff they come quickly." There was a senior carer on the day staff shifts, to lead the shift and provide staff with guidance. The registered

manager kept staffing levels under review and altered them according to people's needs.
● There was a stable workforce and some staff had worked for the service for many years. This ensured people received continuity in the staff who cared for them.
● The provider had robust recruitment processes in place to ensure only suitable staff were employed. They ensured all relevant pre-employment checks were completed to ensure staff's suitability for their role.

Using medicines safely
● People received their medicines from trained staff whose competency to administer their medicines was regularly assessed in accordance with good practice guidance. Staff had access to relevant and up to date medicines guidance.
● Processes were in place to ensure people's medicines were ordered, stored and disposed of safely. Staff stored and monitored controlled medicines, which are subject to tighter controls, safely and in accordance with national guidance.
● Staff informed people about what medicines they took and why. A person told us, 'I know the medicines I am on."
● Staff ensured people received their medicines at the correct times in accordance with the guidance in their medicines care plan. There was guidance for staff about when to administer medicines people took 'as required' and the actions to take if people refused their medicines. Staff maintained an accurate record of people's medicines administration.

Preventing and controlling infection
● Staff had completed infection control and food hygiene training. They had access to relevant guidance and the provider had an infection control staff lead. Staff were observed to wear the personal protective equipment provided.
● The service was visibly clean. Facilities were available to enable people to wash and dry their hands and hand gel was available. The registered manager ensured staff followed national guidance in relation to Coronavirus, in order to minimise the risk of acquiring this infection.

Learning lessons when things go wrong
● Staff understood their duty to report any incidents, which were then reviewed by the registered manager. This enabled them to identify if any further actions were required to reduce the risk of repetition.
● The registered manager had introduced the 'Herbert Protocol' following an incident. This is a national scheme, whereby essential information about a person is collated and kept up to date, in case they go missing. This form can then be passed to the police at the point an alarm is raised, to enable them to access essential information promptly.

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 including those related to their mental health were comprehensively assessed and desired objectives from the provision of their care were identified within their care plans. People's care plans were kept under monthly review and updated sooner if required following an incident.
- The registered manager ensured staff were kept abreast of and applied current best practice in their work with people. For example, staff used a tool, Trend in Observations of Residents in Care Homes (TORCH) to monitor people's physical and mental well-being over time. This enabled them to identify subtle changes in their presentation which could then be referred to the appropriate professional if required. They had also been trained in the use of RESTORE2. The purpose of which was to enable staff to promptly identify if a person was deteriorating and to escalate their concerns.
- Staff applied their learning effectively to promote good outcomes for people. For example, following diabetes training, staff had assembled a 'hypo' box. This contained a range of glucose products in the event a person with diabetes experienced hypoglycaemia, so they could increase the person's blood sugars immediately. Hypoglycaemia is when a person's glucose levels become too low.
- A dentist had visited the service to review people and had provided staff with oral health care training. People had oral health care plans and were supported with their oral health care, in accordance with national guidance.

Staff support: induction, training, skills and experience

- A member of care staff told us they had received a comprehensive induction to their role. This had included completion of the Care Certificate, which is the national standard induction for staff who are new to social care. They said they found the week's face to face training beneficial. Following their induction, they received ongoing guidance in their work from senior care staff.
- Staff were offered a range of specialist training relevant to the needs of the people they supported. This was provided both in-house, and externally by healthcare professionals. For example, staff had completed training with the community nurses on how to complete basic observations, such as people's pulse and blood pressure. This had supported them with their implementation of TORCH and RESTORE2.
- Staff received regular supervision, through face to face meetings, observations of their practice, medication competencies and their annual appraisal. Staff were encouraged and supported to undertake further professional qualifications in social care as part of their ongoing development. People were supported by skilled and knowledgeable staff.

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

● People told us overall they were happy with the food provided. Their comments included, "Food is quite nice; we always have two options to choose from" and the "food is good.''

● People had breakfast when they were ready and chose what they preferred. A person wanted bacon and eggs and staff checked how they wanted their eggs, before they prepared them. If people did not want their main meal at lunchtime, then it was stored safely for them.

● People's dining experience at lunchtime was relaxed and unhurried. People sat where they wished and appeared to enjoy their meal.

● Staff had assessed potential risks to people from eating and drinking, such as choking or weight loss and relevant guidance was in place. Staff, including the chef, had received relevant training in areas such as dysphagia, which is when people have swallowing difficulties. Staff had also been trained on the latest guidance about the consistency of food and fluids people at risk of choking should be offered, in order to reduce their risk.

Staff working with other agencies to provide consistent, effective, timely care

● The service had robust processes in place to refer people to external services. They used systems such as TORCH, RESTORE2 and the local authorities' post-falls protocol to identify if people required an external referral. There were daily staff shift handovers, which enabled staff to share information and to make any required appointments.

● Staff used tools such as, "This is my care passport" and a transfer to hospital form. These ensured in the event of a person being transferred to an external service, all of the required information about them and their needs, including those related to their mental health would be shared. For example, essential information to keep them physically safe, information about their mental illness, communication methods and care preferences.

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

● People were provided with sufficient personal and communal space for their needs. Since the last inspection the double bedrooms had been redecorated and made into single bedrooms with an en-suite shower. This ensured no-one needed to share a bedroom. Some of these larger rooms were on the ground floor which made them suitable for people with needs related to their mobility or whom needed to be hoisted. There was sufficient communal space indoors for people and a good-sized garden.

● People were consulted about the décor of the home and their bedrooms which were individualised. One person who was living with dementia had their bedroom door painted in a colour they recognised to assist them with finding their bedroom. There was enough signage to enable people to orientate themselves.

Supporting people to live healthier lives, access healthcare services and support

● There was guidance for staff about the signs which might indicate a person was experiencing a relapse of their mental health, the actions to take and professionals to alert. Staff had guidance about how to manage people's physical health conditions such as diabetes and the management of any associated health risks, such as foot and eye care.

● Staff ensured people had an annual medical review, to ensure their well-being. They also used a checklist to monitor when people last saw a chiropodist, the dentist, optician or had their hearing checked. People were also monitored and reviewed by the specialist nurse for residential homes at their monthly clinic. Processes were in place to monitor and promote people's mental and physical health.

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.

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 involved people in decisions about their care to ensure their human and legal rights were upheld.
- Where people lacked the capacity to make decisions, staff provided them with information in an accessible format to support them to understand the decision. For example, staff used pictures of a toothbrush to enable a person to understand the need to brush their teeth.
- Staff understood the Deprivation of Liberty Safeguards and the application of the MCA in their day to day work with people. The registered manager ensured any required applications to authorise people's deprivation of liberty were made and in people's best interests. They informed staff at the shift handover when applications to deprive people of their liberty had been authorised and of any associated conditions.

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 were always treated with kindness by staff. People told us, "The staff here are the friendliest. They all are very good'' and "Staff are very caring and nice." We observed staff were consistently kind and caring towards people. Staff ensured they physically bent down if speaking to a person who was seated, to ensure they made eye contact. They also used touch appropriately when speaking with people, to provide reassurance. A staff member said, "They are not like residents they are like family."
- Staff had the right skills and knowledge to provide people with compassionate care. For example, staff understood a person living with dementia would suddenly stop eating their meal and become distressed if immediately asked to eat more. Staff observed them and when they stopped eating, waited a few minutes before they gently intervened. The person had by then forgotten why they had stopped eating and happily re-started their meal. Staff patiently repeated this cycle throughout the meal to ensure they ate enough.
- A health care professional reported, "they are amazing" and told us how well they supported people with their behaviours related to their mental health needs, which could be challenging. A social worker had sent the service a compliment which read, "supportive and knowledgeable staff who had good relationships with service users."
- Staff had a good knowledge of people's needs and interests. The registered manager told us they had recently admitted a person with complex needs. They had completed a 'mind map' with staff prior to the person moving in to aid their understanding of this person and their needs. A mind map is a visual tool to help understand, structure and link information. Staff told us how helpful they had found the session.
- Staff sat and spent time with people, they did not rush them. One care staff said, "I talk to the residents - they share about their families." Another said, "We have more time here to learn about people, it is so nice there is time to learn about the individual."
- The registered manager created a focus on compassionate, respectful and empathic behaviour within the staff team. For example, a member of care staff told us how they and other staff had come in to work on their day off, to sit with a person who was receiving care at the end of their life. This provided them with company and comfort.

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

- People were constantly involved in making decisions about their care and support. Staff consulted people about all aspects of their care and respected their choices. For example, people got up when they wanted to and staff organised their breakfast for the time they preferred and ensured their lunch was served later if

required. People spent their time how and where they wanted.

● People were fully involved in planning and reviewing their care plans, which contained information about their health diagnoses and how they impacted upon them.

● People were provided with information about advocacy services. Information was displayed in the communal areas for people and there was an 'easy read' version, to ensure the information was accessible for everyone. People had access to computers in the communal areas, which they could use to access any information they required.

Respecting and promoting people's privacy, dignity and independence

● The registered manager and their deputy fostered a culture of kindness within the staff team. They told us they acknowledged staff's caring and positive behaviours and addressed any negative ones. The registered manager said, "You can change your staff with your attitudes." On world kindness day they had bought small treats for people and encouraged staff to do a kind act for someone else, to encourage thinking about others.

● Staff ensured people's dignity was upheld during the provision of their care. They told us how they closed people's curtains and kept them covered during personal care. People's right to privacy was always respected. Staff understood people of all ages have sexual needs and guidance was in place to ensure people had any privacy they required. People confirmed staff upheld their privacy and dignity.

● Staff supported people to maintain relationships with those close to them. People had free access to their family, friends and the community.

● People were enabled to have as much control and independence as possible. People's care plans informed staff what they could do for themselves. For example, staff were guided to give people space and be patient where they could dress themselves, if given sufficient time. A person told us, "I am quite independent, going out every day."

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, and those they wished to be, were involved in developing their care plans. Staff told us they developed people's care plans with them. People where they were able to, signed their consent to the care provided. A person confirmed, "I know my care plan, now I have to sign it every month.''

● Staff identified people's individual needs, including those on the grounds of their protected characteristics as defined by the Equality Act 2010. For example, Staff worked with people and their families to understand their religious need in relation to attending services, observance of significant religious dates and dietary requirements

● Staff were well supported to understand and meet people's needs through their care plans and the provider's programme of learning and development. Staff had the opportunity to undertake training specific to people's mental and physical health needs. This included training in mental health, dementia, pressure area care, diabetes and blood sugar monitoring.

● Staff encouraged people to be involved in daily life in the service. For example, one person enjoyed collecting the condiments and clearing the tables after lunch. Staff understood, this enabled the person to have a sense of purpose and participation.

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 information and communication needs were identified, documented and met. For example, a person had a chart with pictures and words which staff used with them to support their communication. People living with dementia were provided with photos of the main meals to enable them to make an informed choice.

● The activities co-ordinator provided the activities schedule in several different formats to meet people's individual communication needs. This included pictures of the activities for that day. Policies and information in relation to areas such as safeguarding and complaints were provided in an easy read format for people if required.

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 encouraged and supported to take part in a range of activities based on their interests, both within the service and in the wider community. Within the service, people were provided with a daily programme of activities, including at weekends. A person said, ''I am never bored here." The local hairdresser visited weekly and staff made this into a pampering session with manicures and a coffee.
● People also accessed the local shops either on their own or with staff if required. A person said, "a member of staff takes me to the market for some shopping, I enjoy that time.'' Another person used the local buses and train to visit the local library and to access other towns. People were supported to make social links which reduced the risk of social isolation.
● Staff ran a monthly outing for people to local places of interest or an activity such as attending an event at the local theatre. People also went to the pub and enjoyed picnics and BBQs. The activity co-ordinator ensured cultural traditions and celebrations were upheld. For example, a person told us "We made lovely pancakes" on pancake day. Staff told us they took people to a local pub which was accessible for those with a physical disability on Valentine's Day, so all could participate.

Improving care quality in response to complaints or concerns
● People's views about their care were regularly sought at their monthly meetings with their keyworker. This enabled them to review their care with staff and to raise any aspects they were not satisfied with.
● The provider had a complaints policy which was shared with people. This outlined how to make a complaint, how it would be addressed and within what time frame. It also told people how to escalate any complaints externally, if a person was not satisfied with how their complaint had been addressed internally. The provider's policy encouraged people's feedback as an opportunity to make improvements. Staff understood their role and responsibilities in supporting people to raise any complaints.
● No complaints had been received from people within the past year, but there was a robust process in place if they wished to raise any issues.

End of life care and support
● Staff were able to access the provider's end of life care training and policies, which referenced national guidance. Three staff had also recently attended end of life training with the local specialist matron and disseminated their learning across the staff team. There was also a staff lead for end of life care. This enabled staff to understand how best to support people at the end of their lives, when they chose to remain within the service.
● Staff sought people's views and wishes about their end of life care and these were recorded in advanced care plans. Staff worked with healthcare specialists, including palliative care specialists to ensure people experienced a dignified and pain free death. They ensured any required medicines were in place for the person, in order to alleviate any pain or distress. A specialist nurse told us staff "did everything" for people who required end of life care.
● The registered manager supported the staff team well to enable them to provide people with end of life care. They told us how a new member of staff had supported their first person at the end of their life. The registered manager had assessed whether the staff member was ready to provide this support. They had also spent time with them reflecting upon the experience and how it impacted upon them, in order to ensure they were sufficiently supported and confident to be able to be there for the person.

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

● Staff told us they learnt about the provider's objectives and purpose of the service during their induction. The registered manager was experienced and skilled and supported staff to deliver the provider's objectives. People were seen as individuals and received care tailored to their needs.

● The service had a positive culture which was person centred, open, inclusive and empowering. The registered manager and staff had a well-developed understanding of equality, diversity and human rights. They understood people's individual needs related to their health, age, gender, ethnicity, religion and disability and ensured these were well met. They understood people's right's as citizens. For example, people were registered to vote, and enabled to exercise this right where they wished to.

● The registered manager promoted an open culture where people, their relatives and staff were encouraged to provide their feedback. People had not needed to make any complaints in the past year. When staff had raised any issues, these had been documented. This provided a clear record of what was raised, when and the actions taken in response to ensure the issue was addressed for people. A member of the care staff told us you, "can raise any issues as required."

● The registered manager and the deputy manager were available for people and staff. They were both clearly visible within the service and the deputy manager spent part of their time rostered to work alongside staff on the floor. A person said, "Of course I know [name of the registered manager]. Everyone knows her. I can always speak to her.'' Staff also told us they felt well valued and supported by the management team.

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 registered manager understood their legal responsibilities and had taken the appropriate steps to ensure these were met.

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

● The service had a clear organisational structure, and effective arrangements for the management of the service. In addition to the registered manager there was a deputy manager and senior care staff who led and organised the staff on shift. There were also staff leads for areas such as diabetes care, end of life, and infection control to drive improvements.

● Staff were well motivated in their roles and had confidence in management. The registered manager told us they had a good rapport with staff and that they were, "professional but they [staff] can come to me with a problem." They cared about their staff and told us if staff brought any issues they monitored to "see if there was a trend and the staff member needed extra support."
● The registered manager understood their responsibilities to report significant events to CQC for review through the submission of statutory notifications.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People's views and input on the service were sought in a variety of ways. These included, their individual monthly keyworker meetings, residents' meetings and the annual quality assurance survey. These provided people with the opportunity to provide feedback on a one to one, in a group and anonymously.
● Any feedback provided from people, staff or professionals was acted upon. For example, following people's feedback at a residents' meeting about some aspects of the meals, the chef had met with people to seek their suggestions. People had provided very positive feedback overall following last year's survey. Where issues had been identified, these had been addressed. For example, a person said their pillow case had gone missing in the laundry, so staff supported them to purchase new bedding.
● Staff's views were sought through meetings and the quality assurance feedback. There were also to be carer support meetings for staff, to offer all staff the opportunity for peer to peer support in their role.

Continuous learning and improving care
● The registered manager was focused on continuously improving the service. There were internal and external processes in place to enable them to achieve this. On a daily basis, health and safety checks were completed and at each staff shift handover people's medicine administration records were checked for any gaps in staff signatures. There were daily checks on the stock levels of boxed medicines and controlled medicines.
● The registered manager completed a monthly checklist where they checked various aspects of people's care, such as their care plans, staff files and staff training. They also completed the provider's electronic monthly audit, which was based on the CQC key lines of enquiry. The operations manager also completed audits of the service based on the key lines of enquiry. Processes were in place to evaluate the quality of the service provided and to drive improvements.

Working in partnership with others
● The service had very good working relationships with external stakeholders and agencies.
● They worked collaboratively with external agencies. For example, in addition to their own pharmacist's annual audit. They had collaborated with local clinical commissioning group (CCG) pharmacist, who had twice audited the amount of medicines wasted. This had involved the CCG pharmacist reviewing whether people actually needed all the medicines they were prescribed.
● There was a strong focus on not over ordering medicines and by working closely with the GP and the CCG pharmacist, they only ordered what was necessary. For example, where people took, 'as required' medicines or topical creams which often went out of date before they were used. They ordered a specific number of tablets rather than a box or a smaller tube which eliminated waste. Following the second audit, the CCG pharmacist found they only wasted 2.2% of medicines and had sent the registered manager, "a massive congratulations to you and your team." This work had both ensured people only took the medicines they required and reduced the wastage of medicines for people.
● Staff attended the local CCG's bi-monthly care home forum, where they were able to share learning and receive updates.