

Derwent Residential Care Limited

Derwent Residential Care Home

Inspection report

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26 February 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Derwent Residential Care home is a care home that provides personal and nursing care for up to 34 older people. At the time of the inspection, there were 24 people living at the service. People were supported with a range of personal needs which included those who lived with dementia, and physical health needs.

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

People's experience of using this service:

- Although the registered manager completed audits of the service and people's care each month, people's care plans were not always reflective of their current support needs.
- The registered manager was in the process of completing easy read documentation to better people's understanding of menus and the complaints process, however this had not yet been implemented.
- Staff had received training; however, the training plan was not up to date with what training had been received. This meant that there was not full oversight of what training staff had received to meet people's needs. The registered manager was aware of these areas for improvement and needed further time to implement and embed actions.
- For some people who required support to make decisions about their care, mental capacity assessments were not reflective of the decision-making process. There was limited evidence to demonstrate that people's views, or those involved in their care, had been sought.
- People and their relatives told us they felt safe and that there were enough staff to meet their needs. Staff knew people and any areas of risk. There were assessments to address these concerns and how these should be mitigated.
- Regular checks were completed on the environment to ensure the building was safe for people and the home was clean, tidy and well maintained.
- We observed staff giving medicines to people in a safe and person-centred way. Staff had regular training and competency assessments completed to ensure they had a good knowledge of giving medicines.
- People and their relatives were confident that staff had the skills and knowledge to meet people's needs. Staff were further supported in their roles with regular supervision and annual appraisals.
- People had regular access to health and social care professionals to improve their wellbeing. People's nutritional needs were met and they told us they appreciated the quality, quantity and choice of foods offered.
- People took part in activities that promoted their health and social wellbeing. The activities co-ordinator also organised activities that reflected people's wishes and personal histories.
- People and their relatives told us they had not had any reason to raise complaints, however felt comfortable doing so with the registered manager.
- Although no-one was receiving end of life care at the time of inspection, staff had demonstrated kindness

and compassion when people had previously passed away. The service had received lots of thank you cards from relatives with high praise for the support people had received.

- People, their relatives and staff spoke highly about the registered manager and felt that a supportive, team working ethic was promoted.
- The registered manager was relatively new to their post at this service and had already implemented positive changes to the environment. They had a clear action plan for how they would rectify areas for improvement.
- The registered manager knew the importance of working in partnership and had already organised activities with the community as well as accessing continued support from the local authority.

Rating at last inspection:

At their previous inspection, Derwent Residential Care Home were rated as Good. (Report published 3 June 2016)

Why we inspected:

We inspected the service as part of our inspection methodology for 'Good' rated services.

Follow up:

We will review the service in line with our methodology for 'Requires Improvement' services.

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?

Requires Improvement ●

The service was not always 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 Caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

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

Inspection team:

Day one was completed by one 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. Day two was undertaken by one inspector.

Service and service type:

Derwent Residential Care Home is a care home. People in care homes receive accommodation and nursing or 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. 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.

We inspected on 25 and 26 February 2019.

What we did:

Before the inspection we reviewed;

- Information we had received about the service. This included details about incidents the provider must notify us about
- Information the provider sent us in the Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

During the inspection we reviewed;

- ☐ Staff rotas and contingency plans
- ☐ Four people's care records
- ☐ Four people's medicines records
- ☐ Three staff files, including recruitment, training and supervision records
- ☐ Records of accidents, incidents and complaints
- ☐ Audits and quality assurance reports

We spoke with;

- ☐ Ten people using the service
- ☐ Two relatives
- ☐ Five members of care staff, including the activities co-ordinator
 - One health professional
- ☐ The registered manager
- ☐ A representative from the local authority, Market Support team

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they always felt safe. One said, "At no point has it occurred to me that I feel unsafe. Staff are very good." Another person told us, "The staff and the place itself make me feel safe."
- Relatives were confident that people were kept safe by staff. One said, "My relative is in bed 24/7 and they don't have any bed sores. Staff ensure this doesn't happen." Another said, "Yes the staff are very good at keeping her safe, it is busy here but she is well looked after."
- Staff had received safeguarding training that was regularly reviewed. They were aware of signs of potential abuse and who to report to with any concerns. There was a whistleblowing policy that staff were all aware of. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral. One staff member said, "I wouldn't hesitate to contact safeguarding or CQC if I thought people were at harm."
- We found that all potential safeguarding concerns were reported appropriately and advice sought where needed.

Assessing risk, safety monitoring and management

- People had assessments that identified areas of risk and how this could be reduced. This included risks associated with moving and handling, falls, nutrition, skin integrity and medicines.
- Call bell risk assessments had been completed for people. This identified their understanding of the system, or if they had any physical support needs that would prevent them using it.
- For one person who chose to smoke, there was a risk assessment that reflected their choice and how this could be done safely. We saw the person being supported in this way during the inspection.
- A maintenance person completed health and safety checks for fire safety, Legionella, water temperatures and electrical equipment. We viewed safety certificates from external professionals that included equipment checks and gas and electrical safety.
- There were clear fire procedures displayed for staff and people that informed actions to take in the event of an emergency. There was a 'grab bag' at the front door. This is a bag that staff take if an evacuation was required. It included torches, first aid kits, blankets, walkie talkies, fire procedures and contact details for people, staff and emergency services. People had Personal Emergency Evacuation Plans (PEEP's). These were specific to each person and advised what support and equipment would be needed in the event of an emergency.

Staffing and recruitment

- We viewed staff rotas and found there were enough staff to meet people's needs. People told us there were enough staff on each shift. One person said, "There is always someone on hand or to call." We observed that call bells were answered quickly and efficiently during the inspection.
- A dependency tool had been completed for each person, that identified their support needs at various times of the day. This enabled the registered manager to plan rotas and ensure there were enough staff to meet people's needs at all times.
- Recruitment processes were robust. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.

Using medicines safely

- People and their relatives told us they never had to worry about their medicines because, "Staff know exactly what they're doing." One person said, "I don't take much medication but I understand it and always get it on time."
- We observed medicines being given and found staff checked, gave and stored medicines in line with current guidance. Staff checked Medicine's Administration Records (MAR) before giving people their medicines. Staff stayed with people to check medicine had been taken before signing the MAR.
- Medicine was stored in an organised way in a medicines trolley that was secured to the wall. When staff left the trolley, they ensured it was locked.
- Once medicines were given, a second staff member checked that nothing had been missed. There were no gaps in the MARs we looked at.
- Where people were prescribed medicines on an 'as required' basis, there were clear records to indicate why the person would need the medicine and how often it was to be given.
- Staff had completed training in the safe administration of medicines and had their competency assessed by the registered manager. This was completed every three months during supervision and included a questionnaire and observations of practice.

Preventing and controlling infection

- We found the building to be clean, tidy and well maintained.
- Staff had received training in infection control. We observed staff using Personal Protective Equipment (PPE) such as gloves and aprons when supporting people with personal care or when serving food.

Learning lessons when things go wrong

- The registered manager had good oversight of incidents and accidents and reflected on lessons learned. Each month, incidents were reviewed to identify any trends and what further actions could be taken.
- One person had experienced a number of falls. Staff sought support from the falls prevention team as well as the GP to review their medicines. As a result of additional guidance, the number of falls had reduced.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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.
- We checked whether the service was working within the principles of the MCA and found that people's capacity had not always been assessed in line with this guidance.
- One person had an advocate to support with decision making, but there was no evidence to indicate their involvement in any individual mental capacity assessments.
- There was limited written evidence to demonstrate that the person's views and those involved in their care such as relatives or social workers had been taken into consideration. The registered manager told us they had talked to people about these decisions. However, because people's responses to questions had not been explained, it was unclear how a decision about capacity had been reached.
- The registered manager told us they would be speaking with senior staff to ensure they understood what information was required on mental capacity documentation and ensure they understood their responsibilities. They also showed us an example document of how they would be recording best interest decisions for people that included their views and others.
- Although the registered manager was aware that improvements needed to be made to meet MCA guidance, more time was required to implement these changes and imbed them into daily practice.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. For people that had authorised DoLS, all conditions were being met and they were being reviewed regularly.
- People told us they were offered choice in all aspects of their care. This included what they wanted to do, eat or drink and how they wanted to be supported with personal care. Through-out the inspection we observed people being offered choice. One person requested to do a specific activity which staff were unable to provide at that time. Staff explained to the person why it was not possible that day and suggested other activities to choose from. The person was happy with the options provided.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to meet people's needs. One person said, "They must have lots of training because they know exactly how to support me." A relative told us, "The staff talk to me about the care she needs and yes I do think the staff have the right skills to care for her."
- Staff had completed online and practical training courses to ensure they could meet people's needs. They had received more specialised training in diabetes, epilepsy and end of life care. Staff were due to receive specialised dementia training, which used sensory equipment to simulate some of the physical disabilities that people living with dementia might experience.
- Following an incident at another service owned by the provider, staff had received training in how to use a de-choker machine. This is a piece of equipment to support in clearing airways if a person choked. This had been used successfully once at the service and staff told us, "It really gives us piece of mind and relieves our anxiety of what to do if someone chokes."
- Staff told us they received a full induction, that included shadowing more experienced staff in understanding people, their support needs and preferred routines. New staff also completed the Care Certificate as part of their induction. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Following induction, staff were supported in their role with regular supervision and annual appraisals. Staff told us supervisions were an opportunity to discuss any concerns, people's support needs and areas for development. One staff member said, "We have supervisions every two months but I can request one whenever I want. The registered manager and I have open discussions so I feel comfortable raising any concerns."

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

- People's nutritional needs were consistently met.
- People told us they enjoyed the food at Derwent Residential Care Home and were given lots of choice on what they wanted to eat or drink. Comments included, "The food is very good indeed with home cooking and an alternative to everything, the Chef comes and asks our preferences", "The food is very good, I can't complain, we even get too much sometimes, we always get a choice" and, "No complaints about the food, plenty to eat and drink, egg on toast if that is what you want."
- Relatives agreed that the quality of food was good and told us they were often invited to join people for meals. One relative said, "She (relative) eats and drinks well, she likes her pudding, and the quality of the food always looks good."
- Some people required support to eat and staff did this in a kind, dignified way. They talked to them throughout, continuously checking that they were enjoying the meal. If people had difficulty holding crockery, they were provided with specialised cutlery and cups to aid with this and to maintain their independence with eating.
- The chef and staff were knowledgeable of people's support needs with food. Some people required their food to be soft to reduce risks of choking. This was provided and presented in an appetising way.
- One person required support to manage their weight. A staff member told us, "We try to look at portion sizes rather than denying someone of their choices. They shouldn't go without or get upset because they are told they can't eat something."
- We observed meal times to be a social occasion that people enjoyed. Tables were well presented, with table cloths, napkins, condiments and fresh flowers. Conversation flowed between people and staff, with lots of laughter and singing to the radio.

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

- The home had been adapted to meet the needs of people living with dementia. The registered manager explained that they had redecorated the service, based on research that people living with dementia recognised colours, better than numbers. People's bedroom doors were decorated in colours of their choice, with photos if they wished. Outside each room was a trellis filled with the same coloured flowers as the door. The registered manager told us this was so people's rooms could feel like their own cottage.
- There was easy read signage in communal areas to support people's understanding of where they were in the building.

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

- People had regular support from health and social care professionals to improve their well-being. One person said, "Staff are very good. They will arrange a GP if you need one, the chiropodist comes here."
- We saw that people had regular input from their GP's, district nurses, chiropodists, occupational therapists, dentists and mental health specialists.
- A visiting health professional told us they were, "Very impressed" with the staff and their response to people's health needs. They told us, "They get hold of me with any changes, if there's any immediate concerns such as skin tears or pressure damage, they ring me straight away".

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with dignity and respect and their choices and preferences respected.
- People were unanimous in their positive views of staff. One person said, "Yes the staff are caring here, they have got to know me well, they treat me well here, and they encourage my independence." Another said, "Staff are very good to us, they know what we like and know us well; they always treat us with dignity and respect."
- Relatives were complimentary of staff and told us they were, "Kind", "Caring" and, "Passionate about improving people's lives." One relative said, "The staff always seem to be on the ball with my relative's care." Another said, "I think this is one of the better rest homes."
- A visiting health professional told us, "I am always impressed, very caring staff and very attentive. They go with me to see people as they know them well and provide reassurance and a familiar face."
- We observed positive relationships had been built between people and staff. It was clear that staff knew people well. One person hugged a staff member calling them, "My favourite." Staff greeted people in a friendly manner and talked with them about their preferences and interests.
- Staff told us that they loved working at Derwent Residential Care Home, especially because of the people. One staff member said, "The best thing is that we are one big family – we support the people and each other. I love my job."
- We observed staff to be attentive and concerned for people's wellbeing. One person was sat in the lounge with their head in their hands, appearing upset. Staff immediately approached and asked them if they were alright. They listened to what the person was worried about and offered reassurance. Staff then suggested an activity that they could do together and the person smiled, taking their hand.
- Staff had a good understanding of equality and diversity and how to respect people's individuality. One person loved their cuddly toys. Staff talked to the person about them and understood how important it was for the person to have them with them at all times. For people that wanted to go to church on Sundays, this was facilitated. The registered manager told us that the activities co-ordinator often came in, even though it was their day off, to ensure people could be supported to attend church.

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

- People told us their feedback was acknowledged and appreciated. They told us they could be involved with residents' meetings if they wanted to. Once a month they also met with their keyworkers to discuss and review their care plans, preferences and wishes.
- People told us they regularly completed surveys that asked them for feedback about the service and staff. We saw these were completed every three months.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- Staff had a good understanding of how to promote people's independence. We saw staff encouraging people to use their mobility equipment as independently as possible, praising their progress.
- The registered manager told us that they had changed how breakfast was served to improve people's independence. Breakfast was displayed similarly to a buffet style in a hotel, with hot urns and a variety of cereals and spreads so that people could prepare their own food and drink.
- People and their relatives told us they felt people were treated with dignity and respect. One person said, "They always support me in a considerate and discreet way, which makes me feel comfortable." We observed this in interactions between staff and people. A staff member noticed that a person was struggling to cut up their food. They knelt down beside them and discreetly asked if they would like support. The plate was then taken to the kitchen so food could be cut up without others seeing. This preserved the person's dignity.
- Staff told us that any conversations about people were held in the office to ensure information was kept confidential and on a 'Need to know' basis. People's documentation was locked away to ensure that only relevant people could see it.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People consistently received care that was personalised to them.
- Pre-admission assessments were completed with each person before they moved in which identified their support needs, preferences and wishes. These support needs were reviewed monthly with people and their relatives, if they chose.
- Pre-assessments were used to formulate the person's overall care plan. This included a personal care notebook that documented people's histories, likes and dislikes. Relatives were also asked to describe what people did on a daily basis so staff could understand their preferred routines. For people living with dementia, they had a "This is me" document that included how to support the person moving into an unfamiliar place.
- People were involved in activities that promoted their health and social well-being. One person said, "I go to church every week, I am in the choir. I enjoy the activities, I like any crafts and making things." Another said, "Activities are good; I am a happy person and I don't get bored."
- Activities included animal therapy, motivation, reminiscing exercises, arts and crafts, quizzes and movie nights. We observed staff playing games and painting people's nails. For those that preferred to stay in their rooms, staff spent time having 1-1 conversations with them. People were engaged in activities and there was lots of laughter throughout.
- One person was passionate about gardening and had been supported to go to a local garden centre and purchase their own seeds to plant. Other people enjoyed singing and were supported to join in with a local choir every two weeks. People had enjoyed Christmas and New Year's Eve parties as well as afternoon teas at a local hotel.
- From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.
- People's communication needs were met. Staff had a good knowledge of people's support needs with regard to this. Some people could become agitated and staff knew what actions to take to reassure them. A staff member talked to us about one person who was confused on a daily basis and this caused them to become upset on occasions. A staff member said, "Reminiscence helps. Acknowledging their worries and talking to them on their level so they understand is key. As is being clear when things are happening and why and checking they have understood." We saw the person being supported this way by staff on inspection.
- Staff told us about another person who they had supported previously, who was registered blind. Staff had supported them to maintain audio equipment and visual aids so that they could communicate effectively with staff. Some people required pictures to aid with communication. There was some easy read

documentation to aid with this, such as feedback forms and signage in communal areas.

Improving care quality in response to complaints or concerns

- There was a good system for managing concerns and ensuring they were responded to quickly and efficiently.
- There was a clear complaints policy. This had been updated recently and people and their relatives had been given a copy. It was also displayed on communal notice boards.
- No formal complaints had been received within the previous year. People and their relatives told us they had no reason to complain but they knew what to do if they had any concerns. The registered manager had an auditing process for logging formal complaints and also informal concerns, so both could be responded to and analysed.
- We reviewed various thank you cards and letters received from people and relatives, complimenting the service provided and staff. One relative wrote, "Mum is safe, warm and loved here which gives me peace of mind and that's worth so much." Another wrote, "Mum is super happy here, there is a calm and loving atmosphere."

End of life care and support

- No-one was receiving end of life care at the time of inspection, however people that had previously passed away had been supported to have a dignified and pain free death.
- People had advanced care plans with regard to end of life care. These included their wishes about their care or funeral, what was important to them and who to involve. If a person had a Will, it was documented where this could be found.
- For people that had Do Not Attempt Resuscitation (DNAR) documentation, these were clearly identified in people's care plans. Staff knew which people they supported had these forms and they were regularly reviewed with people and their GP.
- Staff told us they were proud of the support they provided people at the end of their lives. One staff member said, "We always make sure they have someone with them so they don't need to be alone. They are treated like family and we all support each other with the loss." Another staff member said, "As many staff as are able go to people's funerals. We organised for flowers at the funeral of one person recently and their relatives were so grateful."
- The service had received thank you cards from relatives regarding support that was provided to their loved ones during end of life care. One relative had written, ""Mum was looked after in such a kind and caring way, you all looked after her with compassion and dignity." Another said, "Your care was exemplary and we thank you so very much."

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager completed monthly audits of people's documents, staff files, health and safety, accidents, incidents, safeguarding, complaints and training. Quarterly service reviews were also completed by the operations support team of the company. Despite these audits regularly taking place, we found that people's needs were not consistently documented within their care plans.
- One person's care plan stated that when they became confused, they could become agitated and display behaviours that challenged. There was no further information about what these behaviours were and what actions staff should take to support them.
- One person had gained weight and this could impact on their health. Staff had responded by speaking to a nurse practitioner and a relative, as well as looking at portion sizes. However, none of these actions had been documented nor an action plan completed with the person.
- We spoke with staff regarding these people and they all had a good understanding of their support needs. Therefore, we considered the impact on people to be low. The registered manager acknowledged that these care needs needed to be fully documented to ensure continuity of care. By the second day of inspection, these issues had already been addressed by the registered manager.
- Although there were some easy read documents for people that required pictures to communicate, these could be improved. People did not have pictorial menus or complaints forms. The registered manager was aware of this and had sourced pictures, however needed more time to implement these.
- There was no clear oversight of training plans. Three people required staff to give them insulin to manage their diabetes. There was no record of staff having received the training to do this. Staff told us they had the training by a registered nurse years ago but could not remember exactly when this had happened. By the second day of inspection, the registered manager had organised for a district nurse to come in and do competencies of staff in giving insulin. The district nurse planned to come in across the next few weeks to train all staff. The registered manager had already amended the rota to ensure only staff that had received their competencies could give medicines. The district nurse told us they were very impressed with the way staff gave insulin and it was clear they had received training in this. However, the registered manager acknowledged that oversight of training could be improved.
- Although there were areas for improvement, the registered manager was aware of this and had an action plan to address concerns. By the second day of inspection, they had already taken action to improve areas of concern. This demonstrated the registered manager's willingness to improve and that more time was

needed to implement and embed changes.

- People were complimentary about the registered manager. We were told, "The manager is very approachable, it is well managed here, and I have no complaints. I don't think you could go to a happier place." Another person said, "Very good manager here, she is always available."
- Relatives agreed, one telling us, ""I do think it is well managed here, the gardens are nice, and I have had a couple of questionnaires to fill out in the past."
- Staff told us they felt well supported in their roles and that a team working ethic was promoted. Comments included, "I love everyone here. We are a team and work together so well", "The registered manager is amazing, so supportive" and, "The registered manager is always there, smiling and very approachable." One staff member said, "The registered manager has supported me with some personal issues and given me time off when needed – she seems to genuinely care about our wellbeing."
- Staff told us that the registered manager encouraged an open and honest culture and this meant they were always confident raising concerns with them.
- The registered manager had a good understanding of their responsibilities in reporting to relevant others. We found that all incidents had been reported and shared with appropriate health and social care professionals and CQC.
- The previous inspection report rating was displayed on various notice boards throughout the home and also on the provider's website.

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

- People told us they were involved with meetings and met monthly with their key workers. The provider's policy stated that people should be offered meetings quarterly, however only one had been held in 2018. The registered manager was aware and had an action plan to improve this.
- Staff us they were involved with regular meetings where they discussed people and their support needs or any concerns. Meeting minutes demonstrated that policies and procedures, training and quality audits were also reflected on so that staff remained up to date with any changes.
- People, their relatives and staff were asked to complete surveys on a regular basis to gain their feedback on staff and the home. These were available in an easy read format for people.
- We viewed the latest results and found feedback was mainly positive. Activities were fed back as an area for improvement. However, the registered manager found that people did not always understand what was being asked and when discussed, they were happy with what was provided. As a result, the registered manager had changed the way that people were asked about activities on the survey.
- Results from surveys were analysed and displayed using a graph. These were then fed back to people, their relatives and staff. There was a copy of the latest results on notice boards.
- Staff told us they felt valued as a team and that incentives such as team building days, money towards child care and social events, kept them motivated. Staff were given awards for long term service. There was also an employee of the month initiative where people and staff voted for staff members.

Continuous learning and improving care; Working in partnership with others

- Staff told us that the registered manager had improved links between other services owned by the provider. They had worked at another home and this had improved their knowledge of dementia and challenging behaviour. One staff member said, "We now do activities with people from both services. This has improved social wellbeing for people and also helped staff get to know other people's needs and additional managers they could go to for advice."
- The activities co-ordinator had liaised with a local school and activities had been planned for children to

come in and engage with people. Staff had organised events such as summer fetes and celebrating the royal wedding to involve people, relatives and the community. The service had also held two coffee mornings to raise money for charity.

- The registered manager was aware of the importance of keeping their own training and knowledge up to date. They attended regular meetings with managers of other services owned by the provider. They also received regular support from the provider's operations director. The registered manager said, "They are lovely and very supportive. Down to earth and honest - if you're ever unsure, you just pick up the phone and they have the answer."

- The registered manager had sought support from the local authority's market support team. They were due to complete an audit shortly after the inspection. The registered manager had used the local authority's audit of another service to apply recommendations to Derwent Residential Care Home. The registered manager said, "It's all a learning process. We are appreciative of any comments and advice given to help us improve."