

Coate Water Care Company (Church View Nursing Home) Limited

Church View Nursing Home

Inspection report

Rainer Close
Stratton St Margaret
Swindon
Wiltshire
SN3 4YA

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Tel: 01793820761

Website: www.coatewatercare.co.uk

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

Church View is a care home providing personal and nursing care to 36 older people at the time of the inspection. The service can support up to 43 people.

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

The service ensured arrangements for social activities met people's individual needs and followed best practice guidance, so people could live as full a life as possible. The provider used a pool activity level (PAL) instrument to providing activity-based care for people with cognitive impairments, including dementia. The service had explored to find out what people had done in the past and evaluated whether it could accommodate activities.

The management team and staff ensured people received personalised care which had positive impact on their lives. Visiting professionals told us the service was focused on providing person-centred care and support and achieved excellent results. For example, one person had improved, and they were going home to live independently. Staff knew people well and quickly identified people's changing needs.

The service worked closely with healthcare professionals and provided good end of life care. People experienced a comfortable, dignified and pain-free death. We saw feedback from relatives following end of life care was positive. There was a rapid response to people's changing care needs and advice on care and support for people and staff at the times they needed. The home had established close links with a local hospice. Staff had the specific skills to understand and meet the needs of people and their families in relation to emotional support and the practical assistance they need at the end of the person's life. Records showed staff had attended end of life care training. Staff told us they were supported by the management team with empathy and understanding.

People living at Church View told us they received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to maintain good health and to meet their nutritional needs.

People told us staff were caring. This ethos consistency enabled people to receive good care from staff who knew them well. Staff did all they could to promote independency and we saw examples of such practices.

The home was well-led by a registered manager who was focusing on improving people's care and developing staff skills. A lot of significant changes had been implemented to support effective team working and improve people's outcomes. The service had a clear management and staffing structure in place and staff worked well as a team. The provider had quality assurance systems in place to monitor the quality and safety of the service.

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 January 2019).

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Church View Nursing 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 consisted of two inspectors 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

Church View 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

We reviewed the information we held about the service and the service provider. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We received feedback from the commissioners. We also reviewed the provider's previous inspection reports. We used all of this information to plan our 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.

During the inspection

We spoke with seven people and five relatives. We looked at three people's care records and eight medicine administration records (MAR). During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the operations manager, registered manager, the deputy manager and nine staff which included, care staff, kitchen staff, activities coordinators and domestic staff. 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 registered manager to validate evidence found. We received feedback from four social and health care professionals who regularly visited people who received care from the service.

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 requiring improvement. At this inspection this key question has improved to good. 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 they felt safe living at Church View. One person told us, "I give them 10 out of 10 because when you come here you are half afraid. That feeling soon went away, not as bad as I thought. All staff are very nice and friendly, feel safe with them." One person's relative said, "Absolutely a brilliant place, they look after [person] so well. Absolutely no worries that [person] is safe because they are on the case 24/7. Find nothing wrong, exceptional."
- People were supported by staff that knew how to raise safeguarding concerns.
- The provider had safeguarding policies in place and the team reported concerns accordingly.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.
- People's risk assessments included areas such as their mobility, nutrition and smoking. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- People's safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw people were attended to and supported in a timely manner and staff were not rushed.
- People and their relatives told us staffing levels had improved and there were enough staff. One person said, "Plenty of staff about when you need them. Much more regular staff than it used to be."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and their competency checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- The provider had made significant improvements to ensure infection control measures were in place. Some areas which had been previously identified as compromising infection control had been addressed. The provider had an infection control policy in place which staff were aware of and adhered to it.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
- People's bedrooms and communal areas were clean. One relative commented, "Lovely and clean in rooms and all communal areas."

Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following shortfalls identified during the last inspection.

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 before they came to live at Church View in line with current evidence-based guidance and standards to achieve effective outcomes.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process. One person told us, "I know that they came out to the house to work out what I wanted asked lots of questions so they would know what I wanted when I got here."

Staff support: induction, training, skills and experience

- New staff went through an induction which prepared them for their roles. Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff. One member of staff told us, "Induction was good. They put me to shadow an experienced member of staff."
- Staff told us they felt supported and had regular supervisions and yearly appraisals. These meetings provided an opportunity for staff to meet with their managers to agree objectives and discuss their performance.
- Further training was available to staff. One member of staff said, "We asked for phlebotomy training and it was provided."

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

- The home had clear systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care. Where referrals were needed, this was done in a timely manner.
- People's care and support was planned and coordinated when people moved between different services. People had proactive care plans in place which enabled up-to date information sharing with other services.
- Health care professionals complimented staff and told us staff followed their advice and sought further guidance when needed. One healthcare professional told us, "Referrals and requests are made in a timely manner, they enable residents to access healthcare according to needs and support them to make choices."
- The registered manager and staff sought to improve people's care, treatment and support by identifying and implementing best practice. The registered manager had embraced the new oral health initiative in line with the National Institute for Health and Care Excellence (NICE) guidelines. This was well embedded in people's care and had a positive impact on their well-being.

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

- People were involved in decisions about their nutrition. Records showed menus were discussed in resident's and relatives' meetings, so as to improve people's experience. This included special diets, individual choices and preferences.
- People told us they enjoyed the food and said, "Food is just brilliant. Nice and tasty, good choices, excellent. Always a cup of tea when you want one. They bring drinks and cakes in the afternoon", "Like the food, very good choice of things. Don't leave much" and "Food is very nice. I like the choice and enjoy the meals. Good Chef."
- We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support where ever they chose to have their meal. We saw people were supported with meals in a dignified way.
- Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative menus were available, if and when people changed their minds. One relative commented, "[Person] has had a speech and language assessment (SALT) but is eating normally at the moment but food and drink is being monitored."

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

- Church View was purpose built and the lay out was easy for people to navigate through.
- The home allowed free access to people who used equipment like wheelchairs. People could move around freely in the communal areas of the building and the gardens.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.
- People had access to the large garden which had lots of sitting areas.

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.

- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We don't assume people can't make their own decisions. We give them choices." People were given choices as staff worked to the principles of the MCA.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.

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 positive about the care they received and told us staff were caring. One person said, "Staff are the best, ever so lovely. Want anything they will do it." One relative told us, "Staff here make time for you. They are excellent, [person] wouldn't be alive now if it wasn't for them."
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were very happy in the presence of staff and other people living in the home.
- The service anticipated people's needs and recognised distress and discomfort at the earliest stage. We saw staff offered sensitive and respectful support and care. For example, we saw a person became anxious during care intervention. The person loves singing so staff sang to her during care and the person sang along with them. This reduced anxiety and enabled staff to support the person in a dignified and calm manner.
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain and develop this. Staff told us they treated people as individuals and respected their choices.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement. Staff encouraged use of independent mental capacity advocates (IMCAs) whenever necessary. An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. IMCAs do not make decisions and they are independent of the people who do make the decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. One person said, "Always treated with respect, they call me with my preferred name. They respect me when bathing and showering, really lovely."
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent.

- People were supported to be as independent as possible. One person told us, "Staff encourage me to walk with a frame. I couldn't walk when I came here. Very nice staff and very kind."
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

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

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 service ensured arrangements for social activities met people's individual needs and followed best practice guidance so people could live as full a life as possible. The provider used a pool activity level (PAL) instrument to provide activity-based care for people with cognitive impairments, including dementia. For example, staff assessed one person who could hardly communicate verbally. They discovered the person enjoyed sensory stimulation, textured objects and hand massages. Staff ensured this person received 1:1 care with stimulation and hand massages. Records showed the person really enjoyed these interactions.
- The service took time to find out what people had done in the past and evaluated whether it could accommodate activities. For example, one person who used to be an engineer lived with dementia. Through teamwork, staff made a board designed to stimulate and enable the person to recall their skills. The board was very sophisticated and has been designed to work in ways that required an organised and systematic approach to get things to work. The person used this board all the time and they enjoyed and remembered their skills. Staff told us the person was calmer and relaxed following the activity.
- Church View took a key role in the local community and was actively involved in building further links. Contact with other community resources and support networks was encouraged and sustained. For example, links had been established with a further education college and pupils from a local school who came in to entertain and interact with people. One of the pupils enjoyed the experience so much they bonded with one person. They visited the person on their day off and the person told us it was a special bond. They said, "We learn from each other and it's amazing."
- People had access to a full programme of activities which were overseen by committed, passionate and experienced team of coordinators. They were supported by professional entertainers, visiting animal experts and pupils from local schools. Activities included music and movement, arts and crafts and Bingo.
- People told us they enjoyed the activities. Comments included, "Activity staff come here, they take me to Bingo and singing and chat to me sometimes", "Lots to do if you want. They come in and ask if I would like to go to things. I take part in things I enjoy like baking" and "I like a chat. I can do things that I like. I enjoy coming out here using the outdoor space." One relative told us, "Lots of stuff going on. Encouraged to join in and mum did join in with the Christmas activities and loved it." People were also supported to attend car boot sales and do gardening or baking activities.

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.

- The service had taken steps to meet people's information and communication needs. Staff knew people well and quickly identified people's changing needs. For example, one person had reverted to their native language. Staff used a mixture of their basic knowledge of that language and Google translation to ensure they could effectively communicate with the person. Staff also sought a local pre-school group 'Lingo Tots' who focused on learning the language to come and visit the person. Staff told us the person enjoyed them singing in their native language and joins in with them, beaming and smiling.
- People had communication needs assessments completed as part of the care planning process. For example, one person had impaired vision and was hard of hearing. The care plan guided staff to speak slowly to this person and always ensure the person wore their cleaned glasses. We saw staff followed this guidance.

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

- Since the last inspection, the management team and staff had worked very hard to ensure people received personalised care which had a positive impact on their lives. For example, one person had an unexpected terminal diagnosis and came to the home to receive end of life care. Staff worked in partnership with the family and healthcare professionals including a palliative care team. The person recovered and started communicating and eating well. The person's relative was very emotional and told us, "Mum was given days to live when we brought her here. They gave me back my mum, the best Christmas present ever." Another person was admitted for palliative care. They were frail and received anticipatory medicines. These are medicines kept in the home just in case they are needed. The staff and management team worked with healthcare professionals and support the person to manage other symptoms the person had. This resulted in significant improvement and staff were preparing for the person to be discharged back home with a care package to support them to leave independently. We spoke to the person and they were very pleased with the outcome. They could not believe they were going back to their own home. Staff told us this was an exceptional achievement for them and the person.
- Visiting professionals told us the service was focused on providing person-centred care and support and achieved positive results. For example, staff supported one person who lived with epilepsy and had frequent seizures which had debilitating impact. The person had become confined to their room and unable to support themselves. Staff sought support from healthcare professionals and use innovative ways to engage with the person. The person's condition was hugely improved and had not had any seizures in a long time. The person could now physically do things that had been impossible for them. We spoke to this person and they told us, "I feel like a different person. It's all because of everyone here." One professional commented, "Staff work well to implement person centred care and to recognise all forms of mental distress. There are several examples of them working with individuals to positively manage risk and empower residents. They seek support of multidisciplinary team (MDT) appropriately to inform this and are open to working together." Another professional told us, "I love visiting Church View and it would be my first choice when asked where I would recommend a care or nursing home."
- People received personalised care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care. People's care plans were regularly updated to reflect people's changing needs.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

End of life care and support

- The service worked closely with healthcare professionals and provided end of life care. Staff had the specific skills to understand and meet the needs of people and their families in relation to emotional support and the practical assistance they needed at the end of the person's life. Records showed staff had attended end of life care training. Staff told us they were supported by the service with empathy and understanding. One healthcare professional commented, "Staff were given the opportunity to attend reflective debriefing in supporting a resident with complex needs at the end of their life. They were able to identify coping strategies and ways of working, which would enhance their practice, to ensure individualised care was achieved at the end of a resident's life, also recognising a need for self-care."
- People experienced a comfortable, dignified and pain-free death. We saw feedback from relatives following end of life care was exceptionally positive. Comments included, "Thank you for the care and dedication which was given cheerfully and with kindness", "Thank you for the outstanding support and empathy given to all us during such a difficult time" and "Your empathetic support made a difficult time much bearable."
- Staff had a rapid response to people's changing care needs and advice on care and support for people and carers at the times they needed. The management team and staff had established close links with a local hospice. For example, the home supported a person with complex needs including limited communication. Through working with the local hospice, an interpreter was sought, and the person put on medicines to manage symptoms such as feeling sick or pain. The family and home arranged for the person's birthday celebration. Staff told us the person's face lit up and they were aware of their surroundings. The following night the person died with staff and family in attendance, Church View had been their preferred place of care. The family were very pleased the person received a pain-free dignified death. One professional commented, "Over the last year Church View have been engaging with palliative care services to support residents who have complex needs at the end of their lives, multidisciplinary teams (MDTs), best interest decision making and staff support."
- The home had a 'memory tree' with hearts and names of people who had passed away. Staff told us this was a way to remember them and honour their memories.
- People's preferences relating to end of life were recorded. This included funeral arrangements and preferences relating to support. The home ensured these preferences took account on people's cultural and spiritual needs.

Improving care quality in response to complaints or concerns

- Since the last inspection the provider and registered manager had ensured they had effective systems to encourage people and staff to make complaints and we saw the complaints procedure displayed all over the home. The registered manager told us they used complaints as a learning process to improve care. Records of meeting minutes showed this was often discussed with people, relatives and staff. The service had not received any formal complaints since the last inspection.
- People and their relatives told us they knew how to make a complaint. One person commented, "Wonderful place. What is there to worry about? No complaints." One relative told us, "Just brilliant here, nothing to complain about. I know the complaints system." There were many compliments received regarding excellent care

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

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

- Since the last inspection, the provider and registered manager had worked tirelessly to ensure the service was well run. People and relatives were appreciative of the positive changes and told us the home was well led. People commented, "Lovely managers, I have a bit of banter with them" and "I see the manager about and the deputy, very easy to talk to". Relatives told us, "I think that it is extremely well led, accessible and we are invited to meetings. Seem to manage things well and quick to respond" and "Outstandingly well led. Everybody knows exactly what to do. If they [staff] have a problem they go for support to manager and they are not left out on a limb. Nurses know the management will back them up."
- It was clear the service had made a lot of positive changes. Staff told us people and relatives commented about a lot on the changes in care provision. One member of staff said, "It does feel like a different home from what it was two years ago. It's down to staff working hard and good leadership."
- Staff were complimentary of the support they received from the registered manager. Staff said, "Manager is amazing. She helps us and delegates as needed", "Manager is very open and very support. I have not met a manager like her before" and "Manager is very good, she comes on the unit. She does checks and audits and then gives us feedback if any changes or improvements needed."
- The registered manger appreciated the hard work staff had put in to improve people's care. The registered manager said, "I'm very proud of what staff have achieved. We have come a long way. It's so emotional to see the changes and the brilliantness of my staff. We now give the best quality of care."

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

- There was a registered manager who had been in post for a year. The registered manager was supported by a deputy manager. There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The registered manager told us they had the full support from the provider.
- The provider had quality assurance systems in place which were used to drive improvement. These included, audits of care plans, medicine records and analysis of accidents and incidents. These provided an overview to ensure improvements were made where necessary.
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

Continuous learning and improving care

- The management team promoted continuous learning, they held reflective meetings with staff to discuss

work practices, training, development needs and staff's well-being. As a result extra training was sought for staff and people received better care.

- The provider and registered manager had a strong focus on staff's continuous learning and pushed them to develop within and beyond their roles. The operations manager told us, "We have invested in leadership training as an organisation. We are encouraging inhouse staff development within their roles and then proceed to the next level." The management team delegated duties to staff to enable them to understand how to manage the service and improve people's care. One member of staff told us, "There is plenty of development for anyone who wants it." The registered manager commented, "I aim to develop my staff. The deputy manager is doing future leaders programme."

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 provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- People and their relatives had opportunities to provide feedback through surveys. The information gathered was used to improve the service. For example, some comments related to activities provision.
- People and their relatives had opportunities to attend meetings and raise any comments via an open-door policy at any time.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. During the inspection we observed effective team working. The atmosphere was very pleasant. Records of staff meeting minutes showed feedback was constantly sought from staff and staff were encouraged to make suggestions on how to improve people's care. The registered manager always acknowledged staff's hard work and commitment.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.