

Rotherwood Healthcare (Dorset House) Limited

Dorset House

Inspection report

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Date of inspection visit:

08 July 2019

11 July 2019

Date of publication:

21 August 2019

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Dorset House is a residential care home providing personal and nursing care for up to 42 older people within one large adapted building. At the time of our inspection, there were 35 people living at the home.

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

People were supported with their individual needs however care documentation was incomplete. This had the potential to result in people's needs not being responded to in a consistently personalised way. We made a recommendation about this.

People who lived at the home and their relatives were positive about the care and support provided by staff. The registered manager and their staff team worked in partnership with other health and social care professionals to provide responsive and continuous care to people.

People told us they felt safe at the home. Risks to people were managed without placing undue restrictions upon them. Staff were trained in recognising and understanding how to report potential abuse. Staffing arrangements were regularly reviewed by the registered manager to ensure these continually supported people's safety. Staff knew how to reduce the risks of infections.

Staff were recruited safely; they received regular support and training. New staff were provided with an induction which provided them with the relevant knowledge and skills for their roles. The registered manager reviewed staffing arrangements on a regular basis, so they could continually improve these when required to effectively meet people's individual needs.

People were supported to receive their medicines and were happy with the arrangements in place for staff to assist them with their medicines. People we spoke with told us staff responded to their health needs. People were supported to eat and drink enough and had a choice as to where to eat their meals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff always respected people's privacy and dignity. People were supported to engage in things for fun and interest. The registered manager reviewed the opportunities people were offered to ensure they continued to be of interest and benefit to people.

Some information was in accessible formats and the registered manager was aware of broadening this out to further support the individual needs of people who lived at the home. People's concerns and complaints were listened and responded to.

Staff felt supported by their colleagues and the registered manager and spoke positively about the care they provided. They felt able to share issues and ideas to make improvements for the benefit of people who lived

at the home.

There were quality assurance systems and processes in place to monitor and improve the quality and safety of people's care. These had worked effectively to drive through the improvements following the last inspection. The registered manager would use their quality monitoring systems to make further improvements to people's care documentation.

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 (report published on January 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?

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Dorset House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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

On 8 July 2019 the inspection team consisted of two inspectors, one specialist advisor [who was a registered nurse] 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. Two inspectors returned to conclude the inspection on 11 July 2019.

Service and service type

Dorset House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 CQC. 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

The first day of the inspection visit was unannounced. We informed the registered manager in advance of when we would be returning for a second day to complete the inspection visit.

What we did before the inspection

Before the inspection visit, we looked at the information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority, clinical commissioning group and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who lived at the home and three relatives to find out their views of the quality of the care provided. We also spoke with the registered manager, operations manager, director of quality assurance, head housekeeper, administrator, second chef, activities co-ordinator, a nurse and four care staff.

We looked at a range of records. This included sampling four people's care records and multiple medication records. We also looked at records relating to the management of the home. These included systems for devising staff rotas, planning training, managing incidents, and the checks undertaken by the registered manager and the provider's management team on the quality of care provided.

After the inspection

We received clarification from the registered manager to validate evidence found. This included staff training planner and rotas and; infection control procedures and policies.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person commented, "Absolutely safe due to attention given" and "Ask for assistance and it comes, got all the support I need, impressed how staff look after ladies." Relatives also said they felt people were safe at the home.
- Staff were aware of the signs of abuse and the action to take if they had any concerns. They were aware of the role of the local authority safeguarding team and how to contact them if necessary.
- The provider had safeguarding policies in place for staff to access and follow should they be required.
- The registered manager was aware of their responsibility to liaise with the local authority if abuse concerns were raised and previous incidents had been managed in line with the provider's procedures.

Assessing risk, safety monitoring and management

- Staff understood the known risks of the people they supported and explained the measures they took to reduce these risks. Staff were able to explain actions they took to support people with their needs whilst promoting their safety.
- Assessments were completed to provide staff with guidance about people's risks related to their health and safety and took action to reduce these. This included meeting people's physical needs by using various pieces of equipment in line with their care plan so people's needs were safely met.
- Checks to the home environment and equipment were completed regularly to ensure the safety of people who lived at the home. These included checks to the fire prevention systems and any trips and hazards. Although there were plans to undertake building work in the conservatory area we discussed with the registered manager the benefit of ensuring all potential trip hazards in the conservatory when entering and exiting this area were robust.
- During our inspection the type of locks were changed on sluice doors as another safety measure. This was because although staff closed the doors they did not always lock them in line with the provider's procedures.

Staffing and recruitment

- People who lived at the home were satisfied with the provider's staffing arrangements, and confirmed staff were available to assist them when needed. One person explained, "They [staff] are always there when I need some help, I've no concerns." Another person said, "If [I] use buzzer and carers [staff are] tied up with other resident can't come straight away but usually tell you." However, we received mixed views from relatives. One relative told us, "Always staff about, [family member] can't wander outside but not trapped." Another relative said, "Feel [family member is] safe but [staff] don't always respond to [the] buzzer very quickly." During our inspection we saw staff responded to people's call alarms without any unreasonable delays. The registered manager told us they monitored staff responses to people's call alarms and would

continue to do this to ensure people's needs were consistently met.

- Staff gave us their views on the suitability of staffing arrangements. They felt there were enough staff on duty to respond to people's needs safely and requests as long as they were no unplanned staff absences. On this subject a staff member said, "Staffing levels are good and have improved. Since change of provider, we have had more staff and there have been interviews recently."
- On the day of our inspection there were some staff absences and the registered manager provided support. The registered manager gave us assurances people's current needs and safety were not compromised when there were staff absences. They told us they used the same agency staff to maintain agreed staffing levels when there was a staff shortage such as unplanned absences.
- We discussed staffing arrangements with the registered manager. They explained they monitored and adjusted staffing arrangements in line with the current individual needs and dependency of people together with the layout of the home environment. The staffing rotas showed the registered manager made sure staffing levels were maintained.
- The registered manager also undertook some 'hands on' care and support such as medicine administration which provided them another method of monitoring staffing arrangement.
- The registered manager gave us their assurances staffing arrangements met people's diverse healthcare needs. During our inspection, we found the staffing arrangements supported staff to safely meet people's care and support needs. However, some staff said they would like more time to spend with people. The registered manager told us they were continually reviewing staffing arrangements and we will follow through further developments in this area at our next inspection.

Using medicines safely

- People told us they received the level of support they needed to manage and take their medicines safely. One person explained, "They [staff] give me my medicines to make sure I have these as I should."
- The registered manager and provider had used their quality checking systems and procedures to ensure people received their medicines safely and as intended. We saw these ongoing improvements were being made to amongst other things medicine practices.
- The Medication Administration Records (MARs) we looked at showed medicines were in stock and nobody missed doses of their medicines due to stock availability.
- The minimum and maximum fridge temperature was being recorded to ensure medicines requiring cold storage were kept at suitable temperatures.
- Protocols for medicines which had been prescribed to be taken 'when required' were available. We discussed with the registered manager how these would benefit from further details to show specific symptoms staff should recognise in helping them to decide if it was appropriate to administer medicines such as pain relief.
- People were assisted to take their medicines by registered nurses or nursing assistants, specifically trained to do this.

Preventing and controlling infection

- The provider had systems and procedures in place designed to protect people, staff and visitors from the risk of infections. The head housekeeper had recently been given the role of monitoring the standards of infection prevention and control and driving improvements in this area. This was positive as we saw staff did not always ensure in some toilet and bathroom areas items such as toilet rolls were not let loose on sides which could increase the risk of cross infection.
- People were complimentary about the cleanliness of the home environment. A person told us, "[My] Room [is] kept clean, [staff] wear gloves and apron when doing personal care."
- Staff had completed infection control training and were provided with and made use of protective clothing such as gloves and aprons when required.

Learning lessons when things go wrong

- Outcomes and lessons learned were shared with staff, people, relatives and the wider management team.
 - Accidents and incidents were reviewed to identify trends and used to improve the quality of care provided.
- Any investigations were documented and shared with relevant partnership agencies.

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 individual needs including their preferences were assessed before they moved into the home which included the full involvement of staff who would be supporting the person. This way of working supported people's wider diverse needs to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).
- The registered manager and their staff team had access to the provider's internal communications network to help keep themselves up to date with any changes in legislation or best practice guidelines.

Staff support: induction, training, skills and experience

- People who lived at the home and their relatives were satisfied with the competence of staff. A person told us, "They [staff] know how to help me and that's all that matters to me."
- Staff we spoke with commented positively on the training provided. We saw staff put their training into practice such as, supporting a person to be and feel safe in their wheelchair.
- The staff training planner showed staff received continual training in subjects to meet the needs of people they supported. Where relevant, future training was planned.
- New staff completed the provider's induction programme to help them settle into their new roles, as part of which they completed initial training and worked alongside ('shadowed') more experienced staff. The provider's induction training incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff.
- Staff received support which promoted their professional development and assessed their competencies. They told us they were given the opportunity to identify any additional training they needed during supervision [one to one meetings] and they could discuss any issues and concerns.

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

- People told us they enjoyed the food provided. A person who lived at the home said, "[The] dining room [is] lovely, staff first rate, get a choice [of meals]." A relative told us, "Food [is] excellent, dining room ambiance [is] lovely."
- People were supported to maintain a healthy diet with their choices promoted and respected. If people disliked the mealtime options available, they could request alternatives.
- The chef we spoke with explained a range of fresh food was purchased and prepared to provide a variety of choices for people's meals.
- Staff across all departments worked together to effectively meet people's food choices, specific dietary needs and any food allergies. For example, the dietary needs of people were met whilst ensuring a variety of food was offered so people were not discriminated.

- Some relatives explained how improvements had been made in ensuring their relatives had enough to drink with a relative confirming, "They [management] have addressed hydration issues."
- The registered manager assured themselves people had drinks during busy parts of the day such as the morning period when care staff were supporting people with their personal care needs.
- People's eating and drinking needs were monitored. When concerns had been raised healthcare professionals had been consulted such as speech and language therapists.

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

- People told us staff supported them to attend routine health appointments, opticians and chiropodists appointments, so they would remain well. A person told us, "If want [the] doctor [I] can see them, [I saw] chiropodist last week."
- People were registered with a GP and records showed staff regularly escalated health concerns. An advanced nurse practitioner visited a person during our inspection as staff had contacted them about the person's health needs.

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

- People told us they found the home comfortable, and that they were able to personalise their bedrooms. One person told us they cherished the photographs in their room. Another person said they liked to spend time in their room and enjoyed watching the television.
- We saw people had enough space to socialise with others, enjoy their meals, meet with visitors or spend time outdoors in the home's garden if they chose.
- There was some use of visual signage to help orientate people. However, this was limited but the registered manager explained pictorial signs were not needed because there were always staff around to guide people.
- The provider was planning to undertake further work in order to remove and improve the conservatory area for the benefit of people who lived at the home.

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

- The registered manager and staff we spoke with showed good understanding into people's rights under the MCA.
- People told us staff sought their consent and respected their choices and decisions.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke positively about the caring approach of staff. One person told us, "Service in this establishment perfect, staff second to none, amazed at care shown here, very impressed by team and care given to patients [people who live at the home]. Another person said, "Care above average, some excellent care, some not quite so good and agency carers can be very poor, most competent, caring, do best they can." A relative said, "Carers [staff] very kind, chat to him [family member], get down to his level."
- We saw staff provided people's care and support in a patient and caring manner. People were seen to be comfortable in the company of staff. They were smiling and laughing together, and enjoyed responsive physical comfort from staff, when they needed this.
- Staff were sensitive to people's needs. They used gentle and encouraging voice tones when supporting people's mood changes to reduce any deterioration in their mental and emotional wellbeing.
- Staff received training on the promotion of equality and diversity at work. They were able to give examples of how this had influenced their caring roles.

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

- People told us staff listened to them and encouraged them to express their views. We saw staff encouraged people to make decisions about their care, such as what they wanted to eat and drink and how they wanted to spend their time that day.
- The nurse supported people to take their medicines in a caring manner and ensured people were fully involved. For example, the nurse checked with people whether they were comfortable and warm enough. Whilst the nurse was checking a person's arm they asked them if they would like some medicine for the pain. The person declined this as they wanted to sleep, and the nurse fully respected the person's decision.
- The registered manager understood where to direct people for independent support and advice on their care, and supported people to contact these services. This included providing people with Information about advocacy services. Advocacy services are independent of the registered provider and local authority and can support people to make decisions and express their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. On this subject one person said, "Most certainly treat me with respect, not rushed." Another person told us, "Staff always knock door before entering."
- Staff spoke about people with respect and gave examples of how they promoted privacy and; dignity during amongst other things, personal care.
- People were encouraged to do as much for themselves as possible. We saw examples of staff providing

encouragement to people but still ensuring people knew support was available if needed.

- The provider had systems and procedures in place to protect people's personal information and staff adhered to these.

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 now deteriorated to Requires improvement. This meant people's care records did not always provide all the information for staff to promote personalised care that was responsive to people's needs.

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

- People were confident staff supported them in ways which responded to and met their individual needs. A person told us, "Overtime [staff have] got to know my likes and dislikes" and another person said, "I get up and go to bed when I want." A relative commented their family member, "Stays in bed quite late if he wants."
- We found although staff knew people's individual needs well and responded to these, care documentation was not always consistent in providing all the information to guide staff practices. We found some care plans were not as detailed as others.
- One person had a detailed care plan to enable staff to support them with their diabetes. However, for another person there was no care plan specifically for their diabetes, so staff had all the information and actions they should take to support the person such as the signs and symptoms of the person becoming unwell due to their diabetes. The person's health or care needs had not been impacted on due to the shortfalls in the care documentation but there was a risk of the person receiving inconsistent care.
- In another example, we found whilst it was positive a person had an individualised daily amount of fluids they should drink, guidance for staff was incomplete. For example, the person's care plan confirmed they required their fluid intake to be strictly monitored as they were prone to urinary tract infections. The care plan also informed staff it was not always practical to meet the person's daily fluid intake. However, the person's care plan did not detail why it was not practical for the person to reach their daily fluid target and or the impact of not meeting this could have on the person. Although the lack of information had not impacted on the person's health it was important staff had all the guidance they needed when monitoring and responding to the person's needs.
- We discussed care documentation and our findings with the registered manager and director of quality assurance. The registered manager told us improvements to care plans were one of their priorities. They had taken steps to improve people's care documentation implementing care plan training for staff, which was taking place the week of our inspection.

We recommend the registered persons review and amend care plans following current best practice guidance to ensure people's needs are met.

- Staff we spoke with told us they worked as a team to respond to people's needs. They confirm they had regular daily information sharing and nurses kept them up to date with changes to people's needs. The registered manager told us they had plans to improve the communication between nurses, so they have time to complete a good handover of sharing information.
- Relatives expressed their views about how changes in their family members care was communicated to

them. One relative said, "If mom or dad have a fall they [staff] telephone." Another relative told us, "Occasionally have a call about something."

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 told us, and we saw, they were able to effectively communicate their needs and wishes to a staff team who had taken the time to get to know them well.
- The provider had procedures in place to enable them to produce information in alternative, accessible formats when 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 had support from the activities coordinator and staff to participate in fun and interesting things they found enjoyable. During our inspection the activities coordinator supported people to have fun. This included talking with people about their holidays. They did this with an old-style suitcase, bucket, sand and shells. We also saw a staff member sat and chatted with people and supported people with hand and nail care.
- People spoke to us about the range of ways in which they enjoyed spending their time. These included joining in group activities, armchair exercise classes, music and singing, reading and watching favourite television programmes. On this subject one person told us, "I read and do crosswords, watch sport on TV in my room, go to monthly quiz and scrabble on a Wednesday." Another person said, "I have quite a few visitors, I watch TV, I like to do my own thing I read a lot."
- One of the registered manager's visions for the future was to continue to increase social activities. We will follow this through at our next inspection.
- A group of volunteers known as 'Friends of Dorset House' provided people with different opportunities of socialising and following their interests. For example, people enjoyed an organised activity such as scrabble.
- During our inspection people were receiving their visitors who were well known to staff and were made to feel welcome. One person's relative told us, "Absolutely no restrictions on visiting, I make myself a drink and his [family member's] friends visit." Another relative said, "Love how easy going it is here, come and go as [I] please."
- People were supported to follow their own spiritual and religious beliefs.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place to ensure all complaints were handled fairly and consistently. We saw complaints received had been recorded and responded to in line with this procedure.

End of life care and support

- Staff received training on how to meet people's needs and wishes as they approached the end of their lives and worked with community healthcare professionals to ensure these were met.
- We discussed with the registered manager the benefits of the Skills for Health, Six Steps to End of Life Care Plan which provides guidance on amongst other things, personalised planning for this important time in people's lives. The registered manager would review this guidance.

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 Requires 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.

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

- The registered manager had addressed the areas of concern raised at the last inspection. For example, they told us action was taken when people who lived at the home, relatives and staff raised any concerns. In addition, the registered manager was consistently reviewing staffing arrangements and developing roles, such as recruiting for senior care staff and increasing staffing levels.
- The registered manager and provider had quality assurance systems and processes in place to enable them to monitor the quality and safety of people's care. This included a rolling programme of quality checks which focused on key aspects of the service, such as people's care planning, the management of medicines, health and safety arrangements and infection control measures. Since our last inspection, the registered manager had used their quality monitoring checks to make ongoing improvements such as strengthening medicine practices.
- The registered manager understood their duties and responsibilities and was supported in their role by a deputy manager, the provider and their quality team.
- The registered manager notified the Care Quality Commission [CQC] and other agencies of any incidents which took place which affected people who lived at the home.
- The CQC inspection rating from our last inspection was displayed in the home environment, as required.

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

- We saw people and their relatives were relaxed in the presence of the registered manager who maintained a visible presence around the home environment during our inspection.
- People expressed some positive views about the culture of management and staff. On this subject a relative told us, "Family really glad they found this place." Another relative said, "Overall feeling good, happy with them [family member] being here, lovely atmosphere, beautiful garden, staff friendly get on well with them, [they] listen, [and we] have a laugh."
- Most of the staff we spoke with felt supported and valued in their caring roles. One staff member told us, "I do feel valued and appreciated." Another staff member said, "I think the staff are amazing, they go above and beyond to make people feel at home as this is their home. If my granny needed care I would pick here, the surroundings are beautiful." A further staff member commented, "Culture is better, it's picking up now. It's a life not a job, you need to have a sense of humour."
- The director of quality assurance told us how they valued staff and explained there was, "Carer of the

month, we send the carer [staff member] and their partner out for tea etc. We can't expect our staff to care for residents [people who live at the home] if we don't care for them."

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

- We saw evidence of the application of the duty of candour responsibility when complaints had been received. For example, when corresponding back to the person raising concerns and/or complaints an apology was made and; once the investigations had taken place the outcomes of these were shared together with any learning.
- At the time of our inspection the registered manager had undertaken an investigation about some concerns which had been shared with the local authority. The registered manager explained how they were sharing information with the local authority to support the outcomes from their investigation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People who lived at the home and relatives told us they could share their views about the home and express any ideas they had. They told us they could do this during meetings, and daily conversations however, we received mixed feelings from relatives about how actions were taken forward. One relative said, "[It's] Better now deputy [manager], [they are] lovely to deal with, [deputy manager] listens and responses." Another relative told us, "Do have relatives' meetings but no set time, think last one was January, they send email and put up sign, have minutes but can take a long time for things to be done like staff having name badges."
- Staff told us that they too could express their views and ideas for developing and improving the services provided. One staff member explained how staff could suggest ideas at staff meetings and they felt the registered manager and deputy manager listened to them and respected their views.
- There were systems in place, so people would have the support they needed. These included referrals to external professionals to support people's diverse needs.
- The registered manager and provider talked about making continual improvements to the home environment to meet people's needs such as, removing the conservatory and making the space a more social are for people.
- The registered manager took steps to develop and strengthen links within the local community. As part of this, children from the local nursery spent time with people and fetes took place such as in the summer time, which were open to people within the local area.

Continuous learning and improving care

- The registered manager and director of quality assurance were receptive to feedback throughout the inspection and were keen to continually drive through further improvements. For example, we spoke about staff gaining and having access to information about sepsis awareness which was readily acknowledged.
- The registered manager and director of quality assurance also showed they were open and accountable when we provided feedback about the inconsistencies we found with care documentation. Although they had already taken some steps they gave their assurances further improvements would be made to further promote personalised and consistently responsive care.