

Ayush Care Ltd

# Holmesdale House

## Inspection report

3 Holmesdale Road  
Bexhill On Sea  
East Sussex  
TN39 3QE

Tel: 01424217953

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Holmesdale House is a residential care home providing personal care for up to six older people. At the time of our inspection, four people were in residence. The care home is located close to local shops and amenities. It consists of one adapted building. There are a range of communal areas, including a garden for people to enjoy.

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

We found some issues in relation to record keeping for staff recruitment, equipment safety testing and the provider's understanding of their regulatory responsibility to submit notifications to the Care Quality Commission (CQC). Each of these issues was quickly addressed by the registered manager.

We have made a recommendation that the provider updates their practice in line with current guidance on disclosure and barring (DBS) checks.

People were enthusiastic in their praise for the home. One person said, "You've got all the facilities. All the staff are very good. I say I get spoilt". Another told us, "It's lovely". Feedback from reviews included, 'The staff are super friendly and nothing is too much trouble for them', 'She (person who received care) is forever singing their praises' and 'Excellent standard of care on all levels within a wonderful, warm and family-like setting'.

The provider prided themselves on offering a 'home from home' and a family feel. This was being achieved and everyone spoke of how homely Holmesdale House was. In a review, a relative wrote, 'Behind Holmesdale's typically leafy suburban façade lies a true sanctuary of wonderfulness. Staff become friends and residents are cared for each to their own needs in an environment that is truly home from home'.

People received high quality care that improved their wellbeing. Strong relationships were formed between staff and people due to the continuity of staff and the caring approach of staff members. Staff knew people as individuals and worked to ensure people felt fulfilled and were able to live their lives as they wished. Staff actively supported people to remain independent and to retain their mobility. People were treated with the utmost dignity and respect.

There was strong leadership within the service and everyone said they would recommend the home. The registered manager had shaped a culture where people were at the heart of the service.

People felt safe at the home. Risks to people had been assessed and staff followed guidance to keep people safe. Staffing levels met people's needs. Medicines were managed safely. Lessons were learned if things went wrong.

People spoke very positively about the staff who supported them and had confidence in their skills and

experience. Staff had regular supervisions and an annual appraisal. People enjoyed the food and worked together weekly to plan the menu. People had access to a range of healthcare professionals and support. Premises were suitable, comfortable and met people's needs.

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.

Care was highly personalised to meet people's needs. Care plans provided detailed information and guidance for staff on people's care and support needs, likes and dislikes, and exactly how they wished to receive personal care. Activities were organised according to people's preferences, interests and suggestions. People's communication needs were identified and planned for. People expressed confidence that they could raise any issues or concerns and that these would be addressed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 7 Feb 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 reinspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Holmesdale 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

The inspection was carried out by one inspector.

#### Service and service type

Holmesdale House 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 inspection

We reviewed information we had received about the service since the last inspection. This included feedback about the service on a review site ([carehome.co.uk](https://carehome.co.uk)) and the report from an 'enter and view' visit by Healthwatch carried out in July 2019. 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.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with the four people who used the service about their experience of the care provided and four members of staff; the registered manager, deputy manager and two care staff. We joined the handover between the morning and afternoon shift.

We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at three 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 reviewed further documents sent to us by the registered manager. We also contacted healthcare professionals who worked with the service and received feedback from a chiropodist, hairdresser, GP and nurse specialist.

# 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.

### Assessing risk, safety monitoring and management

- Risks to people's safety had been identified, assessed and minimised. Clear guidance was in place for staff to support people in a safe way and to minimise limitations on their freedom.
- Risk assessments were in place in areas including mobility, using the kettle and opening the front door.
- Staff were quick to respond to changes in a person's needs and to put new measures in place to promote their safety. One person had slid to the floor when getting into bed. Staff had quickly provided a non-slip mat by the bed and given the person some socks with grip. There had been no further incidents following these interventions.
- Risks associated with the safety of the environment were identified and managed appropriately. Some checks on equipment safety were overdue but have since been completed to ensure people's safety. You can read more about this in the 'well-led' section of this report.
- Systems were in place to evacuate the premises in case of emergency.

### Staffing and recruitment

- There were enough staff on duty to keep people safe. People told us somebody was, "Always available". One person said they had fallen in their room and staff had attended, "In seconds".
- The home catered for people who were independently mobile and did not require planned help during the night. A staff member slept at the home and was always on-call should anyone require assistance.
- The staffing numbers were adapted to respond to changes in people's needs. One staff member said, "(Name of person) took a fall the other week so (staff member) came in and did a night as extra help".
- There was a regular team of staff who worked together to cover all shifts. The staffing level had been maintained even though there were vacancies at the home.
- We identified some gaps in records relating to staff recruitment. At the time of this visit all required checks were in place and there was no ongoing risk to people. You can read more about this in the 'well-led' section of this report.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us, "I never feel in any danger".
- Staff had a good awareness of safeguarding and knew what to do if they had any concerns about people's safety. One staff member explained, "I look for signs of any kind of abuse, be that missing money or unexplained bruises, psychological change. I would report to (registered manager). Depending on issue, I would go to social services".
- Staff felt very confident they would recognise changes in a person's behaviour, or that people would be confident to speak up. One staff member said, "They are all quite happy to speak their mind. I know them

well enough now that I think I'd just know if something was wrong. It is so important to get to know them individually. It is such a small family unit, I just think I'd know. I can't bear the thought".

#### Using medicines safely

- People received their medicines as prescribed. One person explained how they received their morning medication in two parts; one tablet half an hour before eating and the rest after breakfast. This was in line with the prescribing instructions.
- We observed a member of staff giving medicines. This was done discreetly, and they stayed with the person until they had taken them safely.
- People told us pain relief was available when they needed it. One person said, "If you want Panadol you can always have it".
- A number of people were responsible for taking all or part of their medication. Self-administration risk assessments were in place and these were reviewed. There was lockable storage in people's bedrooms to store medicines safely.

#### Preventing and controlling infection

- The service and its equipment were clean and well maintained.
- Relevant information was displayed to remind people and staff of their responsibilities in respect to cleanliness and infection control. We observed staff using gloves and aprons when appropriate.

#### Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- Following a medication error, a full investigation had been completed and learnings had been shared with staff. There had not been any further recording errors.

# 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 spoke very highly of the care they received. One person said, "The care is excellent". A relative had shared on a review site, 'He was very happy, comfortable and well looked after. He said it was a marvellous place and could not fault the care he had received'.
- There were examples of significant improvement in people's health, thanks to the care and support received. One person had a pressure area on admission which had now completely healed. Another person had as a goal to heal and continue with their normal daily routine following a fracture. In their most recent review we read, '(Name of person) is now independent with personal care and dressing'.
- Staff were proactive in assessing and maintaining people's oral health. People were able to go out and visit the dentist. Following treatment, one person's risk score in their assessment had reduced significantly.

Staff support: induction, training, skills and experience

- People had confidence in the staff team.
- Staff had received training to support people. Staff were knowledgeable of relevant best practice and regulations. We observed staff supporting people with confidence and professionalism.
- Where there were changes in a person's needs, additional training was arranged for staff. This enabled them to better understand the person's needs and offer effective support.
- Staff felt supported and received regular supervision and appraisal. Staff told us the management team were approachable. One said, "I feel quite happy to go up and have a chat with (registered manager), he will do his best to resolve any issues". Another told us, "They listen". Staff had been supported in their professional development, for example to pursue diplomas in health and social care.

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

- People were offered nutritious food and drink which they enjoyed. One person told us, "The food is excellent".
- People were involved in planning the menus. Lunch was a time when people came together and shared a meal and the menu was agreed a week in advance. People had come up with the idea of 'vegetarian Wednesdays' which was in place and working well. Breakfast and supper were prepared individually according to people's wishes. A staff member said, "In the evening I just ask them what they fancy and nine times out of ten if we've got it I'll make it. It has been six different things before".
- Staff monitored people's weight and took action where concerns were identified. One person, who was underweight on admission, had gradually gained weight during their stay.
- People were encouraged to stay hydrated. One person had participated in a 'Water Champion' event and had received a certificate and an award cup. We asked them what they had needed to do to participate, to

which they replied, "Drink!" Although the competition was finished, the person was continuing to drink two litre bottles of water each day.

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

- People told us they received effective care and their individual needs were met.
- We saw in the care records, people had been referred to other services when needed. Staff were working closely with the GP to reduce one person's medication. A nurse specialist told us, 'We as a service have not come across concerns with the home; the advice given appears to be followed by the staff. Holmesdale House have contacted us appropriately over the years'. The chiropodist said, "I couldn't fault them. There are not many homes I could speak so highly of".
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. A GP told us, 'The management are excellent at liaising with us at the surgery about any change in the health of their residents and act on our suggestions in a timely manner'.

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

- People's individual needs around their mobility were met by the adaptation of the premises. The service was on one level, with easy access to the garden. Grab rails were in place to aid people at doorways. One person told us, "It is nice when the weather is fit to be able to walk outside".
- Everyone commented on the homely décor and feel of the service. In a review, one relative wrote, 'The bedrooms are bright and spacious, the living rooms, of which there are several, including a large conservatory, social and congenial. The garden is exceptionally beautiful offering a haven of peace and tranquillity'. The hairdresser told us people were often outside in the garden chatting during the summer months.

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

- People were supported to access healthcare services. Staff were happy to accompany people to appointments if they wished.
- On admission, one person had requested for their eyes and ears to be checked. Consultations were quickly arranged, and the person received their new hearing aids and glasses.
- The services of a chiropodist and hairdresser were available in-house. People were also free to continue using their own contacts.

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 had a good understanding of the Act and was working within the principles of the

MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.

- One staff member explained, "The MCA is designed to protect people from abuse and make sure people have power over their own lives. Capacity fluctuates so every time it comes to making a decision, you need to take their current state into consideration. It is very much a changing concept".
- People told us staff respected their views. Some people had appointed a power of attorney to manage their health or finances in the event they are unable to do so themselves. This was clearly recorded, and the registered manager was in the process of obtaining copies of the authorisations.

# 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 outstanding. At this inspection, the rating has changed to good. 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 spoke of a 'home from home' and being treated as family. One person told us what made the home special was, "The attention and all the helpers give us, nothing is too much trouble. It is just like being home. You can do what you want and the meals are excellent". The hairdresser told us, "I would recommend it above any of the other places I go to. The ladies say to me it is more like a home than a care home. They care about the ladies and their happiness". In a review a relative wrote, "She settled in very quickly as they treat her like family and are so caring and understanding".
- The provider promoted the idea of a home from home. The registered manager said, 'For us when someone mentions care home we take the word home in its literal form – a home, that is exactly what Holmesdale House is – a home'. Staff told us they valued the time they were able to spend with people. One staff member said, "When (name of person) moved in I spent three or four hours with her every day in the first two weeks to make sure she was settling in".
- We observed warm and caring relationships, as well as a sense of fun. One person told us, "We have a very good rapport between us, there is a lot of yakking goes on". Staff clearly knew people very well and people appeared relaxed and at ease. One staff member said, "Because it is so small, you get more time with them, you get to know their needs and how they like things done. It is like an extended family".
- We saw how staff adapted their approach; one person was involved in helping around the home while for another, who appeared to worry, staff spent time sitting alongside them and talking. Later a staff member told us, "(Name of person) said she feels better for talking". In a review one person wrote, 'Feeling very low after a nervous breakdown I was treated with loving care by both owners and their dedicated staff and brought back to health in beautiful surroundings'.
- Staff provided personalised support. When one person was feeling down over the anniversary of a loved one's passing, they told us staff had sat with them for the evening and shared a drink. Another person had been helped to terminate their contract on their flat and to make up a folder to simplify the paperwork. Staff told us of a third person who would leave part way through 'movie afternoons'. They found this person enjoyed cartoons and would focus and watch the whole film. A staff member told us how they were, "Quite perked up" after this and happy to discuss what they had watched.

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

- People were in control of their care and support. One person told us, "If I ask them to do anything for me they will do it which is very nice". People had tailored their care to suit their wishes. In one care plan we read, 'I do prefer my bath in the afternoons due to my energy levels, I am able to get myself dressed'. In a review, another person had suggested, 'I think it would be better to have my hair washed twice a week, and wet

and style my hair the rest of the time, to reserve my energy and manage the risk of me potentially falling over when having my hair done'.

- When one person moved to the home from a distance away, staff had gone out of their way to ensure the person had all their special belongings with them. Staff had arranged for a relative to take photographs of the person's home. They then sat down together and noted exactly which items were to be shipped. A staff member said, 'Approximately 10 days later all the items arrived and together we spent an afternoon hanging the paintings, setting up her original television (which is familiar to her) and she was very happy with this'.
- People were fully involved in decisions relating to how to the home and their day was run. One person told us about the menu planning. They said, "Once a week we have coffee at 10 o'clock and then we decide for the week what we are going to have and we each choose what we want". The deputy manager told us, "I have not ever worked somewhere where people's opinions are taken into consideration so much. There is a real family atmosphere to it. It is the Holmesdale family".

#### Respecting and promoting people's privacy, dignity and independence

- We observed staff treated people with the utmost dignity and respect at all times. Staff knew people's preferences and respected them. Staff were respectful of people's privacy and their own space. In a review a relative wrote, 'The home's management and staff could not have been more helpful, my friend was treated with kindness and dignity in her short stay'.
- People were encouraged to contribute to the running of the home. One person told us, "I've got to go and lay the table in a minute". They told us they did this daily and joked "I have to earn my keep!" This person also helped on occasion to prepare fruit and vegetables and used to make their own hot drinks. Everyone had been supported to use their postal vote in the General Election.
- We noted multiple examples of promoting independence. One person had been helped to continue dressing independently by putting labels on their drawers to identify which clothing was where. As this had become too difficult, staff now laid out the person's clothes for them and they were still able to dress, with staff assistance only to put socks and slippers on. In a review one person wrote, 'Since I had a fall at home all the staff have helped me walk again and get my confidence back again. Thank you all, you all deserve a medal'.
- When one person, a keen shopper, was no longer comfortable going out to the shops, staff created the 'Holmesdale shop'. This consisted of a trolley containing toiletries, confectionary, greeting cards and seasonal items. The registered manager told us, 'This allowed (Name of person) to purchase items and we'd provide a receipt and the relevant change which maintained her independence to shop and to make purchases'.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care in line with their preferences, interests and needs. One person told us, "We get everything we want".
- People were asked what was important to them and their needs assessed prior to admission. From this, a care plan was developed. This was added to as staff learnt more about people.
- From our observations and conversations with staff, it was clear they knew people very well.
- Staff adapted people's care in line with their needs. One person had been given a special clock to help them orientate to time. It also had the facility to show photographs. Staff used this to help the person remember names of their friends and family and chat with them. A staff member said, "The more and more she becomes forgetful, the more we put things into place". In a review, a relative wrote, 'Holmesdale House is a warm, welcoming, environment that 'goes the extra mile' to make residents feel at home. My mother's mental health is declining and the home have made sensitive adjustments to her care plan in order that she is able to continue to enjoy her time there'.

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.

- Care plans contained information about people's communication needs.
- Staff had put measures in place to aid people's understanding and communication. This included specialist headphones for people with hearing loss, so they could hear the television. To help one person understand who staff were referring to, they used photographs in place of written names as this person found images easier to understand than words.

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

- There was a completely individualised approach to activities. People chose how they wished to spend their time, be it in the company of staff or other residents, reading or getting on with their own jobs, such as writing Christmas cards.
- People told us they enjoyed the company. We joined people and staff in the lounge as they met for morning coffee. There was a very happy atmosphere, and everyone seemed to really enjoy the time together. One person told us, "I read, I chat with people. I love being here". In a review, one person who had visited for a respite stay wrote, "I also enjoyed the congenial company".

- Activities at a day centre, run by the provider and located next door, were available to people if they wished to join in. Posters of forthcoming entertainers and events were displayed in the lounge. One person said, "We go next door if we want to. They usually put a notice up as to who is coming and when. We do our exercises down there".
- People were supported with individual interests and had been encouraged to rekindle past hobbies such as sewing. Where people wished to go into town, staff supported this. One person had been clothes shopping the previous week. The staff member who accompanied her said, "I went in with her afterwards and helped her put it all away. I got her to try everything on just to make sure it fits".

#### Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and people knew how to raise concerns. One person told us, "There is never any difficulty over anything, I never feel I can't get what I want".
- People felt confident any concerns would be listened to. There was a very easy relationship between people and staff. The registered manager was usually in the home and had regular communication with each of the people living there. People also had the registered manager and owners' personal mobile numbers, so they could contact them at any time they wished.
- There were no complaints recorded for the year to-date. A staff member told us, "They are all quite happy to say if something wasn't right. That's a good thing, that helps us".

#### End of life care and support

- People's future wishes had been discussed and recorded, if the person was willing to discuss this.
- People could live out their lives at the home, if this was their wish and their needs could be met. In most cases, however, people moved on to other services when their care needs increased. Staff maintained contact with people when they moved on. The registered manager said, "We keep in touch with the family right until the end. We like to keep that connection".
- In reviews of the home, relatives spoke highly of the care their loved ones had received as they neared the end of their lives. One wrote, 'It was such a comfort to our family knowing that the love and care she received was second to none. Sadly Mum passed away but the staff all attended her funeral and joined us afterwards to meet other family members. They did Mum proud and Holmesdale will always hold a special place in our hearts'. Another commented, 'We will always be grateful that Mum was so well looked after in her final years in such a lovely environment'.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. The provider had not fulfilled all regulatory requirements.

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

- The provider had not kept accurate records relating to staff recruitment. We found gaps in the recruitment records for two members of staff. The registered manager told us, and staff confirmed, they viewed the disclosure and barring service (DBS) checks obtained by the staff member's previous employer, but there was no record of this. DBS checks were on file, but these were dated two or more months after the staff member's start date. Due to the absence of accurate records, we were unable to verify that these staff had been recruited in line with safe practice.
- The provider had failed to notify the Commission in line with their regulatory requirements. A notification is information about important events which the provider is required to tell us about by law. Following our visit, the missing notification was received. The registered manager had not known of this requirement but was now aware of the situations in which notifications are needed.
- We found that portable appliance testing (PAT) testing had not been carried out on schedule. This had been identified in an audit in August 2019 but remained outstanding. The registered manager took immediate action and booked for the contractor to visit. Following our visit, PAT testing was carried out and the registered manager sent copies of the certificates to us.
- The registered manager used a series of internal and external audits to monitor the quality of the service. Internal audits included infection control, medication and daily room checks. Checks relating to premises and equipment were carried out by external companies. With the exception of the PAT testing, prompt action had been taken in response to audit findings.

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

- Everyone we spoke with praised the home and said they wouldn't hesitate to recommend it. One person said, "I certainly would recommend it, it is nice only having a few of us here". In a review, a relative wrote, 'Holmesdale is the best for their unique family atmosphere, home from home rooms, constant attentive care and appetising food. Short or long stay it's the tops!'
- People spoke of the, "Friendly, family atmosphere" and said it was just, "Like a normal home". People were at the heart of the service and were empowered to live life as they chose.
- At the time of our visit, people were preparing for Christmas. Some people had decorated their walking frames with tinsel. They told us carol singers were due to visit and they would watch carols from Kings together.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The registered manager fostered an open culture. He explained the duty of candour as, "Being transparent and making sure information is shared".

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

- People were involved in all aspects of the service. There was easy and regular communication between people, staff and management. People and staff usually met together daily for a coffee in the morning and mid-afternoon. The registered manager said, "(Name of person) will just tell you how it is, and we will make it happen".
- Everything was discussed in a natural way and decisions were made together. We noted people's involvement in decisions including not to have CCTV in communal areas and for staff not to wear uniforms. In the PIR, the registered manager wrote, 'As a 6 bed care provider we are able to provide person centred care and whatever the service user wants, they get. They just ask us'. A staff member confirmed, "We can go and say maybe we could do this a different way and it happens. They are quite willing to change things for the benefit of the residents".

Continuous learning and improving care

- The registered manager was part of the Registered Care Home Association and attended their annual meetings. He also attended forums run by the local authority. These were opportunities to receive updates on best practice and to share ideas.
- The provider was investing in the home. A new fire safety system had been installed in the past year. The registered manager was also looking at a new system for care planning, possibly an electronic solution.

Working in partnership with others

- The service had a strong relationship with a local nursing home and had been able to participate in some joint training events. A staff member had also worked a shadow shift at the nursing home as part of their personal development and learning.
- One person had recently taken part in a Water Champion Event and had attended a presentation hosted at another local nursing home. At this event one person had admired their three-wheeled walking frame. During our inspection, staff from this home visited Holmesdale House and borrowed a spare walker for their resident to try out.
- People and staff had been involved in fundraising for a local hospice and other charities. In the compliments file there were several letters thanking people for their donations.