The Orders Of St. John Care Trust

OSJCT Brookside

Inspection report

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Date of inspection visit:
06 August 2019
07 August 2019

Date of publication:
11 October 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Brookside is a care home registered to support up to 50 people, based in Melksham in Wiltshire. The provider is The Orders of St. John Care Trust.

People's experience of using this service and what we found
Individual risks were assessed and risk reducing measures devised. Care plans were devised for people who expressed their anxieties and frustrations through behaviours staff found difficult to manage. For some people the care plans were detailed on managing these situations. However, for some people where the levels of anxiety had increased their care plans did not reflect the changes. The actions from staff were not detailed on how staff were to divert or distract the person.

Personal emergency evacuation plans (PEEP) needed detail on how to support people to safely evacuate the premises.

Medicine systems needed to improve in areas of when required protocol and seeking advise from a pharmacist for best method of disguising medicines. We recommended the provider consider current guidance on giving when required medicines as well as taking action to update their practice and procedures accordingly.

While care plans were person centred and staff knew people well some action plans lacked detail. People's advanced wishes were not gained and for people with diabetes the signs of deterioration were not detailed in the care plan. The registered manager had identified these areas for improvement and appropriate action was being taken to develop care plans for advance decisions.

There was a strong culture where people views were at the centre of the way the home operated. Some staff practices and facilities exceeded standards.

The people we spoke with said they felt safe living at the home and relatives confirmed their family members had a sense of security with the staff. Safeguarding of adults at risk procedures were accessible to staff. Staff were knowledgeable about the expectation on them to report concerns of abuse.

People and staff felt valued. We saw kind and caring interaction. People were supported to follow their preferred routines. People chose how and where they spent their day. Relatives and people said the staff were kind and caring.

People's care needs were assessed before admissions for respite of permanent stays were agreed. There were introductory visits before stays at the home took place. This meant people's anxieties were reduced because they recognised staff when they arrived for stays.

The staff were supported to meet the responsibilities of their roles. New staff received an induction when they started work at the home. The staff attended a wide range of training which ensured they were able to meet the needs of people.

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.

There were good relationships within the local community. A healthcare professional told us the home was responsive to their suggestions and recommendations.

The registered manager had good leadership oversight. People and staff felt confident to approach the registered manager. The staff, people and relatives said the registered manager had a good presence in the home.

There were effective quality assurance systems in place and plans on developing the service were also in place.

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 Outstanding (published 22 February 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good

The service was effective.
Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.
Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.
Details are in our well-Led findings below.

OSJCT Brookside

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
This inspection was carried out by three inspectors including a pharmacist inspector.

Service and service type
Brookside 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 on the 6 August 2019. The second day of the inspection was announced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with 12 staff including the area manager, registered manager, senior care workers and care workers. We also spoke with the chef, head housekeeping, handyperson, activities staff and volunteer. 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 reviewed a range of records. This including seven people's care records and multiple medication records. We looked at six recruitment files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked additional information provided by the registered manager.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with said they felt safe with the staff.
- Staff understood their responsibility to identify and report any safeguarding concerns. They told us they would feel confident reporting concerns to the registered manager or head of care. They also knew they could raise concerns with CQC or the local authority.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and assessed, with risk-reducing measures for staff to follow. For example, people at risk of falling had falls risk assessments. The risk-reducing measures included information about appropriate footwear and mobility aids.
- A member of staff said where risks were identified preventative action was taken. This member of staff said for example, "The gate was put on the stairs because people were falling. Find the risk and take the risk away."
- Emotional and mental health care plan were devised for people whose behaviours were difficult to manage when they expressed feelings of anxiety and frustrations. For one person the care plan detailed their dementia type symptoms, listed the professionals involved and that the person liked to talk about their past life. The daily notes show the episodes of agitation had increased. The care plan lacked updated detail on how staff were to support the person during these periods although there was some guidance the person liked the staff to hold hands.
- The behaviour care plan for another person was person centred and staff had recorded that the person had recognised changes in their behaviour. Daily notes supported there had been changes in their behaviour. At the time of the inspection the care plan was not reviewed. The registered manager took immediate action to reduce risk.
- People had personal emergency evacuation plans (PEEP) in place, however these lacked specific information about how the person should be supported to evacuate. There was a lack of guidance on how people can reach a place of safety in the event of any emergency. For example, in one person's PEEP the information stated they should be supported using "an aid", however the type of aid was not recorded. For another person the PEEP stated the person "was not able to follow instructions". However, there was no guidance on how staff were to assist the person to stay safe or evacuate the home.

Staffing and recruitment

- People, relatives and staff said there were sufficient numbers of staff on duty at all times.
- We observed suitable numbers of staff on duty to meet people's needs. Staff from different teams worked together well, to ensure people were supported in a timely manner. For example, the care staff,

housekeeping and activities teams.
● New staff were recruited following safe recruitment procedures. Staff appointments were subject to satisfactory interview, employment and character references, and disclosure and barring service checks (DBS). The DBS helps employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

Using medicines safely
● During our inspection we identified some areas of improvement in how medicines were managed.
● Protocols for medicines which had been prescribed to be taken 'when required' were available. Some lacked detail on the symptoms staff should be aware of for each person to help them decide when these medicines should be given.
● People could receive their medicines covertly (disguised in food or drink without their knowledge or consent). Policies and procedures were followed to make sure that their mental capacity had been assessed. 'Best interest' decisions were recorded with the involvement of healthcare professionals and family members. However, pharmacy advice had not been recorded on the best way to administer these medicines, as recommended by their medicines policy.
● Opening dates were recorded on medicines with a reduced shelf life once opening. We did see one eye drop which had not been disposed of within the required time range. It had not been used since expiring and was disposed of on the day.

We recommend the provider consider current guidance on giving when required medicines as well as taking action to update their practice and procedures accordingly.

Preventing and controlling infection
● There were members of the housekeeping team available seven days per week.
● The home was clean and free from unpleasant odours throughout.
● There were daily, weekly and monthly cleaning schedules in place to ensure the home remained clean.
● Staff had access to personal protective equipment (PPE) such as gloves, aprons and antibacterial hand gel. We observed staff using and disposing of their PPE appropriately.

Learning lessons when things go wrong
●When accidents and incidents occurred, staff submitted reports, and these were reviewed by the registered manager. Staff told us learning from incidents was discussed during handover and team meetings. A member of said action was taken to prevent re-occurrences. The member of staff stated, "We make sure there are measures in place. There are referrals to professionals to ensure any medical conditions are investigated."
●A member of ancillary staff told us they had additional lead roles which included health and safety checks and delivering in-house fire and moving and handling training. The member of staff said the responsibility of their role was ensuring the safety of others. This member of staff said, "If there is something we need I nag until I get it." We were told and shown a lifting cushion used to help people stand when they fell. The member of staff said it was less distressing for the person and stated "We use it all the time. We place it underneath [the person] and it inflates."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.
At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's diabetic care plans did not include information for staff to follow as guidance if the person became unwell. We also found staff did not consistently have good knowledge of how to identify the symptoms which could indicate the person had high or low blood sugar levels The provider had a policy in place which prevented staff from checking people's blood sugars. National Institute for Health and Care Excellence (NICE) guidance recommend diabetic care planning should include information relating to the person's target blood sugar levels. Although staff did not check the levels, the home should have this information available in the event of needing to communicate it to a healthcare professional. Diabetic care plans should also include information relating to the person's foot care, eye screening, review dates, and the details of who staff should contact if needed
● NICE guidance on Oral Health in Care Homes was followed. The staff established good practice around this guidance. Oral health assessments were completed. The registered manager told us dental appointments were made to support people with oral health. For example, care of dentures.
● Relatives told us their family members decision to move permanently to the home was based on previous knowledge and from introductory visits. The registered manager told us there were assessments visits and introductory stays offered before people were admitted. The registered manager said introductory visits reduced people's levels of anxiety and helped them recognise the staff when they arrived for respite or permanent stays.

Staff support: induction, training, skills and experience
● People were supported by staff who had completed training in a range of areas. These included, safeguarding, the Mental Capacity Act, first aid, and infection control. Staff told us they felt they had received enough training to support people and felt they could ask for more training if they wanted to.
● Training from the community nursing team was planned around diabetic care and end of life care. These were two areas we identified as lacking information in people's care plans and staff knowledge.
● New staff were supported to complete their Care Certificate. The Care Certificate is an agreed set of standards which set out the knowledge, skills and behaviours expected of different job roles in the health and social care sectors.
● Staff received regular one-to-one meetings with their shift leader, these were known as 'trust in conversations'. In these meetings staff could discuss their development, what was working well and any areas where they could improve. During their probation period, staff received more frequent one-to-one meetings.

Supporting people to eat and drink enough to maintain a balanced diet
●People's dietary needs were met. The chef told us specialist diets included pureed and enriched diets as

well as lactose free meals.
● Menus were seasonal and developed from people's preferences. At mealtimes the atmosphere in the dining room was calm. We saw staff offer visual choices of the meals. Vegetables, salads and sauces were served separately in dishes for people to help themselves.
● People told us the meals were average. One person said the quality of meals was raised at house meetings. The comments from relatives was varied. The registered manager told us the chef was to attend house meetings to discuss concerns about the meals.
●People had access to a range of snacks and drinks throughout the day, where they could help themselves. In addition, staff brought round a choice of hot and cold drinks at different times.
● Each day, there was 'tea at three', this was served as afternoon style, with cake stands containing a selection in freshly made cakes. Staff sat with and supported people.

Staff working with other agencies to provide consistent, effective, timely care
● People were supported by community health care professionals for nursing procedures as required.
● Referrals were made to health and social care professionals when people's needs changed. We saw referrals had been made to the speech and language therapists when there were concerns about people's swallowing. There were also referrals made to the care home liaison service, where specialist mental health nurses support care homes to meet people's mental health and wellbeing needs.

Adapting service, design, decoration to meet people's needs
●People had personalised their bedrooms with items of their choosing, such as ornaments, pictures and books.
● The home had a bar, sweet shop and were in the process of making a café for people to use.
● The bathroom and toilet doors had signs to make them identifiable and the doors were different colours to people's bedrooms.
● The garden had a path route and different seating areas.

Supporting people to live healthier lives, access healthcare services and support
●People had access to the healthcare professionals who visited the service. These included opticians and GP's.
● People who were at risk of skin breakdown, were repositioned according to their assessed needs. This helped reduce the likelihood of pressure ulcers or wounds. One healthcare professional told us the home were responsive in promoting good skin care.
● There were good relationships between the home and the community healthcare teams. One healthcare professional told us, "I write down guidance and advice for the staff, telling them what I want to see done [to support the person] and they will always act upon it."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.
When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

●People told us the day to day decisions they made and who helped them with more complex decisions.

The staff were knowledgeable about the principles of the MCA and helped people make daily decisions.

●People's consent was gathered to share information and to take photographs. Best interest decisions were taken with the support of the decision maker where one was appointed for people that lacked capacity.

● Where people had an appointed representative as their Lasting Power of Attorney (LPoA), there was evidence of this held at the home. LPoA can be for either finances and property, or for health and welfare. Those with LPoA can make decisions on the person's behalf, in their best interests. Records showed people's LPoA were involved in the best interest decisions.

● The registered manager maintained an overview of all DoLS applications waiting for authorisation from the local authority. They contacted the local authority in the event of any changes and to provide updates.

Outstanding ☆

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 this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- The kind and compassionate care people received exceeded expectations. Staff showed empathy for people which ensured they received individualised care. People told us the staff's approach was caring and kind. Relatives comments about the staff were consistent with their family members. A member of staff said, "I speak in a soft voice and I smile." This member of staff said how they used humour to put people at ease when they became anxious. For example, after a fall.
- There was a strong culture of valuing people's views which were sought before there were changes to the way the home operated. Staff spoke with pride about the caring atmosphere and ethos of the service. Their comments included, "We adapt to each person and know each person well. Each person you see or speak with you change yourself to what works best for them. Some people like a different approach to others and we all know everyone really well."
- There were seasonal activities and events, such as Burns Night celebrations which had a visiting bagpipe player and dances. There were also celebrations for St. Patricks Day, with a Guinness cake. When there was a royal wedding, the home held a wedding breakfast themed garden party.
- We saw examples of when the service was adapted for people to share experiences. For example. The registered manager told us at Christmas one person wanted to visit a market but this was not possible due to crowds and accessibility. The staff created a Christmas market in the front of the home which made it possible for people in the home and within the community to experience a Christmas market. The registered manager said "We did a fair ground, and everybody had the opportunity to visit the market. There was a carousel and local shops had stalls."
- There six-week themed events, where one day per week was dedicated to celebrations. For example, the six-week theme starting in August 2019 was due to be a "Great Western Railway holiday". The activities coordinator explained they would theme one day per week around counties such as Wiltshire, Somerset, Devon. The Somerset themed day would include different cider's and a range of cheeses. In 2018, the home had delivered six-weeks themed around 'Murder on the Orient Express'. This had included entertainment based on the different countries the Orient Express visited, such as Greek dancing and a Venetian masquerade ball. The home's maintenance staff member had built a train carriage which was used for people to have a train style dining experience set up.
- Staff enjoyed taking part in the different activities and different roles engaged in events. One event was 'Music through the decades', in which different staff groups put on music performances. The housekeeping team performed a tribute to Queen and the maintenance team, a tribute to the Spice Girls.

●Measures were put in place to support people's wellbeing. Relatives said the staff were caring and respectful of their relatives rights. Other relatives said the staff showed compassion towards their family member. For one person, staff knew their anxiety increased between 2pm and 4pm each day. Introducing the afternoon tea at 3pm helped the person engage socially and reduced their anxieties. Staff also knew they could support the person to their bedroom at this time as this was where the person felt safe, surrounded by personal items such as photographs

● People were supported with kindness around bereavements. Staff told us one person had attended a funeral and how they were supporting the person to understand the loss. Staff understood how the person's dementia affected their retention of the information and showed empathy towards the person. We observed staff sitting with the person, holding their hand, speaking with them and offering comfort during times when they were visibly upset.

● Relatives were helped to make their visits meaningful. On the tables in the dining room were puzzles, quizzes and board games which relatives played during their visits. We saw families playing board games and one family together with a child and the person living at the home played board games. At 3pm we saw relatives join their family member for afternoon tea.

●Where there were significant others living in the community the home endeavoured to help people maintain those relationships.

●The registered manager told us they ensured the staff were compassionate and caring towards people. One person told us [registered manager] "is committed to having caring staff." The registered manager said staff practice was monitored. "I work on the floor. I do unannounced visits at night and at weekends. I work alongside staff. The head of care works one night per month. The night team are better they are stronger. They are having more training."

● People were helped to understand and celebrate diversity. People were supported to lead the lifestyle they chose, the service promoted an open culture of discussion and raising awareness of all protected characteristics under the Human Rights Act. For example, We saw LGBTQ pride flags in the dining room. (A symbol of lesbian, gay, bisexual, transgender, and queer (LGBTQ). Before PRIDE was celebrated the registered manager sought people's views. There was film that people were able to watch which showed diversity. Where people preferred not to watch the film about diversity this was respected.

Respecting and promoting people's privacy, dignity and independence

● People told us the staff were respectful of their rights. A member of staff told us how people's rights were respected. This member of staff gave us examples on how people's privacy and dignity was respected. They said doors and curtains were closed during personal care. " We speak to people, we don't talk over people and don't disclose confidential information"

Good

Is the service responsive?

Our findings

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

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

End of life care and support

● Although care records lacked information about people's future wishes they were reviewed monthly by staff. We noted continuous entries stating the person had not engaged in the conversation about end of life plans. For one person this had continued since 2016. Alternative ways to gain this information had not been explored.

● One person was prescribed medicines to be taken for end of life care. Although a treatment escalation plan (TEP) was signed by the GP their end of life care plan lacked detail on their advanced decisions and treatment plans. Instead the staff had documented their "advanced wishes was to be discussed at an appropriate time".

● Staff told us they felt they would benefit from further end of life training. The registered manager had identified this as a training opportunity and staff were to receive additional training to complete end of life care plans. The registered manager had arranged with the community nursing team to support staff around end of life care planning.

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

● Records about how people spent their days were not always person-centred or detailed. Some entries included what choices the person had made and how they had spent their time. Others were vague and referred for example to having a 'settled day', which did not describe how the person was supported.

● Staff told us handover happened at the start of shifts. This member of staff said the information at handovers was about people's current needs.

● People's care plans contained person-centred information about their likes, dislikes, preferences and usual routines.

● Staff knew people's preferences and routines. A member of staff told us some families produced booklets about their relatives background which staff read. This member of staff said the information gave them insight into "what they're like as a person."

● While the people we spoke with were not able to recall having a care plan their relatives said their family members had care plans in place. Relatives told us care plans were based on how staff were to meet their family member's needs and they were invited to reviews meetings.

● People were allocated a staff member as their key-worker. Staff told us being a key-worker meant they were responsible for ensuring people had baths or showers and had enough toiletries. They also explained they ensured people's care plans were up to date and they had communication with people's families.

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.

● Communication care plans were person centred and included guidance to staff on the different formats needed by the person to communicate effectively. The plans stated how staff should communicate with the person, such as standing face on when speaking to them. For one person the communication care plan stated the staff were to discuss information at a level they could understand. However, the communication care plan was not detailed on how staff were to help them understand information.

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 an activities team at the home, supported by volunteer staff who worked during the week and at weekends. The care and housekeeping staff were fully involved in participating with activities and had access to 'grab-packs' which contained games, quizzes and puzzles. We saw a housekeeper using these to spend time with a person who chose to be in their bedroom but enjoyed company.

● People were provided with an activity programme which detailed the upcoming social sessions and events.

● A broad range of activities were offered and delivered by the activities team. These included but were not limited to skittles, flower arranging, bingo, group games, puzzles, singing, animal care, cocktails in the garden, Sunday papers, and movies.

● There were also further creative and innovative events. These included an event entitled 'I'm a carer get me out of here'. As part of this event, staff and people took part in different challenges. We saw an event called, 'Make my wish come true' and for this, a person's wish was to 'ride in a posh car'. Photographs showed them in a limousine, smiling, with a glass of champagne in their hand.

● People were supported to spend time outside of the home. The activities coordinator explained they had a 'resident of the day' where they would offer to support the person out for a walk, or to go somewhere of their choice. We also saw photographs from outings, which had included to a local safari park and to the seaside.

● There were groups at the home, based on people's interests. These included a walking group and a gardening group. The maintenance staff member had built a 'potting table', suitable for people in wheelchairs to access. This meant they could be involved in potting plants for the well-maintained gardens. The gardening group also spent time at the sensory garden, which had different smells and colours.

● The activities coordinator maintained a matrix giving them an overview of each person's involvement in activities. They understood not everyone would want to be part of group activities and spent time one-to-one with people in their bedrooms or in quieter parts of the home.

Improving care quality in response to complaints or concerns

● Where complaints had been received, these were investigated and responded to appropriately.

● People and their relatives knew how to raise concerns and told us they felt confident action would be taken. A relative told us they had emailed the registered manager with concerns and these were acted upon. The relative said the registered manager had resolved quickly and before more formal complaints were made.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated 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

● There was a strong culture where people's views and suggestions were taken seriously and they were at the centre of the home's future plans. The registered manager said "The whole home has a think outside the box attitude. We are not scared about trying new things. We do community partnership well. There are benefits for people and it makes life interesting. We are lucky with the activities team. We won Melksham in bloom and last year we won gold in the South West in Bloom. There was an Orient Express experience and we invited people from the community to share the experience."

● There was information within the home about the values of the organisation. The staff said they were valued by the organisation. Comments from the staff included "The team is amazing. Team work is good it doesn't matter what your job role is we all help each other."

●The registered manager said "We discuss the values during trust conversions and appraisal." The registered manager said at team meeting empowering people was discussed. There was a whole home approach to meeting people's needs and of empowering people which ensured the staff valued the contributions people made.

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

● Relatives said they were kept informed about incidents and accidents. The registered manager said there were reflective meetings following a death or a fall. They said Duty of Candour procedures were followed and stated "We are always open and transparent. We contact families immediately after an incident has occurred."

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

● The registered manager and staff were clear on the responsibilities of their individual roles. The registered manager said their style of management was "hands on. I won't ask the staff to do something I won't do. If there are issues [with staff] we do an in a moment conversation. I am approachable."

●People knew the registered manager and said there was an open door policy. Comments from the staff about the registered manager included "[The registered manager] is very good with people. Especially when they are distressed. If someone is poorly or needs help, he will come out and help us", "I think we all work really well as a team. We know if we all work together we can make it easier for people who are having a

difficult time" and "If I ever have a question or a problem, I know [the registered manager] will have their door open, will have a chat with you and support you."

● Effective quality assurance systems were in place. Service improvement and development plans were in place and included the refurbishment programme such as creating a café and building a garden room. The area manager carried out monthly operation visits to monitor the improvement plan and once the actions were completed they were signed off. The registered manager said visits were either focused and unannounced while others were more detailed and pre-arranged.

● There were health and safety checks and audits. For example, Legionella and fire safety checks.

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

● The views of people about the quality of the service was assessed by an independent company and the score was above the acceptable level . The survey concluded that people were treated with kindness. The registered manager said tea at three was introduced from the feedback received. This time was protected for staff because people said there was not enough time for staff to sit and chat with them.

●There were monthly topic based surveys and the most recent survey topic related to bedroom facilities. The registered manager said "We asked about the décor and facilities. If people felt their space was their own. People gave positive feedback and praised the staff for maintaining their level of cleanliness." The registered manager responded directly to individual feedback. . For example, a bird table was placed outside one person's window because they liked watching the birds from their bedroom window.

Continuous learning and improving care

● The registered manager said staff recruitment had been a challenge.The registered manager said that the home now dealt with recruitment using the new ATS system and obtained candidates references and checks themselves, which "worked better. We have a budget that is well managed and we market the home successfully. We have a big plan for a garden room. There is a sustainability plan for leaving the EU. If I ask for equipment we get it."

Working in partnership with others

● There were strong connections with the local community. The registered manager said "We started monthly meeting with the GP which has improved the relationship. We can discuss concerns and it's two way discussion. It's an opportunity to discuss what is going well". Following suggestions about more healthcare visits the registered manager consulted with the GP practices and twice weekly visits from the nurse practitioner was agreed. The registered manager said "We have bi monthly meetings with the community nurses. We have good support from the community team particularly with decisions about people whose needs we cannot meet. For example, people returning from hospital."