Royal Bay Care Homes Ltd

Castle Farm Care Home

Inspection report

Castle Farm Road
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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?	Good

Summary of findings

Overall summary

The inspection took place on 15 December 2018 and was unannounced.

Castle Farm Care Home 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.

Castle Farm Care Home is registered to accommodate 22 older people. The home is split over two floors with the first floor having access via stairs or a lift. On the ground floor there is a large lounge, known as the parlour, conservatory and a separate dining room. There was level access to the outside patio area at the rear. There were 14 people living at the home at the time of inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff had received an induction and continual learning that enabled them to carry out their role effectively. Staff received regular supervision and felt supported, appreciated and confident in their work. People and their relatives had been involved in assessments of care needs and had their choices and wishes respected including access to healthcare when required. The service worked well with professionals such as doctors, nurses and social workers. However, the home did not always meet the requirements of the MCA. We have made a recommendation about the assessment of capacity and recording of best interest decisions.

People were protected from avoidable harm as staff received training and understood how to recognise signs of abuse. Staff told us who they would report this to both internally and externally. Staffing levels were sufficient to provide safe care and recruitment checks had ensured staff were suitable to work with vulnerable adults. When people were at risk staff had access to assessments and understood the actions needed to minimise avoidable harm. Medicines were administered and managed safely by trained and competent staff.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. Accident and incidents were recorded and analysed. Lessons learnt were shared with staff by the electronic care planning handset, handovers or during monthly meetings.

People had their eating and drinking needs understood and were being met. People told us they enjoyed the food and thought the variety and quantity was good.

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.

People, their relatives and professionals described the staff as caring, kind and approachable. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs. Their life histories were detailed and relatives had been consulted. The home had an effective complaints process and people were aware of it and knew how to make a complaint. The home actively encouraged feedback from people, their relatives and professionals. People's end of life needs were included in their care and support plans. Feedback received by the service showed that end of life care provided was of a good standard. Activities were provided and these included staff, people and their relatives. Individual activities were provided for those that preferred them.

Relatives and professionals had confidence in the service. The home had an open and positive culture that encouraged the involvement of everyone. Leadership was visible within the home. Staff spoke positively about the management team and felt supported. There were effective quality assurance and auditing processes in place and they contributed to service improvements. Action plans were carried out and lessons learnt. The registered manager actively sought to work in partnership with other organisations to improve outcomes for people using the service. The service understood their legal responsibilities for reporting and sharing information with other services.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Castle Farm Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 15 December 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people who used the service and four relatives. We spoke with two team leaders, three care assistants and the chef manager. We received feedback from two health and social care professionals who work with the service.

We spoke with the registered manager and the head of care. We reviewed six people's care files, four medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at three staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe living at Castle Farm Care Home. Staff told us that people were kept safe and felt confident about this, because they were such a close team. Risk assessments, policies, audits, quality assurance and support systems were in place. People told us, "I feel safe here because of the staff". "I feel safe and secure here". "I am safe, I never think about it, so I must be". A relative told us, "My loved one is definitely safe here". Another relative told us, "They are safe because staff are very attentive". A professional told us, "Yes people are safe, they are well cared for".

People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines were trained and had their competency assessed by the registered manager. Medicine Administration Records (MAR) had a photograph of the person and their allergies along with information about how they like to take their medicines. Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR's were completed correctly and audited. Medicine stocks were checked weekly and a recent pharmacy inspection showed compliance with safety procedures. Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

The home had enough staff to meet people's needs. Each person had a dependency level and this was calculated following their needs assessment. This helped the registered manager to determine how many staff were needed. They also spoke to staff and worked within the home where needed. The registered manager told us they adjusted the staff as needed. The home used a local agency but had regular staff attend so this helped with continuity. Staff were working at a relaxed pace throughout the day and were spending time speaking with people. A person told us, "Staff are very busy but they always have time for a chat". A relative told us, "There is enough staff, most of them have been here years". Professionals who work with the service told us there was enough staff working within the home.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the home were tidy and visibly clean. A person told us, "I don't have to worry, it's clean and the cleaners come every day". People had a cleaning log in their room where staff would record which domestic tasks they had completed. This was checked by the registered manager. The head of care told us that they walk around each day and check that everything has been done. There were gloves, aprons and hand sanitiser supplies in various places throughout the home. We observed staff changing gloves, aprons and handwashing throughout the day. All staff had received training in the prevention and control of infection. There were notices around the home reminding everyone to wash

their hands. The home had an infection control champion, this was a staff member who had received additional training and who reminded staff about the procedures. A professional said, "The home is very clean". Another professional said, "It is always very clean".

All staff members prepared and served food from the kitchen and had received food hygiene training. The service had received the highest Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were 'very good'.

Staff demonstrated a good knowledge of recognising the signs and symptoms of abuse and who they would report concerns to both internally and externally. A staff member said, "I would look for changes in behaviour. We know our residents very well. I would then report to the registered manager or outside of the home I would contact safeguarding". The registered manager was clear of the home's responsibility to protect people and report concerns. Records showed concerns were referred appropriately. There were posters giving details on how to report safeguarding concerns along with telephone numbers of the local authority safeguarding team. The service promoted details of a confidential phone line to report abuse, this was displayed prominently in the entrance of the home. A professional told us, "I have no concerns whatsoever".

Accident and incidents were recorded and analysed and reviewed monthly by the registered manager. Actions were taken and lessons were learned and shared amongst the staff through handovers, monthly meetings or immediately as an alert on the electronic care planning system. This helped to reduce the likelihood of reoccurrence. The home had a falls log that was completed following a person having a fall, whether witnessed or unwitnessed. This log was then used to identify patterns to enable the registered manager to make changes to risk assessments or other actions to prevent further falls.

Risk assessments were in place for each person for all aspects of their care and support along with general risk assessments for the home. The risk assessments were reviewed monthly, or as things changed, and staff had access to them on their handset each day when delivering care. Risk assessments were detailed, an example was the falls risk assessment which looked at the environment and the way the person moved. The assessment considered all aspects of the risk involved and each one had clear instructions for staff to follow to reduce or remove the risk. The registered manager told us they were keen to support positive risk taking and plans we saw supported people to take risks to live their life the way they wanted to.

The registered manager monitored health and safety within the home and carried out various visual and maintenance checks daily, weekly and monthly. All electrical equipment had been tested to ensure its effective operation. Moving and handling equipment such as hoists and assisted baths had received the necessary service. People had personal emergency evacuation plans (PEEP) which told staff how to support people in the event of an emergency. There was evacuation equipment on all floors and there was an indication of the support a person would need to leave the building on each bedroom door. Staff had received fire training.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The home did not always meet the requirements of the MCA. MCA assessments had been carried out to determine people's general capacity. However, these did not relate to making individual decisions such as, having support with their personal care. The person's best interests had been considered within the assessments but not in relation to specific aspects of their care. This meant that in some cases people's rights were not fully protected. The assessment did not show the involvement of the person, family members or medical professionals. Consent to care was sought by the home for different aspects of their care such as to receive medicines, personal care, use of bed rails or for photographs. However, in some cases consent was given on the persons behalf by family members who did not possess the legal authority to do so. We spoke with the registered manager and they told us they would immediately seek to rectify this.

We recommend that the service seek advice and guidance from a reputable source, about the assessment of capacity and recording of best interest decisions in line with the Mental Capacity Act 2005.

Staff had received MCA training and were able to tell us the key principles. Staff records showed training had been completed. A staff member told us, "You can never assume a person does not have capacity as it can go in and out. People can still make simple decisions, like what they want to eat". Another staff member told us, "If they [people] can make a choice then they need to be supported. I can support them, prompt them". We overheard staff asking peoples consent during the inspection at various times. A staff member told us, "I always ask them [people] for consent and explain what I am doing".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within those procedures and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had completed applications under DoLS where necessary. These were reviewed regularly.

The home had an induction for all new staff to follow which included external training, shadow shifts practical competency checks within the home in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The registered manager had created an induction workbook for staff to complete which was specific to the home. Many of the staff told us they held or were completing the Care Certificate and national health and social care diploma's which were supported by the home.

Staff received training and support needed to carry out their role effectively, they told us they felt confident. Staff received training on subjects such as safeguarding, dementia, infection control and fire safety. A staff member told us, "We have lots of courses, I have recently done moving and handling and fire training". In addition to annual update training staff were given workbooks to complete as refreshers in many care subjects. A team leader told us, "The training is brilliant and we have updates". A professional told us they had done teaching sessions for staff within the home and said, "Staff are very keen, they ask lots of questions".

Staff told us they had regular supervisions and annual performance development reviews. They felt these were positive experiences and that they were a two-way process. Supervision records showed they were completed jointly between the registered manager and staff. Staff told us they were given a preparation form which enabled them to think about what had gone well and where they felt they needed support. They then met with the registered manager to discuss things and plan their development. One member of staff told us that they would like to undertake formal training one day and had discussed this at their meeting. They told us that the registered manager fully supported them with that.

People's needs and choices were assessed and care and support was provided to achieve effective outcomes. People had individual care plans for each aspect of their needs, some examples were; personal hygiene, mobility, nutrition, sleeping and communication. Records showed people were involved in these plans. The registered manager told us they add to the care plans all the time as they learn new things about people.

People were supported to have enough to eat and drink, and we received positive comments about the food they included: "The food is very nourishing and tasty". "Food is good, I'm not fussy I like most things". The food is pretty good". There were snacks available to people 24-hours a day and this menu was displayed in people's individual bedroom file. People were asked for their input regarding food and drink regularly. Menus were displayed in the communal areas. There were various choices for each meal with a selection of desserts. The chef manager visited everyone each day to find out what they wanted from the menu. The chef manager told us that if people do not fancy the food from the menu they will make something else for them. The chef manager said, "I visit a couple of residents each day after lunch to get feedback about the meals. This helps with planning". We observed staff supporting people to eat and drink by giving various levels of support. Some required physical support to eat and drink and some just required verbal encouragement. Staff had a good understanding of people's needs regarding food intake, likes, dislikes and special diets. This information was written and a copy was in the kitchen to ensure the chef manager knew people's requirements.

We observed the meal time to be a calm and relaxed social occasion with people having various discussions between themselves and with staff. The dining room had two laid tables with drinks, napkins and condiments. Those with a smaller appetite had smaller sized plates and told us they preferred that as they couldn't manage a bigger meal. People used the dining room, lounges or their bedrooms to have their meal. Food looked appetising and plentiful and that included food which was served in a softer consistency. A selection of drinks was available, both alcoholic and non-alcoholic, these were offered to people throughout their meal. Tea and coffee was served with biscuits and cakes throughout the day.

People were supported to receive health care services when they needed. All records seen showed evidence of regular health care appointments and medical or specialist involvement. The registered manager said they worked well with medical professionals and was comfortable seeking their input when needed. There was a display in the hallway of the home of the 'Castle Farm support network' this had photographs and names of all the regular health professionals that visit the home. This included GP's, district nurses and

dentist. Copies of referrals and treatment reports were kept in the healthcare section of the care and support plans. A person told us, "They [staff] are wonderful they call a doctor or nurse if I need one". A relative said, "My loved one is a lot healthier living here". Another relative told us, "The registered manager [name] registered my loved one with a local doctor and got the input of the mental health team when it was needed. They were on the ball".

The home was accessed by people across two levels and had been adapted to ensure people could use different areas of the home safely and as independently as possible. There was a lift in place for access from the ground to the first floor. The home had recently undertaken works which have made level access to the rear patio areas and gardens. Bedrooms were being refurbished gradually to include walk in shower rooms. There were signs around the home with pictures indicating different rooms, including arrows to follow which lead to the lift. We saw people looking out for these signs as they moved around the home.

Good

Is the service caring?

Our findings

People, their relatives and professionals thought staff at Castle Farm Care Home were kind and caring. People told us, "They are lovely, they are 100%". "Staff are very helpful". "They [staff] are kind and helpful and will do anything for us". "Staff are excellent". "The staff we get on like a house on fire". Relative comments included; "They have a good banter and a laugh with my loved one". "All of them [staff] are friendly and really, really caring". "Staff are kind and caring".

People were treated with dignity and respect. We observed many respectful interactions during the inspection. Staff were supporting people to move around the home, asking them what they wanted to do. Staff were attentive to people when they asked for them. A relative said, "The way they [staff] speak to them [people] is exceptional". Staff members told us they knew how to show dignity and how to respect people. They said they did this by using people's preferred name, being polite, asking people what they want and by treating people how you would want to be treated.

Staff had equality and diversity training. A staff member told us, "We treat people equally as an individual with no discrimination. Diversity means everyone has different abilities". The home produced a leaflet called 'The whole of me' and this was included in people's information books. The leaflet explained that all staff would promote and protect the dignity and interests of people regardless of their gender, age, race, ability, sexuality, economic status, lifestyle, religious or political belief. It informed people that they can speak to any staff in confidence if they wished. A staff member told us, "I will make people feel comfortable, I won't discriminate". People's cultural and spiritual needs were respected and recorded in their care plan. People were supported to attend religious services which visited the home monthly and supported to attend places of worship locally. Religious service programmes were available in the communal areas.

People told us they were happy with the care they received. Comments from people and their relatives included: "Everyone I have met has made me very impressed. I am quite happy to stay here". "I can't thank them enough for what they have done for me". "It's smashing here". "We hit the jackpot". "It's a wonderful place to be". "It is very homely, very caring and a nice atmosphere". "Nothing is too much trouble, they [staff] are always jolly". Staff were proud to work at Castle Farm Care Home and told us, "It's a very nice home, nice atmosphere. Staff are all friendly and we get on well. The residents cheer you up". Another staff member told us, "I enjoy working here. It's a fantastic home". A professional said, "It is truly a first class home".

There was a calm and relaxed atmosphere in the home. The registered manager told us people could choose how they spent their time throughout the day. The home was flexible to people's needs. People could choose when to get up or join others in the lounge areas. We observed staff spending time with people individually and in groups in the lounge and dining areas. We overheard conversations, laughter and even a few songs between people and staff throughout the day. Conversations were about people's interests, families and work histories. Many relatives visited the home and staff knew them well and they seemed relaxed being in the home. A relative told us, "I hope you are impressed by the care here".

People were encouraged to make decisions about their care. People and their relatives were involved in

their care. Records showed input from the person, their family and professionals. There was a system for review in place and records showed this happened monthly or as things changed. Life histories contained information that was important to people, the registered manager told us that it was important to have people's relatives help with life histories where they could. A relative told us, "They involve me in everything".

The service had received many compliments about the care they give. These included: 'Thank you for everything you did for our loved one [name], you really are the best'. 'We cannot thank you enough for treating our loved one [name] like a queen'. 'I can't think of a better place they could have been, you are all, stars'. 'The level of care they received has been exemplary, nothing more could have been done to make them feel welcome'. 'Castle Farm provides a caring home from home for its residents, the environment is warm and welcoming'. 'My relative [name] has settled very well into the Castle Farm family. It is lovely and very reassuring to see them so well cared for and integrated into the homes life'.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans were in place and reviewed monthly. Plans were personalised, detailed and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. The home was transferring from a paper based to an electronic system which we were told would improve their responsiveness to changes in needs. The registered manager told us they update the care plans continually by speaking to people, their relatives and staff. A professional told us, "They involve us right at the beginning. For example, when someone needs equipment they provide it straight away".

People and their relatives told us that there were a lot of activities in the home. The home had a variety of activities for people to enjoy and the walls in the communal areas and notice boards had photographs of past events. The activity plan was displayed along with various other events such as Christmas high tea which people told us they were looking forward to. People told us they had enjoyed, games, bingo, musicians and visits from various animals such as, alpacas, reptiles and dogs. In addition to in-house activities, the home had professional performers attend such as singers and musicians. During our visit people and their relatives enjoyed Christmas carols and poetry. A person told us, "They do lots of entertainment, I don't have a favourite". A relative told us, "They even involve us in the activities, I like it. I think there is enough for them [people] to do, a great range of things".

The home arranged both group and individual one to one activity sessions for people. The registered manager told us they will try to cater for everyone. A person told us, "I don't need any entertainment but I like it when the children come in and the animals. I enjoy working in the garden, I go in the greenhouse all the time. I like to grow whatever I can get my hands on". Each person had a detailed activity plan which was reviewed monthly. The registered manager told us they had recently purchased a trolley and stocked it with games and the activities staff take it around the rooms to see if anyone wants to join in or do an activity.

People knew how to make a complaint and the service had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the registered manager about any concerns. Records showed that complaints were dealt with within agreed timescales and actions had been carried out to people's satisfaction. The registered manager said that they do not have many complaints as they are always there in the home, speaking with the people and their families. They told us they sort things out straight away as soon as someone asks for something or wants something to change. A person told us, "I would speak to the person in charge if I had any complaints but I have never had to". Another person said, "I can speak to anyone if I need to make a complaint, they are all very good". A relative told us, "I would go to the registered manager first, they are very approachable". Another relative said, "I would speak to the registered manager [name] if I had a complaint".

The service met the requirements of the Accessible Information Standard (AIS). This is a law which requires providers make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand, to comply with the AIS. Each person had a

specific communication care plan. The home had earned recognition as a 'visually impaired friendly' home by a local association for the blind. Staff had received additional training in visual impairment and the home made adjustments for people if necessary. The home had installed a 'hearing loop' for people living with impaired hearing. This technology makes voices and sounds clearer and this is then picked up by a hearing aid which is set to the 'loop' setting. A relative told us that this helps their loved one a lot with their hearing.

At the time of the inspection no one at the service was receiving end of life care. People's individual end of life wishes were recorded by the service in their care plans. The registered manager told us they were passionate about end of life care. They told us, "We talk to people about death, we don't shy away from it". The home had been involved in an end of life best practice scheme and had received recognition for quality in end of life care. The registered manager told us that they have increased staffing when needed to ensure people are not alone. The service has purchased a mobile bed which can be used by families to stay with their loved ones. The service had received many compliments about their end of life care and support. We read: 'We thank you for all the fabulous care you gave them [name] while they were with you and for your support during their final days'. 'Our heartfelt thanks and eternal appreciation for your kindness, patience and care to our loved one [name]'. 'Thank you for making our loved one's [name] so comfortable. Your care and consideration was truly appreciated'. 'The last few days have been very difficult but you have all made it much, much easier'.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had a clear vision for developing the service. The registered manager told us, "I have never been stuck in the mud. I want to strive to be better. I am open to anything for improvements sake". The registered manager had created an open working culture and told us, "I am very proud of the staff team, we work very closely together".

Staff, relatives and people's feedback on the management of the home was positive. Staff felt supported. The comments included; "The registered manager [name] doesn't just manage the staff, they go over and above". "The registered manager [name] is amazing". "I like the registered manager a lot, they are helpful and supportive and I can ask anything". "I think the registered manager is a perfectionist, creative, committed, passionate and very supportive". "They are lovely, conscientious, a good manager". A professional told us, "The registered manager [name] is brilliant". Another professional said, "There is a lot of visible evidence of leadership".

The service sought people's feedback and involvement through meetings and minutes of those meetings were made available. There was a suggestion box in the reception area and people were encouraged to give their feedback. The service had conducted various quality assurance surveys with people, relatives and visitors which included professionals. All surveys seen were analysed and actions as, 'what can be improved'. Recent surveys showed positive results from all who responded.

The registered manager and the provider supported their staff. Staff told us they felt appreciated and were always given a thank you at the end of a shift. The provider held a staff appreciation week each year. This was an opportunity to treat their staff. The 2018 appreciation week had been held in September. On each day there were activities, games, BBQ's, gifts and a raffle. The night staff were included and were treated to a different meal each night, such as pizza's and roast dinners. Staff told us this meant a lot to them. Photographs displayed of this event showed people were involved and fun was had by all. The provider organised an annual Christmas prize draw and staff names were entered throughout the year. The registered manager said it was important to them to show appreciation to the team.

The home had made links with various community organisations such as local churches, schools and charitable organisations. The home held a monthly event called 'teapot Mondays', this was attended by around ten members of the public per month. They were invited from the local village and attended to spend time knitting, drinking tea and having cakes with people living in the home. People told us they enjoyed the event. The registered manager said they were keen to involve people in the community and bring the community into the home. People, their relatives and staff had been involved in fundraising and there were 'thank you' letters displayed in the reception area from various charities.

Learning and development was important to the registered manager. They attended regular registered manager network meetings, learning hubs, training through the local authority and used online guidance and publications to keep updated.

The registered manager understood the requirements of the duty of candour. That is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They confidently told us the circumstances in which they would make notifications and referrals to external agencies and showed us records. The registered manager told us they were supported well by the provider who visits the home weekly.

Quality assurance systems were in place to monitor the standard of care provided at the service. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified. Systems were in place for learning and reflection. The registered manager had completed various audits such as medication, information governance, accidents, incidents and infection control. In addition, the registered manager had a monitoring file which showed when various audits and checks would take place. Some examples were, checks for air mattresses, training, visitors, fire and maintenance.

The service had good working partnerships with health and social care professionals. They told us, "There is excellent communication and shared patient care". "They do their utmost for people, it's a really good well-run home".