

Porthaven Care Homes Limited

Wiltshire Heights Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Wiltshire Heights Care Home is a residential care home providing accommodation, personal and nursing care for up to 63 people. The service provides support to adults over and under 65yrs and people with dementia. At the time of our inspection there were 53 people using the service.

Accommodation was provided over 3 floors accessed by stairs and lifts. People had their own rooms which were en-suite and communal areas such as dining rooms, a library, and lounges. People could also access secure gardens from the ground floor.

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

Medicines were not always managed safely. People had not had their medicines as prescribed and 'as required' guidance was not detailed. The provider had taken action to improve medicines management, however, we have made a recommendation about medicines policy. Staff received medicines training and had annual competence assessments.

We observed there were enough staff available to meet people's needs however, feedback from people and staff was at times there was not enough staff available. The provider used a dependency tool to calculate staffing numbers and used agency staff to fill gaps in rotas. We have made a recommendation about using feedback from people and staff to help calculate staffing numbers.

People who experienced distress did not have detailed guidance in place to help staff to understand how to provide support. We observed 2 occasions where people were not responded to in a timely way. Other risks to people's safety had been assessed and guidance was in place to help staff manage those risks.

Care plans were in place, but some were conflicting. The provider had changed systems prior to our inspection which had been a challenge and were carrying out monthly checks on the quality of recording. Senior staff also reviewed care plans monthly to make sure they were up to date. People had been given the opportunity to record their wishes with regards to end of life care.

People enjoyed the food and could have family and friends to eat with them if they wished. Menus were available informing people of choices. Systems in place for people choosing their meals were not effective for people with short term memory loss. The provider recognised this and gave assurance they were reviewing mealtimes across all their services. Despite this area for development, we found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us people were safe at the service. Staff had been provided with training on safeguarding and understood how it applied to their role. New staff had been given a comprehensive

induction which gave them knowledge and skills needed for their roles. Refresher training was provided in a range of areas and staff told us they could ask for training if needed.

The home was clean and cleaning schedules were in place to record what was cleaned and when. Personal protective equipment was available for staff, and we observed them using this safely. Staff were provided with guidance and training on infection prevention and control. Health and safety checks were carried out across the building and for all equipment. We did find rooms that needed to be locked were open and shared this with the provider. They gave assurance these rooms would be kept locked.

People, relatives and professionals told us staff had a kind and caring approach. We observed some positive interactions between staff and people. We also observed some interactions that were not person-centred and shared that feedback with the registered manager. The provider told us their head of dementia care was working with the service to develop staff skills and knowledge to provide good dementia care.

People had a range of activities to choose from if they wished. During our inspection we saw a variety of activities taking place to cater for a wide range of interests. The service had a minibus which was used to take people out to the local community or access local services.

Staff worked with healthcare professionals to meet people's health needs. Local GPs visited the home weekly and other professionals were contacted if needed for advice. Staff had daily handovers and regular meetings to keep updated with people's needs. Staff told us there was good communication amongst the team and good teamworking. Feedback from professionals confirmed this.

Quality monitoring systems were in place and shortfalls found during this inspection had already been identified by the provider. There was a service improvement plan in place to identify actions needed to make improvement and who was responsible for this action. Incidents and accidents were recorded, and any necessary actions carried out. Analysis of incidents, falls and other data was completed by the registered manager and the provider to identify any patterns or trends.

People, relatives, staff and professionals told us the registered manager was visible and approachable. People and relatives felt able to complain if needed and we saw complaints were well managed. People thought the service was well managed. Relatives told us they felt able to visit any time and were always made to feel welcome.

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 10 April 2019).

Why we inspected

The inspection was prompted to seek assurances about the safety and care of people following information received as part of ongoing safeguarding concerns and medicines management incidents. As safeguarding investigations were ongoing, the inspection did not examine the circumstances of those particular incidents. We wanted to seek assurances about the wider safety measures for people at the service. We inspected and found there was a concern with medicines management and the approach of some staff, so we widened the scope of the inspection to become a comprehensive inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from outstanding to good based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe key question section of this full report.

Recommendations

We have made 2 recommendations about medicines management and seeking feedback from people and staff to help calculate staffing numbers.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Wiltshire Heights Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 3 inspectors.

Service and service type

Wiltshire Heights Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wiltshire Heights Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people and 7 relatives about their experiences of care received. We spoke with the registered manager, regional director and 13 members of staff. We also had feedback by email from 4 members of staff. We contacted 7 healthcare professionals for their feedback and heard from 4 either by telephone call or email. During feedback after the inspection, we also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 multiple medicines records, 4 staff recruitment files, care plans and risk assessments for 8 people, health and safety records, quality assurance information and governance records, records of complaints, incidents and accidents, the homes improvement plan, information about planned refurbishment work, training and competence records, compliments and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Learning lessons when things go wrong

- Medicines were not always managed safely.
- Prior to our inspection, the provider notified us of multiple medicines incidents where people had not had their medicines as prescribed. The service had changed pharmacy providers and, during this changeover, some people had run out of medicines.
- We found the provider had taken action in response to medicines incidents, such as involving medical professionals, refresher training for staff and introducing additional stock counts. For the 6 weeks prior to our inspection, people had been given their medicines as prescribed. However, the provider's medicines policy did not give staff clear guidance on what to do if stock was low or not available. This meant staff did not have procedures in place to follow to reduce risks of reoccurrence.

We recommend the provider reviews their medicines policy to make sure staff have procedures to follow when medicines are low in stock.

- Where people were prescribed 'as required' sedatives, there was not detailed guidance in place for staff to know how to use this type of medicine safely. Staff had not always recorded why they were administering this type of medicine. This meant the provider could not always be assured it was being used when people needed it.
- We found 1 person was being administered their 'as required' sedative almost daily without reasons for administration recorded. We discussed this with the registered manager and provider who told us this was a recording issue, but they would organise an immediate review of this person's medicines.
- People who had multiple medicines prescribed for the same condition did not have escalation plans in place. This meant staff did not have guidance in place for what medicine to give first. For example, where people had multiple laxatives prescribed, there was no guidance on which laxative to give and why.
- Medicines concerns found during the inspection had been identified by the provider through medicines audits. Action for improvement was on the service improvement plan which was monitored by the provider for completion.
- Staff received medicines training and had their competence assessed annually.

Staffing and recruitment

- During our inspection, we observed there were enough staff available to meet people's needs. However, people and staff told us there was not always enough staff available. People we spoke with said they sometimes had to wait for a response to their call bell. Comments included, "We could do with more staff, but I am not usually waiting too long" and "Not enough of them [staff], you can ring a bell and they take time

to come. Before meals it is always busy, and it is terrible at weekends."

- Staff told us there were not always enough staff available, this was particularly difficult when there was short notice sickness. Whilst the service used agency staff to fill gaps, there had been times when getting agency staff had been difficult. One member of staff told us, "There are not enough staff, and we really struggle which can cause stress."
- We reviewed call bell data and found there were multiple times where people were waiting for over 5 minutes for staff to respond. The provider told us staff at times responded to call bells but did not turn the call alarms off which gave a false picture of their response times. They told us they are reviewing their call bell monitoring system to ensure data is a true reflection of response times.
- The provider used a staff dependency tool which helped them calculate how many staff were needed for shifts. The registered manager had the ability to increase staffing where needed. For example, they had recognised evenings were busy so had organised for a 'twilight' shift to be in place. This gave an extra member of staff on duty in the evenings.
- The provider used agency staff to fill gaps in the rotas. Where possible, they tried to use the same agency staff for consistency of care.
- Whilst we found the provider reviewed their staff dependency tool regularly, we did not find they included gathering feedback about staffing from people, relatives, or staff.

We recommend the service ensures they review their staffing levels, on a regular basis, including seeking and listening to people's experience of care to assist them in determining the level of staffing needed.

- Pre-employment checks had been carried out prior to staff starting work. This included a check with the Disclosure and Barring Service (DBS).
- For 1 member of staff who required measures to manage risk of their employment, we did not see a risk management plan. The provider informed us the recruitment files had been transferred to a new system and they had difficulty finding a copy.

Assessing risk, safety monitoring and management

- During our inspection, we found rooms that were unsafe for people to access were unlocked. The provider told us these rooms should be locked and they organised for this to happen whilst we were on site. However, on the third day of inspection we found these rooms were unlocked again. We shared this with the provider who told us they would take immediate action.
- Risks to people's safety had been assessed and management plans were in place. However, we found guidance was not detailed enough for staff to know how to support people who experienced distress. For 1 person we observed staff struggled to know how to respond to their anxiety. The registered manager told us the head of dementia care was supporting staff to enhance knowledge and skills for this area of care.
- Where people needed equipment to support them to manage risks this was available. For example, people at risk of pressure ulcers had specialist mattresses in place. Some people at risk of falls had sensor mats in place to help staff identify when people were moving.
- Health and safety checks were being carried out regularly. The provider had a programme of servicing in place for all equipment and fire systems.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt people were safe at the service. Comments included, "Yes, it is safe here, I have a lock on my door", "I feel [relative] is safe there, they have everything needed in [relative's] room" and "[relative] feels secure and is well cared for. I could not imagine anything better."
- Staff received training on safeguarding and told us how it applied to their role. Staff knew how to report any concerns and were confident the registered manager would act.

- A whistleblowing process was in place, and we saw staff had used this to report concerns internally.
- Where needed, safeguarding concerns were reported to the local authority safeguarding teams.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- We observed and people told us they were able to have visitors when they wished without restrictions.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and relatives told us the food was good and they had choices. Comments about the food included, "Food is quite nice, the kitchen will get you anything you want, you can ask for things, and they get it for you" and "The food is excellent. There is a good variety, and they will always do something different if needed."
- Menus were provided, and we saw they included pictures to help people make choices.
- We found people were choosing their meal the day before so the kitchen staff would know how much to make for each option. People living with dementia may have short term memory loss therefore choosing the day before did not support them effectively.
- We observed some people wanted different options to what they had chosen and whilst staff tried to accommodate choices, people had to wait for their meal.
- We raised this with the provider and registered manager. The nominated individual provided assurance they had identified mealtimes as a focus for them and recognised improvement could be made.
- People had access to snacks and drinks throughout the day. People could also have friends and family to visit to join them for a meal if they wished.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the service. A senior member of the team carried out assessments and used this information to produce a care plan.
- Assessments included an oral health assessment which gave staff guidance on people's needs.
- Staff used national guidance to assess some needs which helped them complete accurate assessments. For example, to assess people's risk of malnutrition staff used the Malnutrition Universal Screening Tool (MUST). If people had been assessed as risk, actions were taken to support people in line with best practice guidance.

Staff support: induction, training, skills and experience

- New staff had an induction which included training and opportunity to shadow more experienced colleagues. Inductions were organised by the 'in-house' trainer who also delivered some face-to-face training.
- Care staff were supported to complete the Care Certificate as part of their induction which included knowledge and competence checks.
- Staff had supervision where they could discuss any training needs or issues. Some staff could not remember when their last supervision was, but they all felt able to approach management to ask for one if needed. Records demonstrated staff had regular supervisions with line managers.

- Refresher training was provided when needed and staff told us they felt trained for their roles. One member of staff said, "Whatever they give us, I do it, and I can ask for training if needed. I have supervision, it is very helpful, [management] are very helpful and supportive."

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

- People were supported with their health needs. Professionals we spoke with told us staff made timely referrals and contacted them when advice was needed. One professional told us, "I always find the staff phone us appropriately if they need support. Care staff seem very knowledgeable and always ask for the nurse's support if they need it."
- Staff had handovers between shifts to share information about people's needs. There was also a daily heads of department meeting to discuss events of the day, incidents, or complaints.
- Staff told us communication was good amongst the team and they felt prepared for their shifts.
- Relatives felt staff kept them updated with any health issues. One relative told us, "They [staff] keep in contact with me if there are any issues, such as when [relative] has had a fall. They are on the ball."

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

- Wiltshire Heights Care Home was purpose built over 3 floors. There were lounges and dining areas on each floor and quieter lounges or rooms if people wanted a more peaceful environment.
- People had their own rooms which were en-suite. We observed people had personalised their rooms.
- There was a 'private dining room' which people could use to host special events or eat with family and friends.
- On the ground floor people had access to a secure garden. During our inspection as there was fine weather, we observed people using this space to listen to an entertainer.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training on the MCA and understood the principles. Staff were able to tell us how these applied to their roles when supporting people who lacked capacity.
- Where needed capacity assessments had been completed and best interest meetings held.
- The local authority had reviewed applications to authorise DoLS for people. Conditions were in place for some authorisations, and these were being met overall.

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 our last inspection we rated this key question 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.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respecting people's privacy and dignity. Staff were seen knocking on people's doors and making sure they were closed when providing personal care.
- We did observe 1 incident where staff disclosed a person's health condition during a mealtime. The registered manager assured us this was an isolated incident and their own observations of mealtimes demonstrated staff were respectful.
- On 2 occasions we observed staff did not respond to people's distress in a timely way. We shared this with the provider and registered manager.
- We also observed staff supporting people experiencing distress in a compassionate way. For example, we observed 1 member of staff sit down with a person who was anxious and provide verbal reassurance. The approach of the staff immediately reduced anxiety for the person.
- People's personal information was stored securely. Only authorised staff were able to access electronic records.
- Staff encouraged people to do as much for themselves as possible. Staff told us they tried to support people to maintain skills such as light domestic tasks and gardening.
- Relatives told us they were welcome at the service at any time and offered refreshments. One relative told us, "We are always made welcome and offered a drink."

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

- People and relatives told us staff were kind and caring. Comments about the staff included, "Staff are kind and friendly and a number of them are friends", "The staff are lovely, and I am treated with respect" and "The staff are kind and have the right skills to care for [relative]. They are very caring and understanding."
- Staff told us they enjoyed their work at the service, liked working with older people and wanted to make a difference to people's lives. Comments from the staff included, "I make sure they [people] are having a wonderful life. I love it, I really enjoy it, Staff are always ensuring each resident is treated in a wonderful manner without any segregation, staff are respectful" and "I very much enjoy my job, I like the residents, we have a lovely time with them, chat and laugh with us. I put a smile on their face. I love my job."
- Staff had information about people's life history which helped them to understand people's needs.
- We observed interactions between people and staff that were respectful and kind. Staff were observed to adapt their approach to speak with people or explain things in a simplified way.

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

- People told us they were involved in their care though they had not seen their care plan. People told us about a system called 'resident of the day' which enabled them to review their care with various heads of department.
- Day to day people were supported to do what they wished. We observed people spending time how they wanted doing things they enjoyed. Staff talked to us about supporting people to make their own choices in all areas.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. 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 had an individual care plan which gave staff guidance on all needs. Care plans were electronic and accessed via fixed terminals at nurses' stations on each floor or by monitors on walls around the home.
- Prior to our inspection, the provider had changed electronic care plan systems and staff told us moving records from one system to another had been difficult. We found some records had conflicting information recorded and shared this with the provider.
- The registered manager told us the provider's quality teams were reviewing care planning information monthly to check for quality and consistency. These quality checks in addition to the monthly reviews by nursing staff would make sure records were consistent.
- Care plans recorded information about people's daily care needs, for example in relation to their mobility, personal care, nutrition and hydration and medical conditions. Staff knew people's needs and were kept updated with changes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plan with guidance for staff on how to support people with communication.
- The registered manager told us information could be provided to people in formats suitable for their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had opportunities to engage with a variety of activities, events and outings. A varied programme was available and on display around the home. Comments about the activities included, "There is a good choice of activities which [relative] enjoys" and "They put on a flower arranging activity as it was something [relative] particularly enjoyed. They also have a regular monthly communion."
- A team of wellness workers were employed who organised group and individual activities. During our inspection we observed people engaging with entertainers, musicians, exercise classes and trips into the local community.
- People told us they did not always want to join in planned activities which was their choice. Staff told us

they also organised 1-1 activities in people's rooms for those who preferred quieter environments.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which gave people and relatives information on how to complain and timescales for managing their complaints.
- People and relatives told us they would not hesitate to complain if needed and knew who to raise their concerns with. One person told us, "If I needed to complain I would go to [registered manager] she does listen, if I needed to complain about food I would go to the chef."
- Complaints received had been recorded and dealt with in line with the providers policy. Outcomes of complaints were recorded, and letters of apology sent if needed.

End of life care and support

- People were not receiving end of life care at the time of our inspection; however, this was an area of care and support which had been provided in the past.
- We reviewed many compliments the service had received from families wanting to share their gratitude to staff for end of life care.
- Professionals told us they thought staff provided good end of life care and always liaised with them about areas such as pain management. One professional told us "If anyone is looking for a nursing home, I feel happy if they are looking at Wiltshire Heights for end of life care."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 registered manager in post who had been at the service for many years. People, relatives and staff all told us the registered manager was approachable and listened to any cause for concern.
- Comments from people and relatives about the registered manager and management of the service included, "The home is well managed, and it all works" and "[registered manager] has always been available whenever we have needed to speak to her and has been extremely helpful over the years. From my experience I would recommend anyone to Wiltshire Heights."
- Staff told us they were able to talk with the registered manager at any time and they felt supported. Comments from the staff about the registered manager included, "I would report any concerns with [registered manager] they are really good, and their door is always open" and "[registered manager] is lovely, we can share any problems, you can speak with them."
- Staff told us they thought there was good communication at the service and good teamwork. One member of staff said, "My colleagues are nice, and we work together." Another member of staff told us, "Wiltshire Heights is a great workplace. The working environment is not only pleasant but also inclusive and respectful."
- We observed positive social interactions between people and staff and saw people were comfortable around staff, engaging with them about their needs and wishes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy. The registered manager was aware of the process and followed the policy when needed. For example, where notifiable incidents had occurred the registered manager would make sure a letter of apology was sent to people and/or relatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems were in place for the provider to monitor the quality and safety at the service. Audits were carried out by a range of staff to give the provider a good oversight of quality and safety.
- For example, an external pharmacist had carried out a medicines audit prior to our inspection, the provider's head of dementia care completed regular observations of staff practice and nursing staff carried out infection prevention and control audits.
- Most of the shortfalls found during the inspection had been identified by the provider and actions added

to the service improvement plan.

- We found the registered manager and staff were open to our feedback and where possible made changes during our inspection.
- The registered manager carried out monthly analysis of information gathered to identify patterns or trends. For example, a monthly falls analysis was completed to identify any patterns for people falling. The registered manager told us if any action was needed such as additional staff at particular times of the day, they would make sure this was implemented.
- There was a clear management structure in place which was known by people and staff. The registered manager was supported by a deputy manager, an in-house trainer and with regular visits from the provider.
- Staff were clear about their roles and responsibilities and understood what needed to be reported up to management.

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

- People told us they had regular 'residents meetings' which enabled them to raise any concerns or ideas for change. People told us they felt involved at the meetings and able to share their views easily.
- The registered manager was able to share examples with us of 'you said, we did' which demonstrated they made changes following feedback from people. For example, people asked for a bread making machine in the dining room. This was bought so people could enjoy the smell of freshly baked bread. People also asked for visits from a therapy dog. This was organised and people were able to enjoy stroking the visiting pet.
- The provider carried out regular surveys for people, relatives and staff. Results were collected and a summary produced. We reviewed the action plan which recorded what action the service would take in response to feedback. One relative told us, "We are able to raise concerns and the management are very responsive to get things sorted."
- Staff had regular staff meetings where they were able to discuss ideas or any changes to the service. Staff we spoke with felt able to share any improvement ideas they had.

Working in partnership with others

- Records demonstrated staff worked with healthcare professionals to meet people's needs. Staff referred people to various services if and when needed. For example, we found referrals made to speech and language specialists, mental health teams and local GP's.
- Staff worked collaboratively with healthcare professionals. One healthcare professional told us, 'When we have had a particularly challenging or complex situation with a resident, we have had meetings together with the staff, including the nursing staff and where appropriate with the resident and his/her family to find the best way to manage these situations.'