Hoama (Staplehurst) Ltd

Iden Manor Nursing home

Inspection report

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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

About the service
Iden Manor is a residential care home providing accommodation with personal and nursing care for up to 51 people. The service provides support to people with nursing needs and people living with dementia. At the time of our inspection there were 47 people using the service. The service is divided into two 'wings', one of which specialises in providing care to people living with dementia. The service was arranged across three floors with lift access to upper and lower floors.

People's experience of using this service and what we found
People told us they were happy and felt safe living at the service. One person told us, "Staff are always around if you need them." Another person said, "It is safe. People working here are on top of everything. I never feel unsafe or insecure." A relative said, [Relative] is safe here, I am sure. But I really chose it because I knew they would love the gardens, and they do."

People told us staff were kind and caring and treated them with respect and dignity. Potential risks to people's health and welfare had been assessed. There was guidance in place for staff to reduce risks and keep people as safe as possible. Checks had been completed on the environment and the equipment people used.

The service had been designed and adapted to meet people needs. The service was clean and uncluttered; staff were wearing personal protective equipment in line with government guidance. One relative told us, "It is always clean and there are no smells. It is a nice environment, wide corridors, and [relative's] room is big and lofty and beautiful." Another relative said, "The place is tranquil and pleasant. The rooms are nice and the lounge is good here. [Relative] has a lovely view from their room."

People received their medicines as prescribed. Staff had been recruited safely and there were enough staff to meet people's needs. Staff had received training appropriate to their role and to give them skills to support people. People and relatives told us staff were kind, caring and friendly.

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.

Although there had been some staff changes recently, people, relatives and staff told us the management team were supportive and approachable and they were confident to raise concerns. Relatives confirmed they were able to visit when they wanted and for as long as they wanted.

Checks and audits had been completed on all aspects of the service; actions had been taken to rectify any shortfalls. People had been asked their opinion about the service and their suggestions had been acted upon.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us as a new provider on 01 May 2022 and this is the first inspection. The last rating for the service under the previous provider was good (published 28 January 2020).

Why we inspected
This inspection was prompted in part by notification of an incident at another service operated by the same provider. The information shared with Care Quality Commission about this incident indicated potential concerns about the management of risks in relation to people's health, failure to seek follow up care in relation to diagnostic tests and failure to make best interest decisions for someone who lacked mental capacity. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and effective sections of this full report.

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 is good based on the findings from this inspection.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Iden Manor Nursing 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
The inspection was carried out by two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Iden Manor 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. Iden Manor 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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, including details about incidents the provider must notify us about, such as serious injuries. We sought feedback from the local authority who did not have any concerns about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who lived in the service and 15 relatives about their experience of the care provided. 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 observed multiple interactions between people and staff throughout the day. We spoke with 16 members of staff including the quality assurance manager, registered manager, nominated individual, nurses, care staff, housekeeping staff, activity staff, chef and maintenance manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including nine peoples' care records and multiple medication records. We looked at five staff recruitment files. A variety of records relating to the management of the service were reviewed including health and safety checks, meeting notes, training records and audits.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People and their relatives told us they felt safe living in Iden Manor. One person said, "It's very safe here, I have no worries about that." Another person told us, "This is the safest place I could be; I felt vulnerable before I came here." A relative said, "I'm happy with the care and [relative] is safe." Another relative said, "[Relative] is safe here. It is so much better than [previous care home], we had to move them from there."

● Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom, including escalation if necessary. Staff were confident that actions would be taken if they reported something. Staff told us and records confirmed that safeguarding training was up to date.

● Staff had recorded and reported allegations of abuse to the appropriate authorities. Safeguarding records were completed and showed staff cooperated with investigations. Lessons learned were shared through staff meetings. A relative told us, "[Relative] had a fall in the bedroom when they were on their own and they reported it to social services as a safeguarding matter."

Assessing risk, safety monitoring and management

● Care plans and risk assessments were clear, comprehensive and up to date. They contained enough information for staff to provide safe care and manage any risks, such as falls, skin damage or choking. The provider used recognised tools for assessing risks such as skin damage and malnutrition, for example Waterlow and MUST.

● Where people required monitoring charts such as weight, fluids or repositioning, these were in place and had been completed correctly. People received safe care and treatment by staff who knew them very well.

● The provider had a system in place for regularly reviewing the care plans and risk assessments and these were up to date. Any changes in a persons' needs were shared with staff during handover meetings which were documented. Relatives told us they were updated if there were any changes to their loved one's care. One relative said, "[Relative] has had some falls. They always let me know when it happens."

● Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. Each unit had a maintenance book which was checked daily so that faults could be rectified without delay. An evacuation exercise had been completed and evaluated recently. This highlighted a lack of knowledge and training. As a result, all staff had been booked onto fire evacuation and fire marshal training. and lessons learned shared.

Staffing and recruitment

● There were enough staff to meet peoples' needs. Call bells were answered quickly, and call bell audits were undertaken regularly. Most staff told us there were enough staff. One staff member said, "There's always enough staff; they will get agency if needed."

● The service had been heavily reliant on agency staff, but recent recruitment activity had been successful

and new staff had either just started or were in the pre-employment process. The management team on site had been strengthened with the addition of a clinical lead and a quality assurance manager.
● Staff had been recruited safely. Interviews were values based. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
● Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their Personal Identification Number (PIN) to confirm their registration status. Nurses were required to update their registration annually.

Using medicines safely
● Medicines were managed safely in line with national guidance. Medicines were stored securely in clean, temperature-controlled conditions. Medicine administration records were completed accurately. Risk assessments had been completed for certain medicines, for example, blood thinners.
● Body maps were used to record the application of creams and for medicines given via a skin patch, application sites were recorded and rotated to prevent skin irritation. There were protocols in place for medicines given 'as required' for example pain relief and these were adhered to.
● Medicines were administered by nurses or nursing assistants who had been trained and assessed as competent by a senior manager. Training and competency records were comprehensive and up to date.
● Medicines were audited regularly, and actions put in place if any shortfalls were identified. Medicine errors were documented, investigated and lessons learned shared during clinical meetings and through written notices.
● People told us they received their medicines on time and they were able to ask staff if they needed any pain relief. We saw staff asking people if they were in any pain and if any pain relief was needed.

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

Visiting in care homes
● Visiting was unrestricted, we saw visitors coming and going throughout our inspection.

Learning lessons when things go wrong
● There was a system in place for recording accidents and incidents and staff knew what to do if someone had an accident. Records had been completed and were up to date. Professional advice was sought if necessary, for example, from the GP or emergency services.
● Accidents and incidents were investigated. Investigation records were thorough and included action plans and lessons learned. Actions were taken to prevent recurrence, such as people at risk of falls had low-rise beds, crash mats and reassessment of risks. A relative told us, "[Relative] had some falls, they have a mat by

their bed now which tells the staff when they are up and about."

● The service had clinical risk mapping to track clinical indicators such as weight loss, skin condition or infections. These were summarised on a clinical risk register and discussed at weekly clinical review meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were assessed before moving into the service to ensure their needs could be met. One relative told us they visited their relative in their previous care home before accepting them. They said, "[Relative] can be very challenging, but I'm happy with the care and they are the most settled here than they have ever been."
- Peoples' care plans were comprehensive; they contained enough information for staff to know about peoples' individual choices and wishes. Relatives told us they had been consulted about their loved one's care plan. Care plans were reviewed and updated regularly. One relative said, "I am involved with the care plan and we have a review regularly. But, for example, I raised a specific issue and they set up a session to discuss it with me"
- People had comprehensive oral health care plans and staff supported people to maintain good oral hygiene. The plan contained details about whether people had dentures and what type of toothbrush they used, for example, an electric toothbrush. Plans detailed the level of support people needed, for example, if they needed support to put toothpaste onto the toothbrush.
- Care delivery was person focused and responsive to peoples' needs. Peoples' assessments included their culture and spiritual needs and any gender preferences of the staff supporting them with personal care.
- We saw staff supporting people in accordance with their plans. Staff had a good knowledge of people and their individual preferences and choices. Staff understood risks, for example, choking or falls, and knew what to do to keep people safe.

Staff support: induction, training, skills and experience

- Nurses and care staff had received training and had the knowledge and skills they needed to safely provide care. Staff, including the chef, told us they had received training and we saw that training was up to date. People and their relatives agreed staff were well trained. One relative said, "I think the staff are well trained". Another relative told us, "[Relative] can't cope well with change and they have managed to keep regular staff with them who know them."
- Staff told us they received supervisions and said that senior staff and managers were more accessible now. Staff felt well supported by the nurses and the management team. Competency checks had been completed, for example, in medicine management and administration.
- Nurses attended clinical meetings and had clinical supervision. Nurses worked within the Nursing and Midwifery Council's Code of Conduct and revalidated every three years in accordance with regulations.

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

- People were supported to eat and drink enough. There were no menus on display, but people chose their meals each day with support from staff. Food preferences, allergies and intolerances were documented.

People and their relatives told us they were able to choose their meals. We saw people being offered a choice of drinks.

● People ate their meals in the dining room or lounge if they could; this was their choice. People told us they had made the table centre pieces in the dining room. People and their relatives told us the food was good. One relative said, "The food is okay, no complaints." Another relative said, "I've seen the food and it's fine. There is always a choice."

● People who were at risk of choking had been assessed by speech and language therapists and were protected from risks with modified food and fluids. Lunch service was supervised by a senior care worker to ensure people were offered the correct meal. The pureed food was well presented; the chef told us he had attended training in food presentation for modified diets. The chef had a good relationship with people and knew their likes, dislikes and dietary needs.

● There were enough staff to support people to eat and drink, either in the dining room or in their own rooms. People who needed help with their meals were supported by staff who did not rush them and were patient.

● The service had regular meetings with people living in Iden Manor, attended by the chef, where food and menu preferences were discussed. Changes had been made as a result of these meetings, for example, people asked for fruit to be made available; this was now in place at hydration stations around the service.

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

● Assessments and care plans included peoples' health care needs and there were details of healthcare professional's visits in individual's records. Care records included a 'hospital passport'. This was shared with others, such as hospitals or paramedics, if people needed to access these services.

● Nurses and care staff had good knowledge of peoples' healthcare needs and knew how to support them to achieve good outcomes. There was input from health care professionals such as GPs, dieticians and chiropodists. We saw care being provided in accordance with the plans.

● People and their relatives told us staff would arrange for them to see a doctor or go to hospital if they needed to. Relatives knew about the regular GP visits. One relative said, "The GP visits. [Relative] has been a bit unsettled, so the GP saw them and has suggested a review of medication if they don't settle."

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

● We saw people walking around the service safely, including in the communal areas. All rooms were numbered, but only a few had names on. None had pictures on the door and there were no memory boxes to help people find their room. However, people looked happy and were not distressed.

● Peoples' rooms were personalised with photographs, ornaments and things that were important to them. Rooms were clean and tidy. Communal areas and bathrooms had good signage including photographs to aid recognition.

● A relative told us they liked to use the gardens whenever they could and said, "We can even bring the grandchildren to the gardens."

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.

- The service complied with the MCA. Mental capacity assessments had been completed. There were decision specific capacity assessments, such as use of bed rails. Best interest meetings were held, and decisions documented.
- The registered manager had made appropriate DoLS applications to the local authority and there were systems in place to keep these under review.
- Care was provided in the least restrictive way. Consent was documented in peoples' care plans. We saw staff asking people before carrying out any tasks with them.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us, without exception, staff were kind and caring. One person said, "Staff are accommodating and kind, nothing is too much trouble." Another person said, "We have fun together. I shall want to stay here for the rest of my life."
- Staff and people knew each other well. Staff knew peoples' preferences but still offered choice, for example what clothes they wanted to wear or where they wanted to eat their lunch. We saw staff supporting people with care and attention. Staff were patient with people and gave them time to respond to questions; talking with them at their own level and using gentle tones.
- Relatives described the staff as kind, caring, friendly and responsive. One relative said, "I find the regular staff very responsive and helpful." Another relative said, "Staff are very caring and kind,"

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

- Communication needs were documented so people could be supported in the best way to be involved in decisions about their care. However, some people told us they struggled to understand some of the staff. The provider was aware of this and had measures in place to support staff with their communication skills.
- People told us they were involved in making decisions about their care and could choose how they spent their time during the day. One person told us they preferred to spend time in their room listening to music they liked.
- Peoples' care plans were developed with them and their relatives where appropriate. People were encouraged to share their life experiences so that staff could get to know them better. Peoples' likes and dislikes were documented and included, for example, what time they liked to go to bed or get up, where they liked to eat their meals or what type of toothbrush they liked.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect; their privacy was protected, and they were encouraged to be independent where possible. We saw bedroom doors were closed whilst people were having their personal care needs tended to by staff. When people needed personal care whilst in communal areas, screens were used to ensure privacy was maintained.
- Staff recognised and responded to individual needs and promoted independence. One person told us they were very independent and did as much for themselves as they could. They told us when they needed assistance staff responded quickly. Care plans detailed what people could do for themselves and what they might need support with and included information about equipment used to support independence, for example, walking frames or wheelchairs.
- Peoples' confidential information was kept securely, accessed only when required and by those

authorised to do so.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans were personalised and reflected peoples' preferences in all areas. For example, food likes and dislikes, whether a person wants to choose their own clothes, and spiritual or religious needs. Daily care notes were detailed with several entries made during each shift. Care plans documented peoples' short- and long-term goals.
- Staff were able to tell us about peoples' likes, dislikes, their medical conditions and their former occupations. Some relatives were concerned about whether agency workers would know their relatives well enough. However, agency staff always worked with permanent staff and the agency staff we spoke to were knowledgeable about the people they were supporting.
- People told us staff respected their choices. Relatives told us care was given in line with peoples' choices. One relative said, "[Relative] doesn't like to have a bath or shower, they have a strip wash and I tell the carers it is [relative's] choice. This is what [relative] does." Another relative told us, "[Relative] is not very sociable so they moved them to a downstairs room so they can go between their room and the lounge at any time they want to."
- Relatives told us they had been involved in care planning. One relative said, "I am very involved in all the planning of [relative's] care, even though I live a long way away." Another relative said, "They review the care and have a system in place. It is well organised, and they let me know if there are any problems."

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.

- Staff were observed communicating effectively with people. When people required spectacles or hearing aids, staff made sure they were working, and people used them properly to support better communication. Spectacles were labelled with people's names to avoid confusion.
- Peoples' care plans had a section on communication with specific instructions for staff, for example, that some phrases or questions may need to be repeated before they were understood, or to give people extra time to process questions.
- There were user-friendly accessible documents and various pictorial signs about infection control around the service. Signage was clear with pictures as well as words to aid understanding, for example, on communal bathrooms.

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

● Staff encouraged people to socialise. The activities coordinator took time to speak with people, including one to one time in peoples' rooms, and we saw people engaged in activities throughout the day.

● People told us they enjoyed the activities. One person said, "I think we all enjoy them; we have lots of fun." Another person told us they were happy to do whatever activities staff had planned for them, and said, "I always seem to keep busy."

● Relatives told us there were a lot of activities and events going on. One relative said, "They have a lot of events, like summer fetes and garden parties. They have bingo and afternoon tea and people living with dementia are always encouraged to join in the activities." Another relative said, "They have done flower arranging and there have been church services."

Improving care quality in response to complaints or concerns

● Complaints were logged, investigated and responded to in line with the company's policy. People we spoke to and relatives knew how to raise concerns. The main areas of concern were about the management of peoples' laundry; several relatives told us this. We discussed this with the provider who said they would address these concerns.

● The service had not received many formal complaints. People told us if they had any issues they would raise them with a manager and these would be addressed appropriately. For example, one person told us they had given feedback about an agency staff member, and action was taken. Relatives had also raised concerns with the manager, which were addressed and not repeated.

● Where there had been mistakes, the registered manager apologised and learnt lessons from the concern. Staff were encouraged to write reflective accounts and lessons learned were shared with staff so that the risk of similar concerns arising could be minimised.

End of life care and support

● The service was able to provide end of life care and support which enabled people to remain in the service if their needs increased and not have to move to a new service.

● Care plans included clear instructions about end of life care wishes and staff were aware of these. These plans had been written in partnership with the person and their relatives if appropriate.

● Staff worked with other health care professionals, such as specialist nurses, hospice teams and GPs to provide end of life care when required. Medicines were available to keep them as comfortable as possible.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager and provider promoted a positive culture within the service where people felt empowered and involved, and there was a commitment to continuous improvement. Staff told us there had been a lot of changes and new managers, but it was all good. Staff told us they liked coming to work, the culture was open and there was good teamwork.
- Staff told us the registered manager was good at listening and was supportive. When things had been reported to them, actions had been taken. Staff were complimentary about the new quality assurance manager and deputy manager, describing them as 'approachable, fair and very knowledgeable'.
- People we spoke to knew the registered manager and the owner and were positive about the management team, especially the quality assurance manager. Relatives also knew who the registered manager was. One relative said, "The manager is pleasant and very accessible. I can turn up unannounced and they will see me, they have an open door." Another relative said, "The manager is very approachable, and they have spent a lot of time with [relative]."

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities.
- Relatives told us, and records confirmed that staff were in regular contact with them, especially during the COVID-19 pandemic. Relatives confirmed that staff contacted them with updates when necessary. One relative said, "They kept families well informed all the way through Covid." One person told us they had a fall recently and said staff called their relative straight away.

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

- There was a clear management structure, nurses and care staff understood their responsibilities to meet regulatory requirements. Staff told us the management team were supportive and approachable and were confident in reporting any concerns. Staff told us Iden Manor was a good place to work.
- One of the management team walked round the service daily to speak with staff and participated in daily handover meetings. These meetings ensured staff had up to date information about the people they were

supporting. There was comprehensive documentation to refer to if required.
● The provider had a robust quality monitoring process. A range of audits were undertaken regularly, for example, infection control, medicines, care plans and clinical indicators. Quarterly audit trackers were in place to monitor audit activity and outcomes. Action plans were developed and monitored to address any shortfalls found during audits.
● An active clinical risk register summarised clinical risks. Weekly clinical review meetings were attended by nurses to discuss the risk register for example, weight tracking, nutrition and skin integrity. Actions were agreed and monitored and included referrals to other professionals such as dieticians.
● Services providing health and social care to people are required to inform the CQC of important events that happen in the service. This is so we can check that appropriate action has been taken. The registered manager had correctly submitted notifications to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were encouraged to participate in running some parts of the service. For example, staff were arranging for one person to help with some gardening as that was their interest. Some people had asked if they could lead the residents' meetings and were keen to help organise activities. The provider had also asked for volunteers from peoples' families to support with some activities. People and their relatives were invited to meetings to discuss the service.
● Staff were invited to meetings and encouraged to contribute. Staff were given the opportunity to discuss things such as training needs. Staff told us they had regular supervision sessions but confirmed that they could approach a manager at any time if they had questions or concerns.
● The provider sought feedback from people, relatives and staff through surveys and action plans were developed based on the results and the feedback received. Results of the most recent staff survey were generally positive; staff were excited about coming to work.

Continuous learning and improving care; Working in partnership with others
● There was a commitment to continuous service improvement and lessons learned from incidents, accidents or complaints were shared with the team. The provider and management team acted on feedback from people, relatives and staff to make positive changes.
● The management team worked in partnership with local health and social care teams. They worked closely with other professionals, including the local GP, medicines optimisation teams, mental health teams, specialist dementia nurses and hospice teams. A range of professionals visited the service regularly.