

Barchester Healthcare Homes Limited

Southerndown

Inspection report

Worcester Road
Chipping Norton
Oxfordshire
OX7 5YF

Tel: 01608644129
Website: www.barchester.com

Date of inspection visit:
29 May 2019
30 May 2019

Date of publication:
23 July 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Southerndown is a care home registered to provide personal and nursing care to older people, including people living with dementia. The service comprises of two separate units, including one which specialised in providing care to people living with dementia. There were 77 people living at the service at the time of our inspection.

People's experience of using this service:

People benefitted from being supported by enthusiastic, motivated and compassionate staff. The entire team at the service demonstrated a visible person-centred culture enabling people to feel they were really cared for and mattered. Staff had developed very positive and meaningful, caring relationships with people. The care provided was sensitive to people's diverse needs.

People were respected, included in decisions and their privacy and independence maintained to a high standard. People's independence was promoted, and the provider sought new ways of working, such as a dementia accreditation programme, that had a positive impact on people's well-being. The provider employed a dementia care specialist nurse who provided additional support to people living with dementia and their families.

People's healthcare and nutritional needs were met. 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 benefitted from suitably trained, competent and skilled staff.

People were supported to take their medicines as prescribed and other risks to their health and wellbeing were managed safely. The provider had good systems to manage safeguarding concerns, accidents, infection control and environmental safety.

The provider's quality assurance systems remained effective. There was a new registered manager who was well supported by the provider and by a robust team of staff who all had clearly set out roles and responsibilities. There was an open, transparent and positive culture at the service. External professionals were complimentary about how the service worked in partnership with them.

Rating at last inspection:

Good (report published 24 November 2016).

Why we inspected:

This was our scheduled, planned inspection based on previous rating.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

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 ●

Southerndown

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection team consisted of two inspectors and two Experts by Experience on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector returned the following day to complete the inspection and to provide feedback.

Service and service type:

Southerndown is registered to provide accommodation and personal care for up to 88 older people who require nursing or personal care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection took place on 29 and 30 May 2019 and was unannounced on the first day.

What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During our inspection we spoke with 13 people and eight relatives to obtain their feedback. We looked at

records, which included four people's care records. We checked recruitment, training and supervision records for two staff. We looked at a range of records about how the service was managed. We also spoke with the operations director, the registered manager, the deputy manager, two activities co-ordinators, two nurses, two team leaders, three care staff, one member of the housekeeping team, the maintenance manager and the chef. We also spoke with two visiting external professionals.

After the inspection we contacted 10 external health and social care professionals, including commissioners to obtain their views about the service. We also telephoned three more relatives of people living at the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People and their relatives told us people were safe at the service. Comments included, "The atmosphere is reassuring and safe" and "I think it's the people (staff) who make me feel safe".
- Staff knew how to identify and escalate any safeguarding concerns and told us they would report to their line manager. One staff member said, "If any concerns, I'd report to the nurse".
- The registered manager proactively reported any safeguarding concerns to the local safeguarding team.

Assessing risk, safety monitoring and management

- The provider had a system to record accidents and incidents. The accident log demonstrated occurrences, such as a bruise or skin graze were recorded and monitored. We found appropriate action was taken when needed, for example a referral to a health professional or increased monitoring took place.
- Risks to people, such as risks surrounding mobility, skin integrity and other individual needs were assessed and recorded. For example, one person was losing weight. They were referred to a health professional and a separate, acute care plan was formulated on how to manage this specific risk. Another person was at risk of developing a pressure area and their care plan stated they needed to use a specialist mattress. The care plan reflected the type of the mattress and the settings. We checked the mattress in the person's bedroom and it was set to the correct setting to prevent this person's skin damage.
- There were systems in place to manage risk surrounding environment, we saw evidence of a number of checks such as fire, water and equipment safety took place regularly. There was a current business continuity plan that described what to do in any adverse situations and emergencies, such as a fire.

Staffing and recruitment

- There were sufficient staff to keep people safe. One person said, "They seem to have (enough staff) there's always someone about". Another person said, "I often ask for help and they come very quickly and help". Throughout our inspection we saw people being attended to promptly and people that were unable to use the call bell had risk assessments in place that described how to ensure their safety and well-being. We however had mixed comments about night staffing levels, some people said that it took longer for a call bell to be answered during the night. We saw this had been already discussed during a recent team meeting. The management team confirmed the night staffing levels were being reviewed.
- The provider followed safe recruitment practices to ensure staff were suitable to work with adults at risk.

Using medicines safely and preventing and controlling infection

- The records demonstrated people received medicines as prescribed. There were safe systems in place to store, order and manage medicines. The medicines were the responsibility of suitably trained staff that had their competencies checked.
- People told us they had their medicines when needed. One person said, "They give it to me, and I take it myself and I get it when they bring it and sometimes, they watch me take it". Another person said, "I do take medication and it comes the same time every day and they do watch me take it which I'm happy with".
- Staff followed good practice guidance and received training in infection control as part of their induction. We observed staff using colour coded cleaning equipment to prevent cross infection and the environment was fresh, clean and free of any unpleasant odours. One person told us, "The rooms are very nice and clean and secure".

Learning lessons when things go wrong

- The management team ensured the work practices had been reflected on when things could be improved. For example, a root cause analysis system was used to investigate some incidents to prevent reoccurrence.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us staff respected their rights to make their own decisions. One person said, "I get up and go to bed when I want, they come in when I'm ready to go to bed and they turn TV down".
- Staff were aware of the principles of the MCA. Comments from staff included, "We work as in all people are able to make own decisions" and "People have rights to make own decisions".
- People's records contained assessments of people's capacity to make specific decisions when needed as well as the details of where people had an appointee who was able to make lawful decisions on their behalf.
- Where required, applications for DoLS had been made to the local authority and the staff monitored these to ensure these were still reflecting people's needs and remained in date. There was evidence the best interest decision principles had been followed in line with the good practice guidance.

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

- People's care plans contained information about their dietary needs. For example, one person had a special diet due to personal preferences and that was reflected in their dietary form. The kitchen staff were aware of people's dietary preferences and had a good system for how to ensure people received food as per their assessed needs, this included for example, pureed or fortified foods.
- People received appropriate support around meal time if needed. We observed lunch service and saw the tables were attractively laid with cloths, napkins and cutlery. The menu was displayed and offered a choice of starter, main course and dessert. There was also a vegetarian option and drinks. The atmosphere was calm and there was no sense of rush. There was gentle and smiling interaction between staff and people. We

saw staff asked people what they wanted by explaining the choice and showing plated examples. Where people needed help with eating, this was done at the right pace and with plenty of explanation of what was on the plate and the spoon. Staff were attentive and observant, they noticed when people had stopped eating or were trying to leave the table before they had eaten.

- People were mostly positive about the food and told us there was a choice. Comments included, "The meals are very good", "The food is fine. I go to the dining room and they show me what there is, and I choose. It's nice food" and "The food is very, very good. I have a choice – I go to the hotplate and choose there". One relative said, "Food is nice, looks and smells lovely [person] likes it".

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

- The provider ensured people's needs were assessed before they came to live at the service to ensure these could be met and individual care plans were in place. Assessments from commissioners had been obtained and used alongside the provider's own assessment to draft people's care plans where applicable.
- People's needs had been identified, and care and support was regularly reviewed and updated. Where required referrals to external services were made.
- People's relatives were involved in the assessment and care planning process where appropriate. One relative told us how the registered manager carried out the assessment before their family member moved in. They told us, "[Registered manager] is lovely, she came and assessed [person] at previous (residential) home, she spoke with [person], I just sat there really".

Staff support: induction, training, skills and experience

- Staff received ongoing training that was relevant to their roles and reflected Care Certificates standards. Care Certificate is a nationally recognized set of standards that social care workers need to adhere to. One person told us, "They (staff) mostly seem to be knowledgeable".
- Staff had opportunities to attend additional training that was specific to their job roles. For example, nursing staff were offered specific training around their clinical skills.
- Staff were well supported by the management and told us they had regular supervision sessions. One staff member said, "I feel supported, yes".

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

- People were supported to access healthcare professionals such as GPs, opticians and Care Home Support Service (CHHS). People's records demonstrated professional advice received was incorporated into people's care planning.
- People we spoke with told us how the service supported them in accessing health professionals. People felt that if they had a health problem the GP would come in to see them quickly. Two people told us they had attended appointments previously and a staff member went with them.

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

- The service benefitted from a number of communal sitting areas where people could spend their time. Since our last inspection a new café area was introduced. One of the relatives said, "Café area - very good, you can have a proper coffee and a piece of cake, it feels like being at a coffee shop (when visiting relative)".
- The building allowed free access for people who used equipment like wheelchairs and people had access to well-kept gardens.

- People were able to personalise and decorate their bedroom with personal items of importance to them.

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.

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptionally caring service.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain independent and the provider sought new ways to further improve staff's practices. Since our last inspection the service gained an accreditation that was achieved by completing the Barchester's "10-60-06" Dementia Programme. The programme was designed to improve people's well-being by focusing on interactions with people. The registered manager told us it helped staff to understand people's behaviours better and to anticipate their needs more effectively. The registered manager measured the impact of this and they found since the completion of the programme the number of people's falls had reduced significantly. During the accreditation process, the dementia care specialist identified that well-being scores for people improved. The signs of depression decreased over the monitoring period for 50% of people and pain relief use increased which meant that people's pain was being recognised better.
- We found that promoting people's independence was well embedded into other tasks, such as around meals time. We saw staff ensured people were provided with special plates that enabled them eating independently. A staff member told us how they never missed an opportunity to encourage a person to be more independent. They described how earlier they were assisting a person with their lunch and the person made a movement with their hand in the same way as if they were holding cutlery. The staff member said, "I put a fork (into the person's hand) so [person] could do it herself".
- Staff were skilled at recognising when people were becoming anxious and responded sensitively, with empathy to divert people. For example, we observed an art session with five people, all of whom had different levels of involvement. A member of staff had initiated it as they saw people were becoming anxious. The staff member worked with each person individually to draw them into the activity with the specific aim of involving them all in an absorbing and calming way. It was clear that the combination of the gentle, measured and individually reassuring approach, cups of tea and the activity itself was very successful.
- Feedback from people's relatives demonstrated the caring approach came from all staff. Comments included, "It is not just nursing staff that care, they're all there to help before you sneeze!" and "I would not wish for a better place for [person]". One relative told us, "Even ancillary staff show compassion, even the maintenance (manager) was able to help with little things that made a huge difference".
- People were treated with dignity and respect. We observed staff knocking and waiting before entering people's bedrooms. All the interactions we observed between staff and residents were courteous, gentle, patient and kind. It was apparent there was a positive rapport between staff and people and plenty of appropriate humour and banter. One person's relative commented, "[Person] is always very well cared for and looked after properly". Another person's relative told us the person had been living at the service for more than ten years and they said, "[Person] was 'like on top of the world' up until recently when (their

health took a turn to worse".

- People were encouraged to play an active role in the daily life of the service. For example, people were involved in creating a scrap book that described the home and the local area. One staff member told us how people were empowered and involved to lead this piece of work. They asked the people involved in making the book to consider, "What I would like to see if I was a new resident?" Southerndown won the scrap book competition run by the provider's homes within the region and there were plans to use the book to inform potential new residents.
- The provider was committed to ensuring people's confidential information was protected. People's files were kept locked, secure and staff had a login password to access electronic records. Staff received training around confidentiality, including the new national data protection regulations.

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

- The team was very caring and that was demonstrated throughout our inspection visit. Throughout the day we observed a positive and warm atmosphere at the service and we observed many meaningful and positive interactions between people and staff. The team demonstrated they worked in line with the provider's values, which were; Respect, Integrity, Responsibility, Passion and Empowerment. The caring approach was demonstrated by all staff, management, nurses and ancillary staff. Staff described a real sense of belonging and a pride of working at the service. Comments included, "We try to give our best" and "We are Southerndown".
- The team at Southerndown ensured positive and nurturing relationships were encouraged and developed between people, staff and relatives. People told us they formed meaningful caring relationships with the staff. Feedback from people and relatives included; "We are part of the family, the manager said they (staff) were guests in people's home" and "Staff call me by my christian name – almost part of family. [Person] cried recently as they found out one of her regular staff was moving abroad".
- People and their relatives were consistently positive about the caring approach of staff. One person said, "They treat us very well, very fairly. Staff are kind and caring". Another person said, "Yes, they treat me very kindly". One relative told us, "I think my relative is quite spoilt by the staff!". Another relative said, "Care is amazing".
- There was evidence staff were empowered and took a real pride in the service they provided. One of the external professionals said, "[Staff's] practices are good, they have endless patience. They (staff) are not afraid to challenge others". This was demonstrated by the staff who all were very knowledgeable about people's and their needs and were keen to share examples of good practices with us.
- Feedback from staff reflected they always put people at the centre of service delivery and treated people as they would want their own family to be treated. One staff member told us how they arranged for their relative to move in to the service a few weeks after they started working at the home. They said, "I was really impressed". Comments from other staff included, "Residents always come first", "I teach (junior) staff: all this nursing is not just about care, it's about the person", "We work for people, not for Barchester, that's how I see it. I would be very happy for my family to be here" and "We always say we're lucky to have such a caring team, the level of care is amazing".
- Three of the regularly visiting external professionals were extremely complimentary about the care at the service and said, "All carers seem very devoted and caring. Residents are generally very happy", "I would be happy to have a relative of mine living there which I think speaks volumes" and "The staff I observe are always very knowledgeable about the residents and are very attentive and caring towards the residents".
- Staff felt the caring nature of the team also showed how staff cared about one another which made them a positive, motivated and enthusiastic team. Staff told us that a number of them had worked at the home for over ten years and this contributed to the stability and the close relationships with one another. Comments from staff included, "I always want to come to work" and "Management and us (care team) are like a family and they genuinely care about how we are".

- The provider was committed to promoting equality and diversity and was proud to be an equal opportunity workplace. Their ethos was, "We don't just accept differences, we celebrate it, we support it, and we thrive on it for the benefit of our colleagues and residents". Staff told us, "We treat everyone the same, despite the diagnosis". People's protected characteristics were respected, and the provider created a supportive environment to support relatives and families of people living with dementia. A support group for relatives "GEMMS" (Garnering Emotions, Memories and Support), had been set up to share the experiences and the meetings were well attended. Feedback we had from people's relatives demonstrated the impact the meetings had on them. One relative said, "We can ask any questions, the staff are so knowledgeable they always give us an answer. I found it fascinating. I have better understanding of [person's] condition. It's also the element of support from other families, I could not wish for a better home". Another relative told us they attended the meetings accompanied by two other family members. They said, "Meetings are amazing. [Person's] diagnosis was a shock to all of us (family), dementia is all new to me. They answered every single question we had. We met other families and it was interesting to speak to other people, network support. It was just like weight lifted off from my shoulders to have answers. Comfortable and supportive environment, some of us cried. Could not wish for a better place for [person] to be". The provider also employed a dementia care specialist nurse who provided additional support to people living with dementia and their families.
- The provider ensured there was a focus on enabling people to build and maintain relationships with their families and others important to them. This included using technology, such as an access to the internet. One person was actively practising a certain religious denomination and they used the internet to dial in to conference calls and continue to engage with their congregation. This was extremely important to the person and their family as it allowed them to continue to practice their faith.
- Staff ensured people were supported to maintain their interest and memories important to them. For example, to celebrate the 100th anniversary of the war, the staff involved people and the local community to knit poppies that were used to decorate a display (a dress decorated with handmade poppies displayed on a mannequin) at the home. Additional poppies produced from recycled plastic were made and displayed in the front garden. A staff member showed us pictures of these and said, "Plenty of people joined in". They commented about the good links the service had with the local RAF. One relative told us, "My grandchildren took a like to the 'poppy dress'. How beautiful it was to get them all involved into something so beautiful, [person] talks about navy and war so it was why [person] really liked it".
- Staff went the 'extra mile' for people. One person's mobility deteriorated, and they were no longer able to travel safely using their family car. The registered manager committed their time on Christmas Day to ensure the person was able to be with their family and personally drove the person to their family home. The registered manager then returned back to the service and waited nearly all day for the family to call for the person to be brought back. The registered manager did this because she realised the importance of the person spending time with their family in what was to be their last Christmas together. We spoke with the person's family who told us, "That was really lovely and special, they in a way sacrificed their Christmas day". The staff told us they identified further opportunities of creating special memories for people and they planned to arrange for another person to visit their home town in the north of England, next.

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

- Staff ensured they explored people's individual communication needs and they used this information to support people to express themselves. For example, one person for whom English was not their first language was paired up as much as possible to be supported by a staff member that spoke the same language. We spoke with the member of staff and they told us how using the person's first language had aided communication.
- People confirmed they made choices about their support and staff involved them and respected it. One person said, "Staff are kind and caring. They tell me nicely what they are doing, and they always have a

laugh with me. I can choose when I get up and my bedtime". One relative told us, "We had a chance to move [person] to (care home) nearer us, but [person] flatly refused".

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were current, reflected people's needs and had been regularly reviewed. People's care files also contained people's life histories and 'Getting to Know Me' booklets that had been put together when a person moved in. Staff were aware of people's needs and their preferred routines.
- People and their relatives told us people had the support that met their needs. Our observations showed staff were skilled in anticipating people's needs well to prevent any unsettled behaviour. For example, one person's behaviour was becoming challenging and louder and we saw this was managed effectively by staff. We saw staff chatted to the person about other things which de-escalated their anxiety effectively. One relative told us, "I've seen them using the hoist, it looks complicated, but they use it very easily and it works very well for [person]".
- There were opportunities for people to participate in activities; there was a team of designated activity coordinators. People were aware of the programme of activities on offer. Some people chose to take part, but others were able to exercise their choice to not do so. One person said, "If there's anything going on, I do get involved. I like the music and I go out in the bus. I like the animals coming in and the bingo". There was a monthly planning process so that bigger events and external entertainers could be scheduled in. There were at least two activities offered every day in both units of the service and outings using a minibus at least once a week. Where people preferred to stay in their bedrooms they had visits from the activities staff and encouraged to get involved. Other activities on offer included; weekly armchair exercise sessions, walks in the garden, bowling, The Creative Mojo sessions and others. We observed two activity sessions, and both were successful with the right balance of enthusiasm and skill in ensuring that everyone was able to take part. The service was visited by seven overseas students, we saw people really enjoyed it and so did the students as one of them gave a warm speech at the end of the visit.
- The provider ensured information was available to people in ways they could understand it, to comply with the Accessible Information Standard. An external professional said, "Staff have made attempts with flash cards and boards to improve communication with residents whose first language is not English. The staff in general are extremely knowledgeable of and caring towards the residents". We also observed how staff communicated effectively with people, they spoke slowly and clearly and avoided asking multiple questions. The service signposted people to advocacy services to ensure people could access an impartial, external representative to represent their interests.

End of life care and support

- People's end of life and future care wishes were included in care plans, this included people's resuscitation status. One family of a person that passed away shortly before our inspection told us, "End of life care was second to none!"

- The registered manager informed us no people were receiving end of life support on the day of our inspection visit. We saw evidence staff worked with the local hospice team where people lived with a life limiting condition and they, or / and their relatives benefitted from the specialist input.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. Comments included, "I haven't complained but if I needed to, I'd go to whoever was in charge on the day or the nurse and I hope they would listen and respond" and "No never needed to complain but if I did it would be to one of the carers".
- The provider had a complaints procedure that ensured complaints had been responded to. We viewed the complaints log and saw one complaint was currently being investigated.
- Since our last inspection Southerndown had received a number of compliments via an external source. The team was praised for a very compassionate approach. The wording used included, "Overwhelmed by this establishment" and "Excellent care...to the highest standard". The provider was recognized by the service that collated the feedback as one of the Top 20 Large Care Home Groups for the last three years running (in 2017, 2018 and 2019).

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- The registered manager at the service recently stepped up from their previous role as a deputy manager. They were well supported by the head office's team and mentored by the former registered manager who moved on to take another role within the organisation. There was a robust staffing structure, each unit was run by a designated clinical lead, the team of nurses, support and care staff.
- The provider operated a structured approach to quality assurance that was effective in identifying and addressing any areas in a need of improvement. The regional director told us their approach to quality assurance was 'check the checker'. This meant there was a clear delegation system in place and senior staff spot checked the quality of work to reassure themselves the staff followed good practice guidance and the provider's policies.
- The provider's quality assurance systems incorporated additional oversight of the service in the form of external checks from operational level management and designated teams such as catering or property that were involved as required.
- The registered manager monitored key clinical information, such as people's weight loss, nutritional risks and hospital admissions to ensure the right action had been taken and progress monitored.
- Staff, including the registered manager, described the culture at the service as a supportive, open and positive. The registered manager told us, "We are what we are, and I said to staff, there is no reason to worry about having an inspection, as long as you do what you always do it will be fine". One member of staff said, "We're delivering high standards every day, so we're not worried about CQC coming in". This demonstrated an open and transparent approach and a confidence they had in the team.

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

- People, relatives and staff had good opportunities to give feedback. For example, some ideas for activities often came from people themselves. There was a 'You said, we did' display at the reception that described the most recent idea implemented following feedback received from people.
- The provider used an external organisation to run satisfaction surveys and the most recent results were positive.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager operated an open-door policy and they regularly worked at offices at both units, so they could be easily reached by all the visitors. The registered manager met the requirements as set out by Duty of Candour. This meant sharing information with people and relatives when incidents occurred. One relative confirmed there was good communication maintained and they said, "Yes if anything goes wrong, they do let me know". Another relative told us, "The place seems well managed and led".
- The registered manager submitted the required statutory notifications to CQC following significant events at the service as required by law.

Working in partnership with others

- The provider worked with local health professionals and commissioners. The registered manager attended meetings at the local GP surgery to discuss people's needs and the best way to support with their health care needs. This also meant they continued positive relationships with the wider multi-disciplinary teams, ensuring that communication was always open and responsive. We had positive feedback from professionals. Comments included, "I have always found the staff to be very approachable and are able to deal with any queries I may raise, it would only be very rarely that I would need to involve the manager" and "The manager and staff are mostly approachable. The deputy seems proactive and dynamic and keen to do the best for her residents".