Cedar Care Homes Limited

Dearbourne Manor

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

Dearbourne Manor provides personal and nursing care for up to 62 people. At the time of the inspection, 39 people were living at the home. The home had three floors, with two floors open at the time of the inspection.

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

People told us they felt safe living at the home. Staff told us they would feel confident in speaking up about poor practice. Risks to people were assessed, recorded and regularly reviewed. There were enough staff on duty to meet people's needs. People told us they received their prescribed medicines on time. Medicines were administered by staff who had the relevant training and their ongoing competency checked. Infection prevention and control procedures were robust and protected people, staff and visitors from harm. Accidents and incidents were recorded and analysed.

Staff had received regular training and supervisions to perform their roles effectively. Staff were supported with their progression; supervisions included discussions around personal and professional development. Staff worked well with healthcare professionals to achieve positive outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received kind and compassionate care. Staff understood and responded to people's individual needs. Where appropriate, staff encouraged and enabled people to take positive risks. Staff knew people well and interacted positively with them. People were supported to participate in their chosen social and leisure interests on a regular basis. Staff wanted to support people to have fulfilling lives and to see people achieve their goals and dreams for the future.

The culture, visions and values had been embedded and placed people at the heart of the home. The values instilled by the provider and management team were displayed by all staff. The registered manager was passionate, motivated and determined to achieve the best possible outcomes for people.

There was a strong and effective governance system in place. People, relatives and staff were confident about approaching the registered manager if they needed to. They recognised that their views and feedback were valued and respected. Feedback from staff, people and relatives was positive.

Rating at last inspection
This is the services first inspection, since they registered with us on 1 April 2022.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

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.

Follow up
We will continue to monitor information we receive about the home. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

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.

Dearbourne Manor

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 conducted by 2 inspectors and an Expert 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
Dearbourne Manor is a nursing home. 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.

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 home. 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 of this information to plan our inspection.

During the inspection
We spoke with the registered manager, clinical manager, area manager, 6 staff, 9 people who lived at the home and 3 relatives. We observed how staff interacted with people. We looked at a range of records relating to the management of the home. This included recruitment records, health and safety records, people's care records, infection control practices and quality assurance records. We considered all this information to help us to make a judgement about the home.

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 confirmed they felt safe living at the home. One person told us, "Yes, no concerns here. I am safe." Another person told us, "I am happy here and feel safe. I have my call bell if I need help."
- There was a safeguarding policy and procedure in place. Staff had received training about how to protect people from harm and abuse.
- People were supported by staff who understood how to safeguard them from abuse. Staff understood the signs to look for and who to report to both internally and externally if needed. One staff member told us, "I really believe people are safe. We are observant and report any concerns."
- The registered manager understood when and how to inform us and the local authority of reportable incidents that occurred in the home. They worked in partnership with other professionals to help keep people safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place to support staff to enable people to take acceptable risks. The risk assessments covered all aspects of people's health, daily living and social activities. These identified situations where people may be at risk and helped staff to act to minimise those risks
- Peoples care records contained risk assessments relating to moving and handling, falls, tissue viability, choking and malnutrition. Where a risk had been identified, equipment such as pressure relief mattresses, high-low beds, crash mattresses had been provided. Where staff interventions, such as recording positional changes and food and fluid intake were required, records were found to be complete.
- Personal emergency evacuation plans (PEEPS) were in place for each person. They advised the staff on how to safely evacuate people in the event of a fire. PEEPS were up to date and included information such as a person's mobility, and their understanding of information and how many staff were needed to safely evacuate them.
- A fire risk assessment was in place and records of fire drills, alarm tests, fire doors, exits and emergency lighting were complete.

There had been a delay regarding a faulty fire door that required repair. This had been identified during internal audits and reported to the internal maintenance team. We spoke to the registered manager about this who took immediate action to follow this up. We were told during feedback this had been repaired.

Staffing and recruitment

- Staff and people confirmed that staffing levels were safe. One staff member told us, "Yes, absolutely. We have enough staff here and I do feel this is safe."
- The provider faced some staffing challenges in recent months, but they were supported by staff and

nurses from the provider's other homes and by using agency staff. They had written to people and relatives to explain the staffing levels at the home and how the home was being commissioned. Things were much improved.
● There were sufficient staff available to provide care to people. We were told that staffing levels were adequate and if needed, extra staff would be on duty to provide one-to-one support for people, to take part in activities or escort people on outings and appointments.
● The registered manager told us that there were normally 8 care assistants, 1 care coordinator and 1 nurse on duty during the day. During the night, 4 care assistants and 1 nurse were on duty.

● At the time of the inspection, there were 39 people living in the home, with two floors open and one floor not in use. The area manager told us they were still commissioning and recruiting staff, alongside future admissions. This was at a manageable pace to ensure the ratio of staff and people were safe.
● Staff were recruited in a safe way. References and a Disclosure and Barring Service (DBS) were obtained before staff started working at the home. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● Medicines received into the home were recorded on people's medicine administration records (MAR) and two signatures were evident. Running totals of medicine stocks were recorded following administration and any disposals were recorded in a disposal log.
● People received their medicines safely. Medicine administration records (MAR) were completed appropriately and regularly audited. There were no gaps in the MARs we reviewed which provided assurance medicines were being given as prescribed.
● Medicines were stored safely, and checks undertaken to ensure they were stored at recommended temperatures.
● Protocols for as required (PRN) medicines were in place and regularly reviewed. We spoke to the clinical manager, about the protocols in place for one person with diabetes. More information was required regarding their treatment.

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
There were no restrictions on people welcoming visitors to their home. We observed family and friends at the home who were visiting people.

Learning lessons when things go wrong
● Analysis of falls and incidents were undertaken to assist the management team to identify, for example, trends and actions taken such as referrals for specialist equipment to mitigate future concerns.

● Where lessons had been learnt, action had been taken to reduce the chance of reoccurrence, including updating people's care plans and risk assessments.

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 of 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's needs had been assessed before they moved to the home to ensure their needs and choices could be met and that staff had the skills to provide their care.
● Each person had a care plan in place that was holistic and reflected people's individualised preferences and needs. The relevant assessments were in place. The staff had a good understanding of people's needs.

● The registered manager was mindful of the needs of people. They only accepted people into the home if they were sure they could provide the best care to them. They told us as the home was purpose built, some people in the provider's other homes had moved here. Due to the environment being more suited, people had settled much better.

Staff support: induction, training, skills and experience
● All staff completed a bespoke comprehensive competency-based training programme. This helped to ensure they were skilled to support people and remained up to date, in line with best practice guidance. This covered both mandatory training and training specific to people's care and support needs.

● An in-depth induction programme was completed. The provider had its own bespoke internal 5-day classroom training programme. Day 5 was tailored with the aim of bridging knowledge of the providers overseas staff, to the british way of life and also towards the younger generation. This helped them to understand life from the period of people who lived at the home. Each new starter shadowed their mentor, who was a more experienced staff member for 2 weeks. This helped them to understand people's needs and how they preferred their care to be provided.
● The nursing staff had kept up to date with their clinical training and had completed courses in relation to catheterisation, pressure ulcer prevention, stoma and peg feeding.
● The registered manager was exceptionally supportive and encouraged staff to further develop their skills and knowledge, by undertaking further training within their roles.

● Staff told us they felt supported and confirmed they had regular supervisions and team meetings. The care staff were supervised by the nursing staff, the nursing staff were supervised by the clinical manager and the registered manager. When asked if they had supervisions and team meetings, the staff told us, "Yes. We have regular supervision meeting and discuss lots of things" and "I do have supervision meetings. I try to attend all the staff meetings."

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

● The registered manager and provider had worked closely with a nutritionist to help devise four weekly menus. These were nutritious and catered for people's likes and dislikes. They were trialling changes at mealtimes, with a lighter snack provided to people at lunch time and a main meal served at teatime. They planned to review the changes after 3 months.
● The nutritionist involved with the home had developed menus. 60% of meals were a traditional choice and 40% of meal choices, were newer modern choices. A vegetarian option and other choices were provided for people.
● The registered manager was proactive in continuing to seek people's views, and having the light meal at lunch time. Mixed feedback had been received but was closely being monitored. They planned to analyse the overall results but hoped to have seen changes in people's wellbeing. This had been trialled in the provider's other homes.
● Where people were at risk of losing weight, fortified foods were provided, and weights were monitored with referral to specialists when needed.
● We observed the mealtime experience and saw that people were supported to eat and drink. They were provided with a choice of meals according to their preferences and needs. This included a choice of meals provided to people at risk of choking and requiring a soft diet.

Adapting service, design, decoration to meet people's needs
● The design and décor of the home had been thoroughly considered at the construction stage. It was reflective of best practice guidance in relation to supporting people living with dementia.

● The purpose build flow design of the communal spaces promoted walking with purpose and a sense of discovery. This was also aimed at helping diffuse behaviours that challenge. Corridors were designed to be wider along with people's rooms being spacious.
● All rooms on each floor had been decorated to a very high standard and each had an ensuite. Some bedrooms were suited to couples and had larger rooms with a room divider and TV on a pivot. This could be watched either from a chair in the "living area" or from the bed. Some of the smaller rooms did not have a sitting area but all had chairs for people and at least one for a visitor.
● Communal areas included a cinema, shop, garden room and lounge areas. The home had its own salon, which was called 'guys and dolls'. One side of the salon was a barber's shop and the other was a hairdressing salon.
● The home had a celebration room on the ground floor. This was used by people, family and friends to celebrate significant events, such as birthday parties and wedding anniversaries. The celebration room had hosted wine and cheese events with people's family and friends.
● The home had several dining areas which were spacious. On each floor was a bistro style café with seating. We observed people spending time in these areas with each other and the staff.

● One lounge within the home had a sensory area. This was a safe space that people could freely use. The staff were able to give people space and the environment helped to diffuse behaviours that caused upset to people.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
● The home worked collaboratively with other health and social care professionals to ensure people were supported to access other services. This included opticians, physiotherapists, dementia wellbeing team, tissue viability nurses, social workers and the speech and language team.
● The home had a good relationship with the GP surgery who completed regular visits to the home. A list was prepared by the nurses of the people who needed to be seen. Medicines were reviewed and health

checks were undertaken.
● The staff team and nurses monitored people's health and wellbeing closely. If people were unwell or their needs were changing, then they were referred to the appropriate professionals.

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 registered manager used a DoLS tracker to keep oversight of when people required an assessment, referral, application and review. The tracker contained information about the conditions in place for each person and how these were being met.
● Capacity assessments were carried out by the staff to assess if people were able to make specific decisions independently. For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations. This included when restrictions or the monitoring of people's movements were in place.
● Staff worked within the principles of the MCA and sought people's consent before providing them with care and assistance.

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
● Staff were knowledgable about how they ensured people received support that met their diverse needs, including spiritual and cultural. People were supported with their religious preferences.. For example, the registered manager had ordered bibles for some people. They had also contacted the Greek orthodox church for another person to help meet their cultural needs.

● We observed the lunchtime experience for people on both floors and found these were pleasant experiences for people. Staff were attentive and cared for people with kindness and compassion. In one dining room, there were bistro style tables and chairs. 3 people were sat at separate tables being supported one to one by staff.
● Each person had a nominated keyworker and nurse. The aim of the role was to develop a greater working relationship between the staff member, the person and their family. Where possible the registered manager linked each keyworker with a person who had a similar interest or personality.

Supporting people to express their views and be involved in making decisions about their care
● People and their relatives told us they felt involved in making decisions about their care. People continued to make decisions about how they wanted to spend their day, what they wanted to eat, drink and how they wished to live their life.
● It was very evident that people were involved in expressing how they wanted to be looked after. The care they were provided with was person centred. People were asked about things that were important to them and all this information was incorporated into their care plans.
● People were asked their preference in the gender of the staff member they preferred to receive care from. Some people had made the decision to not receive care from the opposite gender of staff. This was respected by the staff at all times. The registered manager looked at the rotas to ensure people's wishes were respected.

Respecting and promoting people's privacy, dignity and independence
● People's privacy, dignity and independence was respected. People's care plans described how people should be supported so that their privacy and dignity were upheld.
● People were well groomed and wore clean clothes. Their rooms were clean and personalised with their belongings and family photographs. One person had their own fridge and microwave in their room.

● The home supported and cared for couples. They were given the option of sharing a room together or separate rooms. For one couple this enabled them to continue to care for their loved one.

● The home had its own shop called 'the little shop'. This sold a number of items which included, confectionary, stationery and beauty products. People's independence was promoted as they were able to visit the shop in person, to purchase items.

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

People had a comprehensive care plan in place. This covered areas around, communication, hearing, vision, eating and drinking, bedtime choices, personal hygiene, oral care, moving and transferring, continence management and skin care. Where people had specific needs, such as a suprapubic urinary catheter, wound dressing or behavioural needs, then specific care plans were in place relating to these.

- Each person had a care plan in place that was holistic and reflected people's individualised preferences and needs. The relevant assessments were in place. The staff had a good understanding of people's needs.

- The home celebrated all cultural events. This included for example, Christmas, Chinese New Year and Eid. People were encouraged to join in the celebrations with family and friends.

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 met. People's preferred ways of communicating were known, and staff understood the key signs that people used, which supported their communication. Care records contained information on how to best communicate with people to promote their wellbeing.
- The staff supported a person who was not able to speak English. Communication was a barrier on admission. The staff looked at ways to communicate information. The registered manager sourced a volunteer to provide companionship for the person. After the volunteer was unable to visit anymore, a staff member from the person's native country, helped to provide care, companionship and comfort. Two staff were able to communicate and translate information. They also used assisted technology applications to help with translation. The person's family were also involved and helped with communication.

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

- The provider had redeveloped its structure in relation to activities and social interaction. Wellbeing coordinators were employed at the home. Engagement with people was focused on meaningful interactions and not just activities.
- On admission to the home the staff took the time to get to know people. As part of the assessment of

people, they were asked to identify three hobbies or interests that they had.

● This helped the staff team to engage with people and helped the wellbeing team to plan meaningful one to one activities. The staff were able to use the information to evaluate whether it could accommodate activities and peoples dreams and make them happen. For example, one person wanted to visit Japan. The staff ordered the person a kimono and a backdrop of Japan. This was part of the extra mile gift and experience scheme, which was created to enable the staff to enrich people's sense of belonging by gifting them with meaningful presents and experiences.

● The wellbeing coordinators supported the staff to have meaningful conversations with people about their likes and interest. 'Hobby buddies helped the wellbeing coordinators pair up people with the staff who had similar interest. For example, if a person liked football, they were paired with staff with a similar interest.
● The home had several kitchenette areas where baking clubs were held. People were able to maintain their independence and supported to engage with others. This created meaningful conversations as they reminisced, measured and discussed the ingredients.

● Gardening club took place at the home with people. This created conversations about gardening and people were able to recognise the natural smells from herbs, plants and flowers.
● Cinema club took place in the home's cinema, every day in the evening.
Cheese and wine club was organised in the home's celebration room every friday. This was part of a regular weekly club that people could look forward to.

● Groups activities took place separately to 1 to 1 meaningful activity. This included beach parties, reading clubs, pamper sessions, baking and exercise sessions.

Improving care quality in response to complaints or concerns
● The provider had a complaints policy and a system in place to record complaints and concerns. People, their representatives and others were made aware of the complaint's procedure on admission to the home.

● The home had received 7 complaints since the 26 July 2022. Each one had been investigated and resolved. It concluded if each complaint had been substantiated and contained the investigation reports with an outcome.
● People were aware of how to raise concerns, if they were unhappy. One person told us, "I have no complaints but would speak up if I did." Another person told us they would speak to any staff on duty if they were unhappy."

End of life care and support
● People who required end of life care were appropriately supported. People's care plans were developed, with their end of life wishes outlined. Staff were aware of information around resuscitation, people's hospitalisation preferences and the use of end of life medicines. The staff were in contact with relevant healthcare professionals to meet people's needs.

● The staff told us they supported people and their relatives. They ensured people were not alone and sat with them. The staff told us some people liked comfort, such as holding hands, along with hand and feet massages. It was dependent on people's wishes at the end of their life.

● A room on the top floor was reserved for relatives, family or friends. This could be used to sleep in, spend time or stay over when caring for a person during the end of life stages. They were offered all facilities within

the home and supported by the staff.

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; Working in partnership with others

- There was an open and inclusive approach at the home. People and the staff felt able to raise concerns with the registered manager and spoke positively about the home. One staff member told us, "We are a diverse staff team and each bring value to the home. I feel really happy in my role and the management team are really supportive of me."
- The provider recognised staff achievements and hard work, knowing that this would support staff to feel valued, remain motivated and drive excellent care provision.
- The home had supported the local hospital trust during the winter months. 10 blocked beds at the home were used by the hospital. These were called P3 beds, where people were deemed fit for discharge from hospital. A person-centred approach was followed, and people were supported to rehabilitate. This was in preparation to go home or whilst they awaited packages of care to be put into place. The management team attended regular calls with the discharge team and had weekly meetings.
- The registered manager and staff worked well with external health professionals. Some professionals had taken the time to give feedback to the home. Comments included, "I would like to thank you and your team for your support with the pathway 3 beds over winter months. You have been responsive to work with and embraced the challenge".

- The provider had arrangements in place to ensure that they fully engaged with any safeguarding enquiries, being carried out by the local authority safeguarding team. The provider demonstrated an open and partnership approach.
- The registered manager and wellbeing coordinators were looking at ways to improve the level of community engagement. It was clear from our conversations with the registered manager that it had been challenging building connections due to the COVID-19 pandemic. They had reached out to local churches to ask them to share information about faiths and to try and develop services within the home.
- The home was working alongside a well know local sports organisation. They visited the home to provide some outside activities to people.

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

- There was a clear management structure in place which promoted effective oversight of quality and safety. The registered manager was supported by the clinical manager and a team of nursing staff, who

oversaw the day to day running of each floor.
● An area manager supported the home and visited regularly. They carried out regular audits and used a set of standards to measure the performance of the home. They shared their findings in a report, with the registered manager.
● The management team and the nurses completed audits to monitor the quality of care provided. This included audits of people's care plans, risk assessments, medicines, infection control, incidents, accidents, and health and safety. Where issues were identified, they were addressed with staff to help promote learning and improvement.
● Quality assurance surveys were sent to people that lived in the home and their relatives. 13 people and 3 relatives completed the surveys, and the results were analysed, and the findings shared. The results were overall positive. Comments made by people completing the surveys included, "Very kind staff" and "Very caring". The management team used the results for future learning.
● The registered manager looked at ways to improve the home and the outcomes for people. They had just started working with a physiotherapist employed by the provider. They planned to work with people to promote independence and to improve outcomes for people. The purpose of this was to bring together different expertise and provided holistic care at no extra cost to people. It was clear the registered manager was looking forward to seeing the benefits.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● There was evidence of consistently high levels of constructive engagement with people, staff and relatives.
● The provider had developed its own internal staff forum. This was a chance for the staff to engage with the directors and to understand what worked well. It gave the staff an opportunity to all work together to find solutions to problems. The forum promoted the family values of the provider. The management team of the homes were not part of the meeting. The provider was proud of the staff forum and the first meeting was held at the home on the 18 May 2023. It was evident that the provider cared equally for people and the staff at the home.
● There were regular meetings with staff and the meeting minutes showed staff were provided with an opportunity to discuss the home and people's support needs. Staff told us they felt the management team were approachable and supportive.
● Weekly heads of department meetings were held with the registered manager. They discussed key information, such as people's wellbeing, new staff and any challenges within each department.

● A monthly newsletter was published and offered to people. A copy was kept in the entrance hall. This provided information about events, weekly activity schedule, celebrated people's birthdays and recapped on the previous month's memories. The newsletter together with a screen in entrance displayed photos of recent events and activities celebrated.
● 'Resident and relative' meetings were held, the last meeting took place on 23 March 2023. This was an opportunity for people and relatives to hear about any updates and to share any feedback. They discussed the new menus, laundry service, environment and the recent survey results.

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 registered manager and clinical manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
● The registered manager understood their responsibilities about informing people and their families, the Care Quality Commission and other agencies when incidents occurred within the home.

● Each fall and serious injury were investigated by the management team. Any learning was taken on board by the home which helped to improve people's care. The area manager told us if people's care fell short of the high standards they maintained, they would be open and transparent about this.