

Avery Homes (Nelson) Limited

# Rowan Court Care 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

Rowan Court is care home providing personal and nursing care to 70 people aged 65 and over at the time of the inspection. The service can support up to 76 people in four separate units each with adapted facilities. Two provided residential care, one specialised in providing nursing care and another provided care for people living with dementia.

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

People spoke highly of the care and support provided by staff. Staff were described as kind, caring and respectful. People were supported to make choices about all aspects of their care and their privacy and dignity was protected.

The staff were responsive to people's needs and wishes and provided exceptional person-centred care. People received positive support to engage in activity which was meaningful to them.

People's safety was maintained, through personalised risk assessments which were reviewed regularly. People received their medicines on time and had ready access to healthcare professionals as and when required.

The home was adapted to meet people's needs. Meals were well presented and enjoyed by people. Staff had training to meet people's individual needs and there was clear guidance in assessments and care plans.

The home had developed excellent links with several community groups and organisations. People were encouraged to provide their views and opinions about the home and care provided through meetings which were run by people living at the service. The home completed a range of audits and quality monitoring processes to help support this process.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 9 November 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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?**

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 caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Rowan Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors, an assistant inspector 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

Rowan Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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.

During the inspection-

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, regional manager, senior care workers, care workers, the chef, housekeeping and wellbeing staff. We also spoke with two visiting professionals. We observed care delivery to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed information shared by the registered manager about how medicines audits had been reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider was not always managing medicines safely and risks were not always assessed and managed appropriately. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had risks to their safety assessed and guidance for staff was included in care plans on how to keep people safe. One relative told us, "[Person's name] is very safe here. The staff hoist my relative safely from their bed every morning to their wheelchair for the day to get about."
- Staff were familiar with people's risks and how to support people and could describe people's care plans. We saw staff followed the guidance in care plans.
- One person was at risk of their skin breaking down. There was a detailed plan in place and we saw this was followed by staff. Records we saw confirmed the person had the care they needed.
- Individual risk assessments were carried out for people engaging in activities. One person went swimming, local venues were assessed to find the most suitable one and risk assessments were carried out to ensure the person would be safe.
- People had individual personal evacuation plans in their care plans to guide staff on how to safely support people from the building in the event of an emergency.
- People received their medicines safely. One person told us, "I take my tablets at breakfast and tea time in the dining room. They bring them and I take them with a drink. The staff are always on time."
- Systems used for the management of medicines were safe. Medicines were administered, stored and disposed of safely. The provider used an electronic management system and staff told us this had improved how medicines were managed.
- Staff understood how to administer medicines safely and medicine administration records (MAR) were accurately completed.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and were protected from the risk of abuse. One person said, "Completely safe. Doors are coded and there are always carers around to help with anything at all."
- Staff had received training in safeguarding and were able to describe how they would recognise the signs of abuse and could tell us about the systems to report this.
- The registered manager had reported incidents to the local authority and we had received notifications about these.

### Staffing and recruitment

- People were supported by enough safely recruited staff. One person told us, "There are enough staff around and due to my medical history, they are always popping in to check on me." One relative told us, "There always seems to be enough staff around for people when I visit, and I do come in at all different times."
- Staff confirmed there were enough staff to support people safely. We saw people did not have to wait for support, call bells were answered promptly and staff were always available to support people when they needed it. The registered manager told us they were able to adjust staff numbers to meet people needs.
- Records showed there were checks on the staff suitability to work with people during recruitment. One person told us they were involved in recruiting staff and helped to ensure staff would be suitable to work at the home. The person commented, "I see to that as resident ambassador when I am interviewing them for a job here."

### Preventing and controlling infection

- People were protected from the risk of cross infection. One person told us, "The staff wear gloves when doing my tablets and aprons at meal times. It is very nice clean and tidy here."
- Staff received training and understood how to prevent the spread of infection. We saw staff used gloves and aprons during the inspection and hand gels were available throughout the home.
- The home was free from any malodours and clean. The daily cleaning routines were followed by staff to keep the home clean.

### Learning lessons when things go wrong

- The registered manager had systems in place to learn when things went wrong. Incidents and accidents were reviewed and action taken to prevent the incident from happening again.
- Meetings were held daily and any incidents and learning were discussed with staff at these meetings.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had their needs assessed and plans put in place to meet them. People told us they were involved in their assessments and relatives were also able to support with this process. One person told us, "I have filled in a form for my religious needs and end of life and I attend the communion they have monthly."
- Care plans included specific guidance for people's health conditions and other professionals were involved in the plans as required.
- Peoples protected characteristics under the Equality Act were considered. For example, religious and cultural needs had been identified so these could be met.

Staff support: induction, training, skills and experience

- Staff received training and had the skills to meet people's needs. Staff told us they felt well supported by senior staff and had regular training updates. One staff member told us, "At the start I had one weeks training then regular updates to all mandatory training are received, it's really good".
- Records confirmed staff had received an induction and updates to their training to ensure they had the skills to meet people's needs.
- Our observations confirmed staff had the required knowledge to meet people's needs. For example, with moving and handling and infection control.

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

- People had support to have a balanced diet and could choose their meals and drinks. One person told us, "The food is very good. I have to have a special diet and I discussed with the chef my requirements."
- Staff understood people's requirement for meals and drinks. Where people had specific dietary needs, staff were aware and followed their care plans. For example, texture modified diets were provided in line with health professional guidance.
- Risks were assessed and guidance was in place in people's care plans to ensure they were safe. For example, where people were at risk of dehydration and malnutrition staff followed the guidance and ensured there were records of people's intake of food and fluid.
- We saw tables had napkins and condiments available. Everyone had a choice of drinks, including wine with their meal and plates were shown to people to enable choice. The food was well presented and looked and smelled appealing. We saw people enjoyed their meals and this was a relaxed social occasion with people chatting throughout.

Staff working with other agencies to provide consistent, effective, timely care

- People received consistent support. Staff worked with other professionals to provide consistent care and

had systems in place to stay up to date about changes in people's needs.

- There were handover meetings held with staff at each shift change and there were meetings held daily to monitor people and discuss any changes to people's care.

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

- The service was adapted to meet people's needs. Peoples bedrooms were personalised and there were life history boards and boxes to promote conversation and to familiarise staff with people's history.
- We saw adaptations were in place in toilets and bathrooms to help people with access. Signage was in place to assist people to navigate around the home.
- There were several communal areas for people to use. We saw a cinema room which people told us they enjoyed accessing to watch films and take part in activities. Items of interest were available in communal areas to prompt conversations with people.

Supporting people to live healthier lives, access healthcare services and support

- People had their health needs assessed and plans in place to meet them with access to health professionals when needed. One person told us, "I was worried about my health and tablets and they have sorted it all out for me. I am able to see my doctor and others whenever I need to."
- We saw care plans held information about people's healthcare needs. The service worked closely with healthcare professionals to guide them in meeting people's healthcare needs and we saw staff followed this guidance.
- One person had a Percutaneous endoscopic gastrostomy (PEG). PEG is a medical procedure which passes a tube through the stomach to provide means of feeding when oral intake is not possible. A dietician had been involved in developing guidance for the persons care plan which we saw staff were following.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were asked to give consent to their care and support. Where people were able to give consent, we saw staff sought this before offering support.
- Staff understood their responsibilities under the MCA and followed the principles of the MCA. Where needed people had an MCA assessment and decisions were taken in their best interests.
- When a person was being deprived of their liberty, the service had applied for the appropriate authority to do so.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Everyone we spoke with were positive about the care people received. One person told us, "The staff are all very friendly and pleasant. Very caring and always make time for you with a smile on their faces." Another person told us, "Every one of them are excellent. I am always having a laugh and joke with them, they are very caring and always buzzing about for a chat if I want one."
- Relatives also spoke highly of staff telling us they had warm approaches to people and relatives and were kind and caring. One relative told us, "The staff are all lovely here, in fact wonderful. All so caring and chatty with [person's name], fabulous and caring." Another relative commented, "I can't praise the home enough they know [person's name] well, what they like and dislike, the staff are all lovely, so kind."
- Staff were knowledgeable about people's individual needs and could describe how they used their knowledge of people to provide their care. One staff member said, "The absolutely best thing about this job is seeing people smile." Another said, "I know people here so well, I just love to make them laugh."
- We saw positive interactions between people and staff. We saw staff hold people's hands when speaking and use touch to comfort people. Throughout the inspection people were relaxed and happy speaking with staff and each other.

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

- People were encouraged to make choices about their care and were involved in decision making. One person told us, "I am quite able to tell them what I want doing. I can make my own decisions about my care." Another person told us, "They let me get on as I want. I make my own decisions about what to do and where to go like doing activities they have on."
- Staff were observed ensuring people were in control of how they spent their day. We saw people choose when to get up, what to eat, where to spend their day and when to receive support.
- Staff understood the importance of people being in control of their care. One staff member told us, "We use prompts and visual aids to promote choice, we show plates at meal times which is an on the spot choice which helps people."
- Care plans guided staff about how people should be supported to make choices. One care plan gave a description of the persons personality and how best for staff to approach them about making decisions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and their independence was promoted. One person told us, "I need help to wash my back and when they come and do it they always close the door and the curtains and keep me covered up." Another person told us, "I can come and go as I want to and I am quite able to

make my own decisions. Today I want to sit here and watch the TV and read and they respect this."

- We saw doors could be shut and locked, there were private spaces to receive visitors and staff maintained a discreet distance but were available when needed.
- Staff told us how they respected people's dignity and promoted independence and communicated to people to promote understanding. Visitors were welcomed by staff and people were supported to have positive visits.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was extremely person-centred and was delivered responsively. Without exception people and relatives feedback showed people received person centred care. One person told us, "All staff are caring and trustworthy and they always have time for you." A relative said, "This home is excellent I cannot praise it highly enough. The staff know all the individuals by their first names and nothing is too much trouble for any of them."
- People received care which had been planned to take their individual needs and preferences into account. People received extensive assessments which included information about their religious and spiritual needs. Life history documents were completed with people and those close to them to give staff a comprehensive knowledge of people's needs.
- People were supported to follow their preferred religion. One person told us, "The local vicar comes in once a month and have a little service in the lounge. She will even come to your room if you request it." Staff promoted equality ensuring individual needs were considered. One staff member commented, "One person has chosen not to visit their preferred church but uses meditation in their bedroom instead. Whilst others have visits from different churches, it's all about their choice."
- People were given opportunities to explore sexuality. An innovative event had been held linked to the pride movement using images and text from the media to encourage conversations between people and staff about sexuality. People reported they really enjoyed the event as it opened conversations about sexuality, staff were also given the opportunity to further explore this in a supervision with managers.
- People's health needs had reduced since using the service. Professionals told us how well people had progressed since living at the home. One visiting health professional had been able to reduce their visits to one person following improvements in the persons health. Some people had breakfast in bed with one to one support. This allowed people to feel relaxed and eat their meal at their own pace. We saw examples of people had been admitted with a risk of malnutrition this had improved and people had gained weight.
- People received responsive support from staff which had improved people's quality of life. Staff had identified playing one person's favourite music during hoist transfers helped to reduce stress and anxiety and the person remained calm during transfers, ensuring this was shared with all staff. One relative said, "The staff can spot the signs [person's name] has an infection and take immediate action and let me know." One staff member said, "I take the morning papers around to people; one person doesn't get up early so I leave it on the rail by their bedroom."
- People felt in control of their care and support and relatives felt fully involved. Staff worked collaboratively with people and their families and everyone we spoke with described a positive and inclusive approach to planning and reviews. One person said, "I am involved in my care plan and my daughter helps to ensure it is

up to date." The registered manager told us this included involving people and relatives in the resident of the day reviews of care plans. One relative commented, "I am aware of the care plan and am kept updated with it."

- People felt valued and described being fully involved in how the home was run. People shared many examples of being involved in activities in the home. One person told us, "I sometimes help out on reception answering the phone which I like doing, I feel helpful." Another person described their involvement in staff recruitment and how they were able to ensure staff had the right skills and attitudes. The registered manager and staff spoke positively about people's involvement and told us they valued people's contribution.

- People were proud of their involvement as ambassadors for the home. One ambassador told us they spent time with people on all the units and showed people around the home. The person commented, "People feel more settled talking to me. One person wanted their toast buttered in all four corners but didn't like to tell the staff as didn't want to upset anyone. I said leave it with me, it is fine now the toast is fully buttered."

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

- People were supported to have a full and active life. Activities and engagement were a key strength of the service. Staff spent time finding out what people enjoyed and tailored activities of interest for people and encouraged people to try things. The registered manager told us, "Our wellbeing team and all the staff go above and beyond. They mentally take a note of likes and dislikes to help us plan. They really do listen to people."

- People were supported exceptionally well by staff to follow their individual interests. Staff had used their knowledge of past interests to support people. One person had been swimming for the first time in 50 years, and had enjoyed reliving the experience. This had also prompted other people to want to try this which staff were supporting. Another person expressed a love of bike riding. Staff arranged a specialist disability bike riding day out was arranged and everyone involved enjoyed the experience. The registered manager told us staff used their conversations about past interests to arrange activities for people which they would enjoy.

- People were very complimentary about the range and choice of ways to spend their time. People told us to view their adventures on social media. The home used social media to share daily what people at the home had been up to. We saw people had been engaged in arts and crafts, celebration events and a resident choir was seen practicing for their Christmas performance.

- People told us they really enjoyed the exercise sessions and it had helped them to improve their mobility. We spoke to the agency that provides exercise sessions for groups and individuals, they told us, "This home is so vibrant. I come in once a week for exercise sessions to music with groups and individuals. It is a pleasure to come here and work with the home."

- Staff volunteered their time to support outings and used innovative approaches to ensure everyone could participate. One staff member said, "We have just completed a five-week run to Blackpool, we took 28 people who wanted to go. For people that didn't manage the journey we did a virtual tour in the cinema room and had fish and chips." A relative told us Blackpool had been a firm favourite holiday destination for their relative and with encouragement from staff the person had attended the trip which they had really enjoyed. Staff told us having the virtual tour meant everyone could be engaged in the fun even when they were unable to make the journey.

- People had become more active and renewed their interests since moving into the home. People told us they were kept very busy with lots of choice of things to do. We found some people had not been out into the community or engaged in social activity for some time were now going out, joining in groups and had experienced improved health since they came to the home. Numerous people had become involved in community activities and enjoyed pastimes they had not been involved in for many years.

## Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The home was meeting the accessible information Standard. People had their individual needs assessed and plans put in place to meet them.
- Assessments considered all aspects of communication and care plans gave guidance to staff on specific health conditions which may impact on people's communication. For example, one person had experienced a stroke, this had been considered in the communication assessment and tailored guidance was in place for staff which they followed.
- People were supported with innovative approaches to communicate effectively with staff. One staff member told us how one person was supported to use a white board to aid communication. This enabled staff to communicate easily with the person about their care and support needs.

## Improving care quality in response to complaints or concerns

- Everyone we spoke with told us they had never had any reason to make a complaint but felt confident complaints would be investigated. One person said, "I would speak to staff when they come around or the registered manager."
- The provider had a complaints procedure in place. People and relatives confirmed they were aware of this and felt confident in making a complaint should they need to.
- We viewed the complaints file and noted complaints had been logged and responded to following an investigation with outcomes and actions included.
- The registered manager listened and responded to people's feedback. People had given feedback about not understanding staff roles. In response a day in the life event took place giving people the chance to work alongside staff. Peoples life histories had been used to work out what role may interest them.
- One person worked on reception at the home, another worked with the handy man and one worked with the registered manager. The people involved really enjoyed their day and one person had continued to support the receptionist in their duties and another continued to work with the registered manager following this event. People were enthusiastic about this and had taken on long term roles within the home because of this event.

## End of life care and support

- People who wished to, had been supported to make decisions about their preferences for end of life care, which were detailed in the relevant section of their care plan. Where people had declined to discuss this aspect of their care, this was also clearly recorded. Where people lacked capacity to make a decision best interest discussion had taken place and these had involved others in the decision-making process.
- The subject had been approached with people sensitively and their wishes not to discuss this had been observed. One person told us they had shared information with staff about their religious needs and preferences as part of their discussions about their future wishes for when they came to the end of life.
- Staff understood how to support people with end of life care and had a good understanding of what people's needs were. Staff spoke compassionately about their past experiences of supporting people at the end of their life. Staff told us about how it was important to them to attend people's funerals as a mark of respect. The registered manager described how one person had arranged through their solicitor for a car to collect staff to attend the person's funeral.
- We saw staff had previously been complemented on their support for someone who had come to the end of their life. The comments included, "The conduct of staff was exemplary and they were touched by the compassionate care given by staff."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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

At our last inspection the provider had failed to implement systems to monitor, assess and improve the quality of care provided to people in the home. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation

- The provider had a range of audits in place to check people had received the support they needed and look at quality. For example, care plan audits were in place and identified where aspects of care plans required review. Checks were carried out to ensure people's care records were completed accurately daily.
- Medicines audits were carried out. However, we saw a couple of areas where the audit had not reviewed some aspects of people's medicines administration guidance. The registered manager took immediate action to address these concerns and changed the audit process and systems to ensure this would be picked up in future.
- The opportunities people had to engage in hobbies, go into the local community and be involved in the service delivery were interesting and stimulating for people. We saw these were directly linked to people's preferences.
- People consistently told us their health and wellbeing had improved since coming to the home and the registered manager and staff were able to share examples of the positive outcomes people had achieved for example with dietary intake and physical health. Relatives also commented people's quality of life was good in the home, often better than had been expected.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had developed and promoted a culture which was person centred and empowering. The registered manager commented, "We do like to think outside the box." They went on to say they were looking to be an outstanding home and had spent time with staff to consider what outstanding would look like.
- The home had a positive culture which focussed on empowering people. The registered manager told us about a scheme which appointed people living at the service as ambassadors to be involved in staff



recruitment, resident meetings and other aspects of the service.

- We saw one person who had come to view the home with their family being shown around by the ambassador who was speaking with animation and confidence about their positive experience of being in the home this put the person and their relatives at ease and they were happy asking questions. The registered manager told us they had seen positive improvements in people's wellbeing following their involvement and people's comments supported this.
- Staff were happy in their role and without exception, they all said they felt valued. The staff team worked well together and described themselves as like family. We found staff focussed on people and made sure they received care which are personalised to meet their needs.
- A visiting health professional told us, "I am able to speak openly about any issues I encounter and feel confident that I am listened to and action is taken in response if needed. When visiting the home, I am made to feel welcome and I am given the support I need to enable me to complete my assessments."

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 told us they understood and acted on the duty of candour. Records supported what we were told.
- The provider met their regulatory requirements. Notifications were received in a timely manner and the homes current rating was on display. It is a legal requirement to display the rating so that people seeking information about the service can be informed by our judgements.
- Everyone we spoke with told us the registered manager was accessible and approachable. One person told us, "I do know the registered manager. They are very nice and very approachable." A relative told us, "The registered manager is always here and they are so very good."
- One staff member said, "I recently sat and talked with them about some concerns they offered me support and resolved my problems, they were personal to me and now I feel so much better now."

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

- There were regular meetings held to discuss the home and any suggestions for improvement. The meetings were run by one of the people living at the home. People felt able to raise any issues and had confidence they would be addressed.
- The person running the meetings also felt they were able to empower other people to give their views about the home. We saw this had led to changes for example with menus, bed linen changes and people were now invited to the daily meetings with staff to share information.
- People and relatives told us they had opportunities to discuss things with the registered manager on a regular basis and really valued the resident meetings as a way to raise any concerns. One person told us, "We have meetings monthly and can chat about anything. One of the residents chairs them." People felt able to raise concerns easily in this meeting as it was chaired by one of their peers, it helped them to get issues resolved quickly.

Continuous learning and improving care

- The home continually sought ways to learn and improve the service. A recent pilot called play list for life had begun with some people at the home living with dementia. This involves creating a playlist of music following engagement with family members about favourite songs and observing for reactions. Technology is used to play the music to people.
- Relative's feedback about the pilot was positive. They told us had people had been seen smiling and tapping their fingers to the music which had made relatives feel happy.
- The home had been recognised for their involvement in the be active scheme and people living at the

service had been to a conference to share their experiences with the local council commissioners and other providers. The registered manager told us this had been an empowering experience for the people involved.

- The registered manager told us they had identified some differences in how care planning was carried out across different units. To address this, they were moving to an electronic system. Staff told us they were pleased with how this was being introduced, slowly and with plenty of training to ensure it was implemented correctly.

#### Working in partnership with others

- The home had developed a range of partnerships with other organisations and strong links with local community organisations. For example, they worked with a range of local schools. They had attended school productions and celebrations. One school bought children to visit the home with their reading books and they read to people in the home. In another example, people went to a school and gave a talk on what it was like to live with dementia. These experiences had been positive for people and welcomed by the partners.

- The home had reached out to the local community fire station. The people living at the home had then been taken to the fire station for a tour of the building. Other local groups in the community were regularly attended by people at the home such as a knit and natter group and a local dementia café. This helped people to maintain their links to the local community.