

Hillview Care Limited

Cornelia Manor RCH

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

Cornelia Manor RCH is a care home providing accommodation and personal care to older people. The service can support up to 34 people. Cornelia Manor is a large building that has been adapted to suit the needs of people living there. At the time of the inspection the service was providing support to 28 people, some of whom were living with dementia.

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

The environment was warm and homely. We observed positive communication between staff, people and their relatives. People, their relatives and external professionals, all gave us positive feedback about the home and told us that staff were very kind and caring.

Individual and environmental risks were managed appropriately. People had access to appropriate equipment where needed, which meant people were safe from harm. Staff had received fire safety training and fire drills had taken place so that staff knew what to do in the event of a fire.

Appropriate recruitment procedures were in place to help ensure only suitable staff were employed. People were involved in the recruitment of staff to ensure they were happy with the staff supporting them.

There were appropriate policies and systems in place to protect people from the risk of abuse and the registered manager and staff understood the signs to look for. People were supported to take their medicines safely and as prescribed. We identified some areas for improvement to ensure there were appropriate gaps between staff administering 'as and when required' medicines. The registered manager took immediate action to address this.

Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision and appraisals to help develop their skills and support them in their role.

People were supported to access health and social care professionals if needed, received enough to eat and drink and were happy with the food provided.

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. We identified some areas for improvement in records of decisions made in people's best interest. The registered manager took immediate action to address this.

People and relatives told us they felt the staff were kind and caring, with an emphasis on providing person centred care. People's care plans contained detailed information about them and their care and support needs, to help staff deliver care that was individual to each person. The management team reviewed the care and support provided to people to make sure it continued to meet their needs.

Staff showed an understanding of equality and diversity and people were treated with dignity, and their privacy was respected. Activities had been developed in line with people's wishes and there were varied and interesting options to promote people's health and well-being.

The registered manager and provider carried out regular checks on the quality and safety of the service and understood their regulatory responsibilities. People and their relatives said the management team were open, approachable and supportive. Staff were positive about the management of the service and told us the registered manager and provider were very supportive and approachable.

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

Rating at last inspection

The last rating for this service was Good (published 07 June 2017).

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 ●

Cornelia Manor RCH

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

The inspection was conducted by two inspectors.

Service and service type

Cornelia Manor RCH 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

Before the inspection we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care

provided. We spoke with 11 members of staff including the provider, registered manager, deputy manager, care staff, cleaning staff and kitchen staff. We spoke to three external professionals. We reviewed a range of records, including six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision and we looked at training data and quality assurance records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed all of the information gathered during the inspection.

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

At the last inspection we recommended the provider review its audit processes with regard to issues of environmental fire safety and took action to improve it. The provider had taken the necessary action and made the improvements required.

- Fire safety risks had been assessed. Staff had received fire safety training and fire drills had taken place so that staff knew what to do in the event of a fire. Fire escapes, where doors needed to be secured for people's safety, had 'break glass' keys so they could be used quickly in the event of an emergency.
- People had personal emergency evacuation plans (PEEP) in place. These identified what assistance each person would need to safely leave the building, in the event of an emergency.
- The environment and equipment was safe and well maintained.
- Risks to people had been assessed as part of the care planning process and included risk assessments for moving and positioning, skin integrity and falls management. These were recorded within the care record for each person and identified how staff should support people and what equipment, if any, was needed. Risks were reviewed regularly and updated when required. However, we saw that when people had falls that were unwitnessed, best practice to monitor the person for a potential head injury was not followed. We discussed this with the registered manager who took immediate action to update their falls procedures and risks assessments to reflect this best practice.
- Throughout this inspection we saw staff members safely supporting people whilst using a variety of mobility aids which were individual to those using them. Staff members knew the risks associated with people's care and support and how to keep people safe.

Using medicines safely

- People were supported with their medicines by a trained and competent staff team. However, medicines prescribed for use 'as and when required' did always have the times they were administered recorded on people's medicines administration records (MARS). This meant that people could be given medicines without the required amount of time between each dose. We discussed this with the deputy manager and registered manager who took immediate action to ensure times of administration were recorded for 'as and when required' medicines.
- Senior staff had responsibility for administering, ordering and disposing of medicines and senior staff were available on every shift, including at night.
- Safe systems were in place for people who had been prescribed topical creams.
- Medicines that required extra control by law, were stored securely and audited each time they were administered.

- The registered manager checked staff competencies to administer medicines on a regular basis, any concerns identified had been promptly addressed.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate policies and systems in place to protect people from the risk of abuse.
- People and their families told us they felt safe, and that they would talk to staff if they had any concerns. One relative said, "We are always welcome here and nothing is hidden, if we had any concerns we know who to talk to." Another said, "They [staff] make me feel very reassured that [relative] is safe and they look after her so well."
- All staff had received training in safeguarding adults, including the domestic staff and kitchen staff. This demonstrated that the provider recognised the importance of staff understanding the signs to look out for if they suspected abuse. Staff clearly had a good level of knowledge, knew how to protect people and demonstrated a good understanding of their safeguarding responsibilities. One staff member told us, "I would tell the [registered] manager if I had any concerns, I know we would make sure the person was safe."
- There were processes in place for investigating any safeguarding incidents that had occurred, in liaison with the local safeguarding team.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them. We saw people were promptly supported when needed or requested.
- Throughout the inspection we observed staff had time to sit and chat with people and met their needs in a relaxed and unhurried way. Staff also confirmed they had the time required to meet people's needs.
- The provider ensured relevant checks had been conducted before potential staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- The registered manager told us they showed prospective staff around the home to meet people. They said, "At interview we show them [staff] around and try to encourage residents to be involved."

Preventing and controlling infection

- The home was clean and tidy. Domestic staff were employed who completed regular cleaning tasks in line with set schedules.
- There were good infection control practices in place, which helped to ensure people were protected from the risk of cross infection.
- Staff members had access to personal protection equipment which they used appropriately when needed.

Learning lessons when things go wrong

- There were systems in place to record any accidents, incidents and near misses. The providers and registered manager had oversight of these.
- When accidents and incidents had occurred, the registered manager investigated, and actions were put in place to minimise future occurrences. These were discussed and analysed during handovers between shifts and through the auditing process in place.

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.

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.

- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005. Staff understood how to protect people's human rights in line with the MCA.
- People and their families told us they were involved in decision making. One relative told us, "[Relative's name] can't make some decisions so the manager [registered] and deputy ask us what we think, so we make decisions together."
- Records confirmed that people had been involved in decisions and their verbal consent was sought before staff provided care and support. One staff member told us, "We always ask people what they want, we listen to them and don't assume they can't decide."
- Where people did not have capacity to make specific decisions, mental capacity assessments were completed and the best interest decision making process was used. However, records did not always demonstrate where best interest decisions had been made for people. We discussed this with the registered manager and by the second day of the inspection, people records had been updated so that documentation was correctly completed.
- The registered manager understood their responsibilities in terms of making applications for deprivation of liberty safeguards (DoLS) to the authorising authority and making notification to us about those applications being granted. There were systems in place for monitoring these and ensuring they were kept up to date.

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

- People's needs had been assessed prior to their admission. When people had previously had a short stay and were returning, or if they had been in hospital, their needs were reviewed, and their care plans updated accordingly. This was to ensure their care needs could be met safely and effectively within the environment and in line with current best practice guidance.
- People were involved in care planning, to ensure their choices and preferences were considered and their needs were met effectively. Staff gathered information from the person and professionals involved in their care, to create written plans of care.
- Care plans showed people's specific needs had been assessed and planned for. Guidance was provided for staff on how to meet those needs. Staff knew people's individual needs and preferences well.
- A range of well-known tools were used to monitor people's health needs, in line with best practice guidance. For example, staff used nationally recognised tools to assess people's risks of developing pressure injuries and to monitor people's weight.

Staff support: induction, training, skills and experience

- The service had a well-established and stable staff team, who had received training that equipped them to effectively meet people's need and provide person-centred care.
- New staff completed an induction programme before supporting people on their own. This included a period of shadowing a more experienced member of staff, learning about key documents and the completion of essential training. Staff we spoke with told us they felt supported and understood people's needs before commencing work with them. One staff member said, "I did shadow shifts and had training, it's been really good."
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.
- Staff felt supported in their role and received regular supervision and an annual appraisal. They said they could contact the registered manager or deputy manager at any time if they needed support.
- Relatives told us they found staff were competent and skilled and they had no concerns about the care and support provided. One relative said, "They [staff] are so good, they really know what they are doing."

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

- People had access to sufficient food and drink throughout the day; food was freshly cooked and there were two options for people to choose from. We observed staff supporting people with meals and offering alternatives if people were not eating. For example, one relative told us, "Staff know [relative] likes cheese and biscuits, so if they haven't eaten much, they always offer her some in the afternoon."
- The registered manager told us they had recently completed a detailed audit on the times that people were eating. This was because they had noticed that some people were only eating small amounts of food at lunchtime and were at risk of weight loss. The time between meals was calculated and it was recognised that for some people, the gap between breakfast and lunch was short, as those people had often chosen a later breakfast. As a result, meals were served in a more person-centred way, with lunch being served to each person at a time that was better for them. The result was that people who had been identified to be at risk of weight loss, now had an increased food intake. In addition, fresh milkshakes and a variety of foods were provided to boost calorie intake, for those that required it.
- People and relatives told us they enjoyed the food. A relative said, "The food is very good, it's always made freshly and there is plenty of choice." A person told us, "The food is very good, I get more than I need."

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

- People's oral care needs were clear in care plans. Staff received training on oral care and the service followed best practice guidelines from the National Institute for Clinical Excellence (NICE).

- People had access to community healthcare professionals when required. During our inspection we noted people had seen community nurses to meet their specified health needs.
- Records showed that GP's were requested promptly, when staff were concerned about a person's health. One relative told us, "They [staff] let us know if [relative's name] is unwell or needs the doctor, they will check on him then ring us later to tell us how he is."
- Visiting healthcare professionals were positive about the care provided to people at the service. One told us, "People are looked after well, they are clean and tidy and care plans are relevant. The deputy manager knows people well."
- People had access to preventative and early diagnostic services such as regular eye tests and access to a chiroprapist.

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

- The service was clean and decorated according to the tastes of the people who lived there. People's bedrooms had been personalised and reflected their personal interests and preferences.
- People's bedrooms were identified by signs on the doors and memory boxes outside the room. These were designed to have small items inside that were important to the person and they would recognise. Not all people had their memory boxes completed. However, the registered manager told us that this was because they had chosen not to.
- People were able to choose where they spent their time and there were a number of communal areas available to people, including a large lounge, a quieter lounge and dining areas.

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

- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs. A relative told us, "I have seen that they [staff] know [relative] well and genuinely care for her. I actually think they love her, well they show her love." Another said, "We are very happy with the care and [relative's name] face lights up when staff go into his room, you can tell that he is happy in their company."
- We observed many kind and caring interactions between people and staff. For example, we saw staff regularly checking to see if people were comfortable, warm enough, or if they wished to move to another area or back to their rooms.
- Staff had been provided with training to help ensure people's rights were protected. They knew people well and this meant individual needs and preferences were taken into account when they provided support and assistance.
- Information about people's life history was recorded, which staff used to build positive relationships. Care documentation included information about people's protected characteristics including any religious beliefs and cultural needs. For example, one person was regularly visited by religious ministers of their choice. Staff respected the person's religious beliefs and ensured they had privacy when receiving their visitors.
- The staff had received many thank you notes from people who had stayed at Cornelia Manor and their relatives. One relative had commented, "Thank you all so much for the loving care you showed my [relative]."

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

- We observed staff regularly interacted with people to seek their views and wishes. For example, we saw staff asking people what they wanted to drink, if they were happy watching the tv programme on and if they wanted to join in with putting Christmas decorations up.
- People had the opportunity to express their views about the service; they gave their feedback to staff, at 'resident' meetings' and through surveys. We reviewed notes of 'resident's meetings' and saw a wide range of topics were discussed and peoples' views were recorded and acted on. For example, discussions were regularly held about the activities available, the food and if people were unhappy about anything.
- People were involved in reviewing the care they received. In each person's care plan it described how often they wanted to be asked about their views. This was because some people wanted to have a monthly discussion, whilst others preferred to have informal 'as and when' discussions, and then formal reviews each

year. Records showed people's relatives were involved in these reviews, where relevant.

- We saw that people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy. Staff were seen knocking on bedroom and bathroom doors before entering. Staff were able to describe the practical steps they took to preserve people's dignity and privacy when providing personal care.
- Confidential information was respected. Care records were held securely so that only staff could access them.
- Care staff were person-centred in their interactions with people. They knew people well and encouraged them to maintain their independence as much as possible. For example, we saw one person who needed encouragement and support to independently stand up. Staff encouraged the person, with clear instructions so that they were able to stand independently. The person smiled at the staff member when they had achieved this outcome and the staff member said, "Well done [person's name] see, you could do it."
- People's care plans provided information for staff about what people could do for themselves and where additional support may be required. For example, one person's care plan described, 'I am able to use my walking frame independently however, I would like one carer to assist me.'

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 remained the same. 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's needs were assessed prior to them going to live at Cornelia Manor. Information from the initial assessments completed, was used to develop detailed care plans.
- Person-centred care was promoted. People's likes, dislikes and preferences were recorded in their care plans that were reviewed and updated, when needed. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. One person said, "I'm very happy, the staff are so nice and treat me well."
- Staff were responsive to people's changing needs. Technology was used to ensure people had assistance when needed. For example, a call bell system was in place so that people could request prompt support.
- People were encouraged to make their own decisions and choices and told us they were involved in decisions about their day to day lives. For example, what time they liked to get up, when they wanted their lunch and if they wanted to participate in activities. This was observed throughout the inspection. One person told us, "Staff always ask me what I want, if I want to have a lie down on my bed in the afternoon, they help me."
- Staff worked together well to deliver timely and effective care to people. They also received a verbal handover between each shift. This helped inform staff of any changes in people's needs. We observed a handover during the inspection and found staff were provided with clear and up to date information about changes in people's needs and actions to take.

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.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.
- Care records identified if a person had a sensory loss and what staff should do to support the person to improve communication. For example, where they used a hearing aid or needed the hearing loop system. In addition, the registered manager told us that they could print text for people in larger print and also used picture cards to help people understand information.

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 maintain and develop relationships with those close to them. Relatives told us

they were always welcome in the home and were regularly updated about people's wellbeing and progress. One relative told us, "We have no concerns and do not worry when we are unable to visit. They [staff] know [relative] so well and let us know what is going on."

- People had access to a range of activities, including, movement to music, art sessions, mini-bus trips out to the seaside, visits from a local donkey sanctuary and reminiscence sessions. In addition, there were regular visits from entertainers and church representatives.
- Seasonal events were celebrated. For example, they had a valentine's day tea, celebrated St David's day and St Patricks day, had an Easter party with a bonnet competition. In addition, we saw that people living at the home would be celebrating Christmas with a party and gifts from the provider.
- The registered manager told us about links the home had with their local community, such as a primary school where children were coming in to do a 'generational project' in the new year. The school children were being supported to understand how care works and why people need to be looked after, so they would be able to communicate with people living at the home. The project would look at poetry, local history, arts and crafts and have a story time. This was to support relationship building between children and older people.
- The service had forged strong links with other community groups and people were given the opportunity to access activities such as attending coffee mornings or going shopping. A local supermarket had chosen the home as a service to forge links with and were giving people at the service a hamper of food and chocolates for Christmas.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was understood by staff.
- People told us they felt able to speak with staff about anything they wished to discuss or if they had concerns.
- Relatives felt able to raise any issues with the manager and staff. One relative said, "I don't have anything I'm worried about, but if I did I would speak to [deputy manager's name] or [registered manager's name] and know they would get it sorted out."

End of life care and support

- Staff were able to describe how they cared for people at the end of their lives and treated them with dignity and respect.
- People's end of life wishes were captured within end of life care plans. This gave details of people's choices, including considerations to cultural and religious preferences.
- The registered manager told us that they worked closely with external healthcare professionals to respect people's wishes and provide them with the care they required to be pain free and cared for at the end of their life.

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 good. At this inspection this key question has remained the same. 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

- People, their relatives and external professionals all told us they thought the home was well run. One relative said, "If I didn't think it was great here, my [relative] would not be here." An external professional told us, "They [staff] seem to know what they are doing here and are professional."
- The registered manager was open and transparent throughout our inspection and were clearly committed to providing good quality care that would continue to evolve and develop, by engaging with everyone using the service and stakeholders.
- The provider, management team and staff demonstrated a good knowledge of person-centred care and promoted people being involved and listened to, in the development of their care plans.
- The provider had clear vision and values for the home, which staff understood. People had been involved in developing the home's vision and values, which were displayed in the main corridor. These included, to be respected, to have someone to talk to, to have privacy and to laugh. Staff told us they worked well as a team to deliver support that met the needs and preferences of people.

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

- There was a clear management structure in place, consisting of the provider, the registered manager and deputy manager. They were clear about their roles and responsibilities.
- The registered manager felt supported by the provider and told us that they had regular contact and the provider visited frequently.
- People benefited from a staff team that worked together and understood their roles and responsibilities. They had handover meetings every day and were kept fully informed of people's changing care needs.
- The registered manager understood their responsibilities and the need to report to CQC, any event which affected the running of the service, as they are legally required to do. For example, they had recently informed us of the home's central heating issues and kept us up to date with the actions they took to keep people safe and warm, whilst it was being repaired.

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

- The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. Following any incidents people and their relatives were kept informed and apologies made where required.

- The previous performance rating was prominently displayed in the entrance to the home.

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

- People, their relatives and staff were encouraged to contribute their views on an ongoing basis, informally and through surveys and meetings. Records showed that people were listened to and action taken when needed. For example, people had been asked what cakes they enjoyed most. As a result, the cook was informed of their favourites and these were added to the regular choices available. Minutes of meetings were recorded in pictures as well as words to aid understanding.
- The registered manager encouraged open communication amongst everyone who lived at, worked in, or visited the home and promoted positive well-being. In the entrance hall way there was information about upcoming events, a display of positive messages including, 'Beautiful young people are accidents of nature, but beautiful old people are works of art' and positive comments received about the staff.
- The home produced a newsletter for people, staff and relatives, which gave information about any changes, updates and good news stories.
- The provider demonstrated that the staff were valued. For example, staff were given recognition for long service and were all receiving a gift for Christmas. The registered manager told us that they felt it was important to recognise the hard work staff put in and that they were appreciated.
- Staff told us they felt valued and were complimentary of the support they received from both the registered manager and deputy manager who were always available for guidance and support. One staff member said, "The manager [registered] and deputy are always available to help or ask for support, they are really good."

Continuous learning and improving care

- There were robust quality assurance procedures in place. This included comprehensive audits which were completed regularly and based on CQC's five key areas. Audits included, care plans, observations of staff, medicines, call bell times, infection control and the environment. All completed audits were shared with the provider and action plans with timescales were completed, when required.
- The provider and management team had systems in place to strive for continuous development. The registered manager and deputy manager monitored the service people received by observing staff practice and approach, to ensure they worked safely and displayed a respectful attitude.

Working in partnership with others

- The registered manager understood the importance of partnership working with other health and social care professionals to promote good outcomes for people.
- We observed that people, relatives and staff were comfortable approaching the registered manager and deputy manager and their conversations were friendly and open.