

Borough Care Ltd

Bamford Close

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

Bamford Close is a residential care home. At the time of our inspection, the service was providing accommodation and personal care for 39 people aged 65 and over, who are living with dementia. One person was in hospital; the service can support up to 40 people.

The accommodation is single storey and consists of four interconnecting households which accommodate 10 people each; the units are called Broadway, Coronation Street, Mersey Square and Baker Street. Each unit has a communal lounge, dining room and kitchen. A large lounge, dining room and activities room is located in the middle of the service. The service is located near local facilities, a main road and a bus route. The home is one of a group of eleven homes managed by a 'not for profit' organisation called Borough Care Limited.

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

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.

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified.

There were sufficient numbers of trained staff to support people safely. Recruitment processes were robust and helped to ensure staff were appropriate to work with vulnerable people.

People's needs were thoroughly assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively. Staff received regular supervisions.

Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risk where possible.

Staff supported people to access other healthcare professionals when required. Staff supported people to manage their medicines safely.

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs.

We observed many caring and positive interactions between staff and people throughout the inspection. Staff had formed genuine relationships with people and knew them well and were seen to be consistently caring and respectful towards people and their wishes.

People were supported to express their views. People we spoke with told us they had choices and were involved in making day to day decisions.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service.

The premises were homely and well maintained. We observed a relaxed atmosphere throughout the home where people could move around freely as they wished.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 June 2018). 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. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bamford Close on our website at www.cqc.org.uk.

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 ●

Bamford Close

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 carried out by one inspector on both days of the inspection and an Expert by Experience on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bamford Close is a 'care 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.

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 it registered with the Care Quality Commission in October 2010. This included details about incidents the provider must notify us about.

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.

During the inspection

During the inspection, we spoke with seven people who used the service and four visiting relatives to ask about their experience of the care provided. We also spoke with the registered manager, the deputy manager, the area manager, the catering manager and five care staff members, including the activities coordinator. We reviewed a range of records, including four people's care records, risk assessments and three people's medication administration records (MARs).

We looked at nine staff personnel files around staff recruitment, training and supervision. We reviewed records relating to the management of the service, audits, and a variety of policies and procedures developed and implemented by the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We looked at training data and quality assurance records. We contacted the local authority who commission placements at Bamford Close to seek their views of the service.

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 good. At this inspection this key question has remained the same, good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding and whistleblowing policy in place; and people were protected from the risks of abuse and harm.
- Staff we spoke with understood the principles of safeguarding and their own responsibilities in respect of how to safeguard people. One staff member said, "I've done safeguarding training and I've learned about age related safeguarding and issues, it could be physical abuse, financial abuse, psychological abuse, neglect or even family issues. I would tell my manager in the first instance, but I know I can contact the local authority." Records we saw confirmed all staff roles received appropriate safeguarding training and refresher courses.
- People told us they felt safe living at Bamford Close. One person said, "The staff are thoroughly professional and trustworthy, and they help me a lot." A second person told us, "The carers are good to me and I trust them with all my heart." A third person said, "This is a top place, of course I am safe here."
- All visiting relatives we spoke with were entirely satisfied that [their relatives] were safe and well cared for; all visiting relatives praised the service provided, and we did not receive any negative comments in relation to the care provided. One relative told us, "It's very reassuring to all our family that [my relative] is so well looked after." A second relative said, "[My relative] is very safe in this place."

Assessing risk, safety monitoring and management

- Care plans indicated a pre-admission assessment was carried out before a person moved into the service. This enabled the service to determine if they could cater for people's care needs, before taking up residence in the home. We saw other professionals were involved in these assessments, such as social workers.
- People's relatives told us they were also involved in this process and that they had confidence in the staff in the home making the right choices for [their relatives] at all times. People's care files included risk assessments in relation to their specific care needs. The risk assessments were person centred and covered areas such as physical health, mental health, medicines and mobility .
- Fire risk assessments were in place which covered all areas in the home. People had personal emergency evacuation plans in their care file information to ensure staff knew how to safely support them in the event of a fire. These were specific to each person's needs. There was an emergency evacuation 'grab-bag' in situ which included details of each person's individual support needs. Mock fire drills were carried out and fire scenarios undertaken. Staff also complete fire training questionnaires.
- Premises risk assessments and health and safety assessments were in place, reviewed regularly and up to date; these included gas, electrical installations and fire equipment.

Staffing and recruitment

- We saw evidence of robust staff recruitment procedures; the provider undertook checks on new staff

before they started work, including obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

- A dependency tool was used to organise staff rotas ; staffing levels were determined by the number of people using the service and their needs and could be adjusted accordingly.
- There were enough staff on duty to meet people's needs. One person said, "I need a lot of help and they [staff] give me that." A second person told us, "They [staff] are always helping me and I am very grateful, particularly when I'm not well."
- Although some people felt that there was a shortage of staff during the night, everyone thought staff responded to nurse-call buzzers as soon as possible and some people stated staff responded immediately, if they could.

Using medicines safely

- We looked at how medicines were handled and found they were stored, administered and disposed of safely. This included controlled drugs, which are subject to more rigorous guidelines.
- All staff who administered medicines had the relevant training and records showed staff received regular competency checks. Regular audits of medicines took place. Staff could clearly explain the process for giving medicines and what to do if a person refused them.
- No-one we spoke with had any concerns about their medicines and one relative expressed their appreciation of the staff for ensuring that [their relative] actually took their medicines as prescribed.

Preventing and controlling infection

- The service was clean and free from malodour throughout all areas of the home including bedrooms. Infection control audits were undertaken regularly to ensure compliance. Staff received training in the management of infection and food hygiene.
- We saw personal protective equipment was readily available and accessible, such as disposable gloves and aprons, and staff used these during the inspection.
- The service had achieved a rating of 'five' (the highest rating) from the Food Standard's Agency in relation to hygiene levels.

Learning lessons when things go wrong

- The service had an up to date accidents and incidents policy. Accidents and incidents were recorded and monitored by the registered manager for any patterns or trends. The registered manager told us about a previous incident at another home operated by the same provider; they told us that in response to this incident people who accessed the garden areas at Bamford Close now had the choice of wearing an alert pendant which would immediately alert staff if they were to slip, trip or fall.
- Risk assessments were reviewed following incidents; there were no regular themes or trends in the incidents recorded.

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, 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 were comprehensively assessed and regularly reviewed.
- Care records identified people and their relatives were involved in care planning. One person told us, "The staff are always understanding and willing to help." A relative said, "I'm very confident in staff, and know that they will contact me if they need to." A second relative commented, "Communication is super, very speedy and professional." Two relatives we spoke with expressed their appreciation for the way in which they were fully engaged in developing individual care plans.
- People's preferences, likes and dislikes were acknowledged and recorded, and we saw staff respected these choices, for example regarding what to eat or what activities to take part in.
- People's past life histories and background information were also recorded in the care documentation.

Staff support: induction, training, skills and experience

- Staff received induction, training, observations and ongoing supervision to support them in their different roles. Any staff new to social care followed the requirements of the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care settings.
- New staff were given time to work alongside experienced staff to enable them to familiarise themselves with people's needs. One staff member told us, "I had an induction period which was a seven-day intense induction. I went to head office and covered policies and procedures. This was followed by two weeks of shadowing other staff and observations of my practice, then I went on probation period which lasted six months. During this time, I could feedback any concerns I had."
- Staff we spoke with felt supported. One staff member told us, "I get supervision meetings with my line manager every six to eight weeks; these are useful as I can discuss any problems. I feel these are open sessions and I can make suggestions and I feel listened-to."
- People and their relatives felt staff were competent. One relative said, "From my observations the staff are very caring, friendly and they look after [my relative] splendidly." A second relative told us, "[My relative] is better looked after here, as I couldn't cope at home anymore." A third commented, "It seems to me that staff will do anything that they can to help."

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

- People's dietary needs and preferences were met, and people were involved in choosing their meals each day. Meals were supplied by a well-known national provider of pre-prepared meals, and prior to using this supplier, we saw 13 people, three relatives and four staff had tasted and tested this food; 95% of

respondents thought the appearance of this food was either good or very good. Several kitchen staff were also available to provide alternative meals such as a full English breakfast which we observed one person to be enjoying.

- There was a calm and unrushed atmosphere during the mid-day meal. People took as much time as they liked to eat their meal and staff were available to provide any assistance needed. Choices were clearly available, with notices up around the home and menus on the dining tables, which were changed daily.
- We found specialist diet types were provided for people to meet their dietary requirements, such as diets with food fortification. Vegetarian, Kosher, Halal, and finger food alternative diets were also available. We saw extra drinks and snacks were served to people mid-morning and mid-afternoon and people could access a variety of hydration stations as often they wished.
- There were appropriate risk assessments and care plans in place for nutrition and hydration which were reviewed regularly, and people's daily nutritional intake was recorded. Each person had an allergen information sheet specific to them.

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

- Staff worked in partnership with other agencies to support people effectively and we saw evidence that staff and management worked with relevant health and social care professionals. One relative told us, "[My relative] needs a lot of help and it is comforting to know that he is getting that help." A person said, "I am very confident that staff would do the right thing if I needed anything."
- Where necessary, the service supported people with arranging healthcare appointments. People told us that all their health needs were fully met, including medicines being given at the right times and on the right day.
- Records showed the service worked with other agencies to promote people's health, such as district nurses, dieticians, podiatrists and doctors.

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

- The premises were homely and well maintained. There was plenty of space for people to get around freely without restriction, and people could move around from one unit to another as they wished. A relative told us, "This home consistently comes across as a very relaxed and happy place and the staff deserve much credit for this."
- People could choose to sit in different lounges or in their own rooms and there was easy access to the communal landscaped gardens and internal courtyard garden areas, which had artificial grass, reducing the potential for slipping, and which enabled people to access it all year round.
- People's rooms were personalised and individually decorated to their preferences; we found people's rooms reflected their personal interests and contained personal family objects.
- The home was 'dementia friendly,' and there was clear signage to identify different areas. Certain areas of the home had been redecorated or redesigned since the last inspection. For example, we were shown the new sensory bathroom, with new lights, fixtures and music, which had been very well received. The home was able to purchase the equipment for this room after a member of staff undertook a sponsored sky dive .

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training in MCA and DoLS. We observed staff understood consent, the principles of decision making, mental capacity and deprivation of people's liberty. We observed staff asking for consent before assisting people, for example when mobilising or assisting with personal care. One staff member said, "I always assume people have capacity to decide, until it is deemed otherwise. I look at care plan information and always involve people in everything I do. I would ask each person every time and encourage them to be involved."
- Capacity assessments were in place where people lacked capacity. Best interest decisions were recorded including people consulted, and the reasons for the decision; DoLS were being adhered to and a tracker sheet was maintained by the registered manager, so they knew the status of each DoLS application.
- Records showed people signed to consent to their care and treatment (unless they did not have capacity 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, 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

- During this inspection we saw staff treated people with kindness, and people and their visiting relatives we spoke with were complimentary about their caring attitude. One person told us, "I'm really pleased that the staff are so friendly and helpful." Another person said, "The staff are really caring and enjoy having a chin-wag with you." A visiting relative commented, "The carers are absolutely kind and caring."
- We came across numerous instances of staff interaction with people and their relatives, and at all times courtesy, professionalism and care was to the fore. For example, we heard one staff member say to a person, "Good morning [person name] are you alright and have you had a good night's sleep? I'll make you a brew now." This was repeated as each person got up.
- Equality and diversity were promoted, and any individual needs were identified in people's care plans. We found no evidence to suggest anyone using the service was discriminated against and no-one we spoke with, or their relatives, told us any different.
- We looked at recent feedback received by the service and found it was overwhelmingly positive.

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

- We saw staff respected people's wishes, for example about what activities to take part in or what they wished to eat that day, and it was clear staff had developed good relationships with people, and knew them well, including their likes and dislikes.
- Staff informed people of the reason for our visit, so they would not become alarmed, and that we may be speaking to them during the inspection; when one person stated they 'didn't want to say the wrong thing,' the staff member reassuringly responded by saying, "You can say whatever you like [person's name], it's your home."
- People we spoke with, and all of their relatives, told us they had choices and were involved in making day to day decisions. All relatives said they were involved in care plan discussions and that they were kept up to date with any changes in [their relative's] circumstances. Comments from relatives included, "I feel that I'm part of a big family here and am always being updated and asked for my views," and, "The staff are very open and engaging with people and this gives you confidence," and, "The staff are brilliant here, I would be more than happy to recommend this place."
- Regular reviews were held with people, or when needs changed, and their relatives had opportunities to attend and be involved in this process; care records recorded when relatives had been involved, or when telephone conversations had been held with them.
- Meetings with people and their relatives took place regularly. We saw previous meetings had discussed food and menus, the new café in the lounge, the new cinema area, decorating, events and trips out, new

residents, and any changes at Bamford Close.

Respecting and promoting people's privacy, dignity and independence

- All staff were 'dementia friends,' which meant they had received training in understanding dementia care and the particular needs of people living with dementia. For example, when one person who was seated started to become slightly alarmed because they needed the toilet, we saw a staff member approached the person, got very close to them and discreetly spoke to them in a voice that could not be overheard by anyone else; the person immediately responded positively to this and very shortly afterwards returned to their original seated position with a smile on their face.
- Staff were committed to providing good care for people; we observed they respected people's privacy and dignity and could tell us the ways they did this, such as ensuring doors were closed if supporting people with personal care. One staff member told us, "It's important to explain things to people all the time about what I'm doing, and always involve them in this. I never rush or assume things; I think about what it might be like if it was for me in my life."
- Staff valued the importance of maintaining people's independence and promoted this where possible, for example, people were encouraged to carry out tasks they could. One person said, "Staff not only treat me with respect, but they like me, and I like them." Another person told us, "They [staff] do their best to really make us feel at home." A third person said, "They [staff] really encourage you to join in; it makes you feel wanted."
- Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely on the electronic care planning system.
- People's relatives told us staff promoted their dignity, one relative said, "[My relative] needs a lot of help and it's always given with great regard to her dignity." A second relative told us, "A number of times I have turned up and a carer has been holding [my relative's] hand and reassuring her that all is okay. My family really appreciate this approach." A third relative commented, "All carers seem to be conscious of dignity and respect, and if some privacy is required it will be provided without fail."

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, 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

- Holistic assessments and care plans had been completed which reflected each person's needs, wishes and preferences. Any cultural or religious preferences had been recorded which ensured the service was aware of how these needs should be met. Regular reviews ensured people and their relatives had been involved in updating their care plans if they wished to be.
- Care plans were person centred and gave detailed information to staff on how to support each person. Staff could describe how to effectively care for each person no matter what the task was, and staff were able to react positively to any demands asked of them. It was evident that this engagement included the registered manager and deputy manager as a matter of course.

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.

- Information was available for people in alternative formats such as large print. There was pictorial information displayed in communal areas showing the current date and weather conditions. Care plans used pictorial images to help people understand their content.
- There was signage used around the home to identify rooms and areas. The signage was 'dementia friendly' and displayed the name of the room. Dementia friendly signage uses a combination of colour contrast, light reflectance, pictorial images and words to aid understanding.
- People's communication needs were clearly identified in their care planning information; this helped staff understand how best to communicate with each person.

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.

- Relatives told us they were encouraged by staff to maintain relationships, and it was clear that relatives were more than welcome to visit the home anytime, (avoiding meal times if possible). Throughout the day family and friends were regularly arriving to meet [their relatives]. The interaction we observed was indicative of the good relationships between people, staff and relatives and friends.
- When speaking to both people and their relatives throughout the inspection, it was clear that everyone was of the same opinion, that activities were a key feature in ensuring inclusion, motivation and enjoyment.
- Borough Care was now using a transport company to provide a 41-seater coach, and Bamford Close was joining up with another home to go on trips, which included their family members.

- Bamford Close provided a seasonal newsletter, produced in contrasting colours so people could more easily understand the contents. An internal newspaper called 'Daily Chat' was provided to people each day; this included nostalgic news, a poem, an activities page, and a section called 'down memory lane.'

Improving care quality in response to complaints or concerns

- Processes, forms and policies were in place for recording and investigating complaints and there was an up to date complaints policy that was accessible to all.
- People also had access to a 'service user guide' which detailed how they could make a complaint and people told us they knew how to make a complaint.
- We saw complaints and concerns were minimal. We looked at historical complaints and concerns raised and found the registered manager had acted on these appropriately and fully communicated with the complainant during the process of investigation.
- The service had received a high number of compliments since the last inspection.
- All the people and their relatives we spoke with were clear about how to raise an issue. People's relatives were comfortable in approaching members of staff, or if applicable, going directly to the registered manager, or other available member of staff. All people were satisfied that any incident or complaint would be fully addressed.

End of life care and support

- We looked at how end of life care was delivered. The service followed the principles of the 'Six Steps' end of life care programme which is intended to enable people to have a comfortable, dignified and pain free death.
- At the time of the inspection no-one was at the end stages of life, however some people were receiving palliative care. The registered manager maintained an up to date record of palliative care meetings, attended by the community nurse.
- People had supportive care records, which identified if people had a 'do not resuscitate' order (DNACPR) in place; we saw where people had been willing to discuss end of life wishes, advanced care plans were in place which documented their wishes at this stage of their life, including where they wished to receive treatment.
- People's relatives had provided positive feedback regarding end of life care.

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 robustly assess environmental risk assessments, the management of fire procedures, updates for personnel files and an update for one complaint response. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Quality assurance systems were in place to ensure any shortfalls were identified and to drive continuous improvement within the service. This included regular audits of risk assessments, fire procedures, staff personnel files and complaints.
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service .
- Staff at all levels understood their roles and responsibilities. Managers were accountable for their staff and understood the importance of their roles.
- It was clear from our observations that the registered manager was fully involved and engaged in supporting staff and people throughout the inspection, providing guidance and instruction where appropriate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service had an up to date statement of purpose which set out the aims, objectives and ethos of the service; this was also issued to all people using the service with their 'service user guide.'
- A wide range of audits were undertaken by the registered manager and provider; these were used by the service to monitor health, safety, welfare and people's needs.
- It was clear from our discussions and observations that the registered manager valued people and was committed to providing a person-centred service; they had developed a positive culture within the service which was open and transparent. One person told us, "This place is just like a very well run, like a comfortable hotel." A second person said, "In all my time here I have never been let down."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager promoted best practice in person centred care; there was a culture focused on achieving positive outcomes for people.
- People and their relatives spoke positively about the registered manager. Comments included, "I have so much confidence in [registered manager name], as I know she will listen and help if she can," and, "This is a very well run team who work seamlessly together," and, "[My relative] has been here nearly four years now and I have never had to raise any concerns, and if I did, then I know that [registered manager name], or any of the other staff members would act accordingly."
- The service involved people in their day to day care and promoted their independence to make their own decisions; our observations confirmed this.
- Regular staff meetings were held which discussed people and their needs. Daily handover meetings were undertaken at the start and end of each shift each day to ensure staff had all the latest information about people.
- Meetings with people and their relatives were undertaken to discuss people, their needs and any concerns.
- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Responses received from the most recent surveys carried out in 2018 were positive.

Working in partnership with others

- The service worked in partnership with the local community, other services and organisations and attended care home forums to learn and improve practice.
- Records showed multi-disciplinary teams were involved in people's care.
- A social care professional who supported the home told us they had no concerns about this service and the manager was open and engaging.