

Smartblade Limited

The Grove Residential Home

Inspection report

6 Bower Mount Road
Maidstone
Kent
ME16 8AU

Tel: 01622755292

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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

The Grove Residential Home is a care home providing accommodation and personal care for up to 44 older people. Bedrooms are provided on the ground and first floors, and most rooms can be accessed via a passenger lift. At the time of our inspection there were 37 people living at the service. There is secure access to an accessible newly refurbished garden area.

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

People and their relatives were extremely complimentary about the staff, registered manager and the service they received. One person said, "This place saved my life." Another person said, "Don't think I will find a home to beat it, happy and willing to do whatever we want, no criticisms at all." A relative said, "I cannot praise the home enough, I can't fault it. The staff are caring and very attentive."

Health care professionals told us staff supported people in a person-centred way enabling people to live a high-quality life promoting their health and well-being. An occupational therapist (OT) said, "I think it is a lovely home, there is real consistency of staff. Every resident has a voice and are treated very individually."

Prompt action was taken to respond to people's changing needs. The provider invested in private health care services to ensure people received immediate support whilst promoting their health. One person said, "My mobility has improved." People's views were continually sought and acted on to improve the service.

People received support to maintain their nutrition and hydration with nutritionally balanced meals, snacks and drinks. People were supported to access healthcare services when appropriate for both urgent and routine healthcare.

Following people's feedback additional activity coordinators were employed to provide cover during the evenings and at weekends. People were provided with a wide range of activities to continue with their hobbies and interests. People were supported to continue to practise their faith and religion. People were supported to maintain contact with their loved ones, with the use of technology.

People were involved as partners in their care, informing staff how they wanted their needs met. Care plans were person-centred and individualised to people's specific needs and preferences. People's needs were individually assessed with them at the centre.

Staff knew people well and understood their specific health conditions and how they affected them. People's likes, dislikes and personal histories were recorded within their care plan. People's privacy and dignity was protected whilst encouraging people to be as independent as they were able to.

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

this practice. People were encouraged and supported to access the community including voluntary employment at the local hospital.

Medicine administration was safe and people received their medicines as prescribed by their GP. One person had been supported to manage their own medicines safely. Medicine records were complete and staff competency to undertake the administration of medicines had been assessed.

People's needs had been individually assessed and the registered manager ensured staffing levels were kept above the assessed number of staff; this was to ensure people's needs could be met promptly. People received care from the same staff team providing people with consistency and continuity of care. Safe recruitment practices were followed to reduce the risk of unsafe staff working with people. Staff received continuous support, supervision and guidance from the management team.

People's, staff's and relatives' views and feedback were sought and acted on. There was an ethos of continuous improvement where any concerns were acted on to improve the service. Quality assurance questionnaires were sent out to gather further feedback alongside regular reviews and forums.

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 13 April 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 ●

The Grove Residential 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

The inspection was carried out by two inspectors.

Service and service type

The Grove Residential Home 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.

Notice of inspection

This inspection was unannounced.

What we did before 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. 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 the 14 people who used the service and five relatives about their experience of the care

provided. We received written feedback from an additional five relatives and healthcare professionals including a GP, OT, commissioners and the local authority. We spoke with six members of staff including the registered manager, two team leaders, two care staff and one of the activity coordinators.

We reviewed a range of records. This included six people's care plans, risk assessments, daily care records and medicines records. We looked at two staff files in relation to recruitment and staff supervision. We also saw a variety of records relating to the management of the service, including a sample of audits, health and safety checks, accidents and policies and procedures.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff promoted an open and inclusive culture where people felt safe and confident that any concerns they had would be taken seriously and acted on. People told us there was always staff available that were happy to help. One person said, "I feel very comfortable, very amenable, staff all stop and have a chat." A relative said, "I cannot praise the home enough, I can't fault it."
- People were provided with opportunities to raise any concerns through resident meetings and care plan review meetings. Information about abuse and external agencies that could be contacted such as, Healthwatch and the local authority were displayed on the notice boards throughout the service; if people wanted to speak to an independent person.
- Staff had been trained in safeguarding adults and knew the action to take if they had any concerns or suspicions. Staff followed the provider's policy and procedures and felt confident that any concerns they raised would be taken seriously.

Assessing risk, safety monitoring and management

- Potential risks posed to people had been assessed, monitored and managed so they were supported to stay safe whilst respecting their freedom and choice. For example, risks relating to specific health conditions such as diabetes and sensory loss, risks relating to mobility, nutrition and hydration and promoting skin integrity.
- People were protected from risks from the environment. A maintenance person completed regular checks of the environment and equipment to ensure they were safe and in good working order. Equipment such as, the hoist, gas appliances and fire alarm were regularly checked and serviced.
- People's safety in the event of an emergency such as a fire had been assessed. Each person had a personal emergency evacuation plan, this informed people such as staff and the emergency services how the person would act if they heard the fire alarm and the support they required to evacuate the building safely. The registered manager had increased the number of staff available during the night to ensure people could be promptly evacuated in the event of a fire.

Staffing and recruitment

- Each person's needs had been individually assessed to determine the staffing numbers required during the day and night. The registered manager increased the number of staff during the day and night to ensure people did not have to wait for support. People told us there were plenty of staff available to meet their needs and spend time talking with them.
- Staff were recruited safely, completing checks to minimise the risk of unsuitable staff being employed. Staff completed an application form giving a full work history, references were obtained, identity checks and Disclosure and Baring Service (DBS) background check. DBS checks help employers to make safer

recruitment decisions.

Using medicines safely

- People were supported to take ownership of their medicines maintaining independence and control. One person had chosen and was enabled to self-medicate; they had a locked medicine cabinet within their bedroom. Risks had been minimised to promote the person's safety such as, a reduced amount of stock kept in the cabinet.
- Best practice guidance was followed in relation to medicines management. For example, following a recent change in legislation all medicines were administered from the original packaging. Staff had been trained with their competency regularly assessed by the management team.
- The provider employed dedicated medicine assistants whose role was to solely administer people's medicines throughout the day. Checks and audits were regularly completed to identify any errors or concerns, immediate action would be taken if any concerns were identified.

Preventing and controlling infection

- A team of house-keeping staff were employed to clean the service and reduce the risk of cross contamination. The service was clean and smelt fresh throughout. People told us their bedrooms were frequently cleaned and tidied.
- Staff had been trained and understood the importance of using protective equipment such as, gloves and aprons to reduce the spread of infection. Information about effective handwashing had been displayed within each bathroom.
- Monthly infection control audits were completed by the management team; the findings were shared with the house keeping team. Any shortfalls would be acted on and rectified immediately.

Learning lessons when things go wrong

- Changes were made following accidents to prevent the risk of reoccurrence. Accidents and incidents were investigated to identify potential patterns or trends, changes were then made to reduce the risk of reoccurrence. For example, Thai Chi and muscle strengthening classes were started to reduce the risk of falls.
- Each person had a review with the private occupational therapist, physiotherapist and registered manager monthly; regardless of whether they had fallen. Action was taken when themes were identified, using additional equipment aids such as, grab rails and a fixed raised toilet seat.

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 were encouraged and supported to complete their own initial assessment with their relatives and a member of the management team prior to them moving into the service. This was to ensure their needs and wishes could be met by the staff team.
- Particular attention was paid to social activities the person enjoyed and participated in within the local community that could be continued. An example of this was a person, who was no longer able to attend their weekly Bible class, due to a deterioration in their health. The registered manager liaised with the class, which was then moved into the service; the person was able to continue with this weekly activity.
- People's mobility was assessed by the private occupational therapist (OT) and physiotherapist on admission to the service. Referrals to external healthcare professionals were promptly made when any initial needs were identified during the assessment. For example, referrals to the dietician or the speech and language therapist.
- People's assessments included characteristics covered by the Equality Act (2010) such as religious and cultural needs, preferred name, sexual identity and any specific emotional support. These were listened to, acted on and respected by the staff team.

Staff support: induction, training, skills and experience

- Staff spoke positively about the training they received which enabled them to meet people's needs. One member of staff told us they had requested additional training to develop their skills further which was being booked; they said, "They do encourage staff to develop."
- The management team used a matrix to monitor and identify when staff were due any training or refresher training to meet people's needs. New staff would complete an induction which included time to get to know people, orientation around the service and working alongside experienced members of the team.
- Staff felt supported in their role by their line manager and the management team. Staff received continuous support and supervision from their line manager. Supervision meetings enabled staff to give and receive feedback about their role and discuss any training requirements. Annual appraisals were completed to discuss achievements during the previous year and set goals for the forthcoming year.

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

- Staff were committed to ensuring people's nutrition and hydration needs were exceeded. Staff followed best practice guidance including 'make every mouthful count' this ethos encouraged and enabled people to enjoy and make the most out of their dining experience.
- Lunchtime was observed to be an enjoyable social event where people met to speak with one another. People spoke highly of the food and the variety of choices. One person said, "Staff come around with the

menu so you can pick. The food is very well done" and "Food is good, menu is very good and varied." A relative said, "My aunt is quite fussy about her food, in that she likes freshly prepared food, not frozen, microwave meals and the excellent standard (I have tasted it myself) fill all her requirements. "

- People's views and suggestions about the food were continually sought and acted on. Monthly food forums were held to enable people to give their views. As a result of people's feedback changes were made to the menu. An example of this was an additional vegetarian choice was added daily, bacon baps and crumpets were available for tea time. People's specific dietary requirements were catered for. The kitchen team were aware of people's likes, dislikes and any aids that were used to increase independence.
- People's nutrition and hydration needs were assessed and transferred into the persons' care plan. Care staff and the kitchen team followed specific guidance to support people such as, a fortified diet, soft food or a pureed diet. Some people had chosen to use specific crockery with their meal which was respected. Some people had chosen to have their weight monitored and referrals were made promptly when any concerns were identified.

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

- The service was designed and decorated based on the needs and feedback of people living there. Two of the lounges were being refurbished during the inspection. The service was nicely decorated with signs on doors to indicate the toilet or bathroom.
- Since the last inspection the garden had been refurbished based on people's feedback. The entire garden was accessible to people and included raised flower beds, a seating area for people and bird feeders.

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

- People's health was promoted to achieve positive outcomes, promoting people's health and well-being. The provider employed a private OT and physio who visited the service weekly providing people with assessments and treatment plans to improve their mobility and reduce their risk of falls. People did not have to wait for treatment and support as this was available immediately. People told us their mobility had improved since attending the weekly falls clinic held within the service.
- People's oral health was assessed and looked after. Staff received training from the local dentist regarding the importance of maintaining oral health. A member of staff completed additional training and was the 'oral health champion', staff could speak with them if they required additional advice or guidance.
- Staff worked alongside and followed specific guidance from healthcare professionals to ensure people remained as healthy as possible. Care plans contained clear direction and guidance for staff to ensure people's specific health needs were met. People attended scheduled appointments and check-ups such as, visits from their GP, district nurses and specialist hospital appointments. Records were kept of all health care appointments, the outcomes and any actions that needed to be implemented to promote people's health.
- Staff told us about a person who wanted to be more mobile and to be able to go to the local shops again. Staff worked with the person and the OT. Goals were set which we saw were recorded in the person's care plan. With consistent support the person was now able to walk with minimal assistance and took regular trips to the local shops. The person told us, "I have improved, but also doing exercise more, it is improving my knees." The same person told us when they first arrived they were not able to stand up from sitting without support. The OT completed an assessment and a raise and recline chair was purchased by the provider which enabled the person to stand independently; the person said, "It was magic!"

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 said they were able to make everyday decisions about their lives and were supported to access the local community at any point. Comments from people included, "We can come and go, we just let them [staff] know" and "If you go out you are not restricted to when you go out or come back in."
- The registered manager was aware of the actions to take if people lacked mental capacity to make specific decisions; they understood any significant decisions would need to include the person, their relatives and healthcare professionals to make a 'best interest' decision.
- Staff understood the MCA and DoLS and confirmed they had received adequate training. Staff were observed asking people's consent prior to any task. Staff presented information to people in different ways to enable them to make a choice such as, visual prompts.

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 now 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

- People and relatives were very positive when speaking about the service and staff team. Comments from people included, "Don't think I can find a home to beat it, happy and willing to do whatever we want, no criticism at all", "Nice atmosphere, nice and comfortable, well looked after" and, "Staff are very nice, very friendly. Every day seems to be taken up with a variety of things. If it is something that is possible it gets done." A relative said, "The staff are, without exception, excellent. They are friendly, cheerful and kind. They know relatives and are approachable and helpful. Any questions are answered promptly and phones are answered immediately."
- Healthcare professionals spoke highly of the staff team and the support people received. Comments included, '[Name] is a proactive manager and is always looking to develop the service which is led by the resident's needs. The staff at The Grove are regular staff, which keeps consistency for the residents. Staff are caring, motivated and keen to improve resident's quality of life. They are always happy and willing to be involved in therapy sessions, assisting in running activities at the home and supervising individual exercise programmes. The home is welcoming and extremely supportive of our therapy involvement and input' and, 'The one thing that stands out about the Grove is that it always feels to me like it is 'home from home' rather than any form of institution.'
- We saw that staff worked well as a team and valued each other's contribution. There was a strong person-centred culture where staff were highly motivated and felt very valued by the management team. One member of staff said, "Very nice home to work in. The managers are very nice. The staff have been here for a long time. You do feel very supported. The garden is great and they do a lot of activities here." Staff were observed to be relaxed, approaching the management team throughout the inspection and knew people and their needs very well.

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

- People were supported to play an active role in their care and support. People were given numerous opportunities to express their views about the service and how they wanted their care needs met. People's choices were respected and actioned by the staff team. For example, specific detail relating to how they wanted their needs met. One person said, "Staff know me, help with dressing, they remember the little things like the little pad on my toe."
- Another person wanted to access the service independently. Staff worked with the OT and the person to move to a bedroom downstairs using a self-propelled wheelchair. The person was then able to move around the service independently as they had wanted. They said, "Once I've had my dinner it is easier for me to get around and I don't have to worry about the stair lift."

- People were encouraged to give their feedback, this was used for the continuous improvement and development of the service. Any suggestions were promptly actioned such as, a change in the washing powder to make the clothes softer, boiled egg sandwiches being available for people during the night and additional footstalls for people to elevate their feet.

Respecting and promoting people's privacy, dignity and independence

- Staff told us that helping people to keep and develop their skills was very important. People told us how staff encouraged them to do as much for themselves as possible and this helped their self-esteem, self-worth and confidence. One person told us, "Although I'm am here, they give me jobs, I deliver the mail within the home."
- Staff had provided people with equipment to help maintain their independence. One person told us, "I have my own equipment to make my teas and coffees. It is really great as I like to have it when I like."
- People told us and we saw for ourselves that staff were respectful of people's privacy and dignity. One person said, "They encourage me to wash myself. I can wash the top half of my body. Staff respect my privacy as much as they can, they are very good."
- People's privacy played an integral role within the culture of the service. During our inspection a member of staff escorted the inspection team to introduce each person individually. People's views were listened to and acted on regarding whether they wanted to speak to the inspection team. Confidential information was stored securely and remained private.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- Activities had improved since the last inspection based on people's feedback. Additional activity coordinators had been employed to offer activities during the day, evening and at weekends. Activities within the service and out in the local community were based around people's likes and interests. One person said they were interested in floristry as a result, the provider introduced a weekly floristry course. The person said, "We have a little meeting, a residents' meeting where we can talk about what we would like to do. It's very diverse."
- Innovative ways were used to ensure people were able to continue with their interests. New weighed card holders and an automatic dice roller had been purchased to enable people with poor dexterity who wished to play cards the opportunity to take part and be involved.
- Cultural beliefs were respected and developed to promote people's equality. For example, one person told us they were supported to take part in Communion monthly. A weekly Bible class was held within the service for another person to enable them to continue practicing their faith, as they were not able to attend in the community due to a decline in health.
- People's relationships with their loved ones were promoted. Special occasions were celebrated with the involvement of people's loved ones. A relative said, "It was my Mum's birthday at the weekend and they accommodated 30 of our family to come and have a party to help her celebrate." People told us they enjoyed a Christmas party with their loved ones. One person said, "The Christmas meal was excellent, my relatives were invited."

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

- People were at the centre of their care and were partners in the delivery of how they wanted their needs met. People enjoyed living at the service and said they would recommend the service to others. One person said, "I'm very blessed to be here, very lucky." A relative said when speaking about the difference the service had made to their loved one, "His quality of life, health and happiness have all improved." Another relative said, "It is an excellent home, we would recommend it to anyone. In fact, I want to live here when I retire. It is not like a care home it is a hotel for older people."
- Private provision was made to complement the state funded provision for people to have their ears syringed. People spoke with the registered manager about the distress this was causing. As a result, the provider arranged for a nurse to come into the service and paid privately for people to have this treatment if needed. One person said, "Staff are very smart with picking up on things and getting the appropriate treatment."
- People were supported to continue with relationships with people that mattered. Each bedroom had a

WiFi connection which enabled people to use the service's iPad to make video calls to loved ones. People were given private undisturbed time with spouses, if they had chosen to. People were supported to retain and develop new friendships with people. One person said, "I attended the bereavement group at the hospice for two years. I go on holiday and day trips with people I met from the group." This had improved well-being and people's quality of life.

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 had information presented to them in a user-friendly way. People's communication needs were recorded in their care plans. One person said, "We get a lot of literature, menu printed, activities for the month which I then tick off the one I want to join." Pictorial information as well as written text was displayed around the service. For example, the complaints procedure, protection around abuse and the activities that were on offer.
- Staff worked with one person to develop flash cards that were used to enable the person to communicate their needs. Staff would use the flash cards to identify what the person wanted as they would put their thumb up to the correct one.
- Another person had been referred to the 'Kent Association for the Blind' for additional support. The person was being assessed during our inspection. Aids had been used to increase the person's independence such as, different coloured grab rails, toilet surround and audio books. The assessment was to look at different devices that were available such as, lighting aids.

Improving care quality in response to complaints or concerns

- Complaints were welcomed and seen as a positive way to continuously improve the quality of care people received. People told us their views and feedback were listened to and acted on. One person said, "They (staff) are always willing to listen if you have a complaint."
- A suggestions book was used and people were provided with numerous opportunities to provide feedback, raise concerns or make suggestions. A residents' meeting was held quarterly, as the frequency had been chosen by the residents. The meeting discussed what had been happening in the service, staffing changes and activities. Because of people's suggestions visits from the local PAT dog had started again and takeaways from the local fish and chip shop had been sourced.
- Thorough investigations had taken place when a complaint had been made, the outcome had been shared with people and changes were made as a result. For example, a friend complained that information was not disclosed to them over the telephone. The registered manager wrote to the complainant to apologise and explain why information was not given over the telephone.

End of life care and support

- People were provided with person-centred care at the end of their lives. People and their relatives were supported to record their wishes and these were respected by staff. The deputy manager was skilled in this role following the completion of a formal qualification in palliative care. Advance care plans were detailed to ensure people's wishes were respected and recorded.
- A relative's bedroom was made available for friends and relatives that wanted to stay close to their loved one at the end of their life.
- People were supported to practice their religious beliefs whilst receiving care at the end of their life. An example of this was a priest visiting the service to give a person their last rights, as they had requested.

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 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, relatives and staff spoke highly of the management team who had been in post for over 15 years. One person said, "It is nothing like I thought it would be, it is so well run, so organised just a very pleasant place to be." A member of staff said, "There is an open-door policy and the management team are very approachable. It is a very nice home to work in, you do feel very supported."
- Health care professionals commented the service was managed by a consistent staff team that were person-centred and professional. A GP wrote, "The home appears to be very well managed and well led and I have had no problems. In summary this is a very well-led home where the staff are knowledgeable about their patients and appear to care for them to a very high standard."

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 understood their responsibility in line with the duty of candour. There was a policy and procedure in place that was followed if something went wrong; this was to ensure all parties were open and honest.
- Records showed a duty of candour meeting took place following an incident. A full investigation had taken place to identify where things had gone wrong and actions had been implemented to prevent a reoccurrence.

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

- Staff were motivated and committed to providing people with a high-quality service. Many staff had worked at the service for several years and knew people, and their relatives very well. All staff were given a job description and contract at the start of their employment. Staff were given the opportunity to discuss their role with their line manager during supervision and team meetings.
- Systems were in place to monitor the quality of the service people received. A range of audits were completed by the management team including an entire documentation audit and falls analysis. These audits generated action plans which were completed and monitored by the management team. Any actions were acted on quickly such as, purchasing additional equipment to aid a person's mobility.
- The provider completed a quarterly audit that included observing care delivery in the communal areas and speaking with people, staff and visitors to seek their views.
- The registered manager had submitted notifications to the CQC in line with their regulatory responsibility.

Notifications are information we receive from the service when significant events happen, such as a serious injury or allegations of abuse.

- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The previous rating and report was conspicuously displayed in the service and available to people and their relatives.

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

- People, relatives and staff were involved in the development and review of the service. Feedback was continuously sought through regular questionnaires, forums and review meetings. Any actions or suggestions were acted on immediately such as, the redecoration of the two lounges.
- The management team promoted an open culture where staff were able to make suggestions for improvements or raise any concerns they had. Regular team meetings were held which enabled staff to be updated with any changes to their role or people they were supporting. Staff were encouraged to develop in their role and enhance their skills and knowledge. An example of this was the introduction of 'champion' roles for staff that had an interest in that area such as, oral care, diabetes and sensory awareness.

Working in partnership with others

- The registered manager and staff worked in conjunction with external health professionals to provide people with 'joined-up' support. This included liaising with the local authority, health care professionals and commissioners who purchased some of the care people received.
- The service took part in a local authority's initiative that looked at the moving and handling of people living in care homes; with the aim to improve this across the County. This involved observing staff practice and reviewing documentation relating to supporting people to move.
- Staff had attended additional training with the continence team, this enabled them to complete the initial continence assessment with people. This meant people were able to receive a quicker service as the initial part of the assessment had already been completed by the staff team.