

Barchester Hellens Limited

Sutton Valence Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sutton Valence Care Home is a care home registered to support up to 73 people with nursing and care needs relating to their health conditions, frailty or people living with dementia across three separate wings. At the time of our inspection there were 63 people using the service.

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

People told us they felt safe and looked after at Sutton Valence Care Home. Feedback was positive with people telling us they "felt at home" and "treated as part of a family." Staff supported people to remain safe and were able to recognise signs of abuse. They knew how to raise, report and record any concerns they had about people living at the service. Concerns which had been raised were shared with local authority safeguarding teams and the registered manager had investigated these appropriately.

People were supported by trained staff who had been recruited safely. Staff were supervised regularly to ensure they were providing effective care and support. People's needs and risks associated with these, were regularly reviewed and updated. Actions had been taken where changes were identified.

People were complimentary about the food and drink provided. There was an experienced chef and kitchen team who were able to identify specialist dietary needs and cater for these.

The service was large and spacious, and people were able to move freely without restrictions. People were asked for consent by staff before care was completed and people's abilities to make decisions were assessed correctly in line with guidance. 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 and their relatives spoke highly of the staff's supportive nature and felt staff completed care in a dignified and caring way. People were involved in care planning and in the running of the service.

People had choice and control in how they wanted their support to be delivered. Staff involved family, professionals and advocates when necessary and feedback supported this.

The registered manager completed a range of checks and audits of the service to ensure any issues were identified quickly and actions were taken to put things right. Accidents and incidents were investigated fully, and any lessons learnt from these were shared with the wider staff teams to minimise the risk of reoccurrence.

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 the service under the previous provider was good, published on 19 February 2019.

Why we inspected

We completed a comprehensive inspection as the provider for this service has changed.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Sutton Valence Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors for the first day, one inspector on the second day and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sutton Valence Care Home is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sutton Valence is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, deputy manager, administrator, clinical lead, nurses, the service's activity team and care and support workers. 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. We reviewed a range of records including six people's care plans, training records and a variety of records relating to the management 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 our last inspection under the previous provider we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding training and staff we spoke with were able to demonstrate how they recognised signs of abuse and poor practice. Staff told us they were able to raise any concerns to the management team and were confident actions would be taken.
- All people we spoke with told us they felt safe and looked after by the staff. One relative we spoke with told us, "Absolutely [relative] is safe. They look after them so well. They are always there to help them, and their room is very secure."
- We reviewed records of safeguarding alerts raised by the management team on behalf of people who lived at the service. All had been reported to the local authority safeguarding teams appropriately and full investigations had been completed to identify potential causes for concern and contained actions taken to keep people safe.
- Daily meetings at 10am were held between heads of departments to discuss any emerging risks or concerns which had been identified for people they were supporting. Things to do and concentrate on were communicated to staff to ensure people were protected from any risk of harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Assessments had been completed to identify risks associated with delivering people's care. Where risks had been identified, plans were in place to manage and minimise the risk of occurrence.
- Guidance was in place for staff in people's care records for their individual health needs. For example, we saw instructions and guidance from external healthcare professionals to manage a person's PEG feed safely. A PEG feed is a flexible feeding tube placed through the abdominal wall into the stomach. This allows nutrition and fluids to be put directly into the stomach bypassing the mouth and oesophagus. Guidance was in place for recognising signs of pressure ulcers developing on people's skin with instructions of what staff needed to do if this occurred.
- Risk assessments were reviewed regularly and updated when risks to people had changed.
- Accidents and incidents which had occurred had been reported by staff and correctly recorded. The registered and deputy manager countersigned these reports to acknowledge the incident and then recorded these on the provider's clinical governance system so that senior managers can review as necessary.
- The provider's policy in relation to accidents, such as falls, for example, if a person had fallen three or more times in a short period, a root cause analysis was completed. This was to determine causes and actions to take to reduce the risk of reoccurrence. We reviewed these on inspection and records had been appropriately completed. Actions were communicated to staff by the management team in staff meetings.

Staffing and recruitment

- There were enough staff to keep people safe and meet their individual needs. The registered manager used a recognised dependency tool to determine staffing levels required. We reviewed these during our inspection and the staffing levels remained in line with people's assessed care needs.
- Staff had been recruited in a safe way. Applicants had been asked relevant questions at interview stage and appropriate checks were made of an applicant's work references, full employment history, relevant qualifications and of the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager implemented a 'Whole Home Approach' where sickness and absences were covered within the existing staff team. The registered manager informed us Sutton Valence Care Home has not required the assistance of an agency for staffing for over 10 years. Staff confirmed this, telling us, "We like to cover and support each other. It's the best thing for our [people] to have regular consistent staff that they know."

Using medicines safely

- People were supported to receive their prescribed medicines on time and in a safe way.
- Medicines were administered by registered nurses on each unit. They were given protected time when completing the medicines rounds which meant they were able to concentrate on this task and ensure people were receiving safe support.
- People's level of support required with their medicines were individually assessed and this was reviewed regularly.
- Medicines were stored safely in the locked clinical room and each unit had a designated trolley for administration. Stocks were checked regularly to ensure levels of medicines were correct.
- 'As and when' medicines such as pain relief were given appropriately, and guidance for staff was in place. Records such as topical creams charts, body maps, medicine administration charts were reviewed during inspection and were accurately completed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Sutton Valence Care Home was able to facilitate visits to people from loved ones or healthcare professionals. Visitors were asked to wear masks and negative lateral flow tests were required.

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 our last inspection, under the previous provider, we rated this key question good. At this inspection the rating for this key question has remained 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

- Initial assessments of people's needs before they started to use the service were in place and were completed by the registered or deputy manager to ensure the service could meet the person's needs before they made the decision to move in.
- When people moved into the service, they completed a likes and dislikes form which was then shared with the care, activity and kitchen teams. This helped identify people's choices in the way they wish to be supported.
- Each person living at Sutton Valence Care Home were named 'Resident of the Day' once per month. This included a full care plan review and they were visited by the care, activity and kitchen teams to ensure information contained was accurate and reflected the persons choices.
- Nurses on each unit amended care records when changes in people's needs were identified, ensuring staff had the most up to date information to support people effectively.

Staff support: induction, training, skills and experience

- Staff told us they were supported by the management team and had the right skills to provide good care to people. One member of staff told us, "I can raise concerns and feel listened to if there are any problems. [Registered manager] is one of the best managers I have worked for. Even if they are busy doing emails or on the phone, they will stop what they are doing and listen." and, "If I struggle to remember something or ask for help, I have always got it."
- Staff completed a comprehensive training programme and had yearly refreshers in these. Staff completed a full company induction when starting with the service. The induction was formed around the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Training records for staff were reviewed and they evidenced staff were up to date with their mandatory training.
- Staff were supervised by their senior every eight to 12 weeks and also had an appraisal once per year. This was an opportunity to raise concerns and discuss ambitions or aims to develop within the service.

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

- People were supported to eat and drink well with some telling us, "I am looked after well; the food is splendid." And, "There is always plenty of food and you always get asked if you have had enough and you can have some more if you would like some."

- The head chef was able to talk us through who they cooked for, who required a special diet, who had allergies and demonstrated they knew people very well. People spoke very highly about the kitchen team, "[Chef] has helped me enjoy my food again. My diet may be limited with what I can eat but [chef] is always up for a challenge to find other things for me to try."
- We observed positive interactions between staff and people at lunchtime. One person did not wish for any food from the menu, but staff interacted with them positively and gave other options, such as sandwiches; which they chose. Staff took time to explain options on the menu to people in the dining room and allowed them time to decide for themselves. One person became slightly agitated in the dining room, staff reassured them by softly putting their hand on their back and then sat with them for a while to make sure they were ok. Staff filled up people's flasks for them to take back to their room.
- Food and fluid intake charts were kept for people staff had concerns about. This information was then discussed at daily meetings and referrals made when required, to appropriate professionals such as Speech and Language Therapists (SaLT) or Dieticians to seek guidance and support with managing people's intake of food and fluids safely.

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

- Staff worked with healthcare professionals to ensure people remained as healthy as possible. Referrals were made when changes in need were identified and guidance for staff to act on was in place.
- One relative told us, "My [relative] came here from hospital as they were starting to get a bit frail and struggling to cope. Now they are always smart and seem content. I have never seen my [relative] look so healthy."
- The registered manager supported the local NHS acute hospitals to accept people who were ready for discharge. Sutton Valence provided support to these people whilst the NHS or Social Services completed further assessments. The staff were involved and worked with professionals on further meetings and discussions regarding plans for future care of people.
- Specialist healthcare professionals, such as dieticians, dentists, SALT, were involved in people's care plan development and staff supported professionals to visit people they were supporting.

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

- Sutton Valence Care Home is a large spacious purpose built 'care home' There was lots of space for people and the home was decorated in a neutral way. The registered manager informed us that the home was due for refurbishment. Unfortunately, this had been delayed due to the pandemic however, residents, relatives and staff were informed of the new dates and plans for the home.
- People were able to decorate their rooms according to their preferences, with pictures of loved ones or other personal belongings.
- There was a lift which people could use as required. We observed a number of people walking without restrictions going to and from their rooms. Staff were around and checked in with them to make sure they felt confident and safe.
- Communal areas, such as the dining room, were set up in a pleasant way with table cloths, menus etc and there was a large spacious conservatory which had lots of people using it during our inspection, there were lovely views and lots of space for people to enjoy.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were asked for consent before any care tasks were completed. A staff member we spoke with told us, "Before we start doing anything we ask if it is ok. If someone is unable to give consent due to [cognitive] problems we do care in their best interests. If someone refuses, we always go away and come back later to see if they have changed their minds."
- Mental capacity assessments (MCA) were completed for people. These had followed best practice and current guidelines. MCA's were decision specific, such as, can someone consent to bed rails being used, or do they consent to remaining at Sutton Valence Care Home. It was clear if a person was able to understand, retain, weigh up and communicate their decision. When someone was not able to do this, a best interest checklist was completed with all relevant relatives and healthcare professionals.
- DoLS records were reviewed. We found these applications were made in a person's best interest and staff had liaised with Best Interest Assessors and relatives to ensure that people's previous wishes were respected and taken into consideration.
- People who had legal representatives to advocate on their behalf, such as Lasting Power of Attorney for Health or finances, Staff engaged and consulted with them when required. One relative told us, "I have power of attorney, they regularly ring me and ask me things or inform me."

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 our last inspection, under the previous provider, we rated this key question good. At this inspection the rating for this key question has remained 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

- People and their relatives spoke highly of the staff who supported them. One person told us, "I am well looked after, the staff are so helpful, they support me and [I call them] my other family." And, "The staff look after me, they are very good."
- Staff knew people well. People's life histories, hobbies, preferences were recorded in their 'This is me' book which was kept in their bedrooms.
- There was a relaxed and homely feel at the home during our inspection. We observed staff engaging with people in a friendly way whilst remaining professional, such as using slow touches to show they cared, friendly laughter or getting down to people's eye level to talk to them. One relative told us, "Staff are very friendly and welcoming when you visit. They all know your name and make you feel so welcome like one of the family."
- People's religious and cultural needs were met. The activity team we spoke with said they have changed music arrangements to be more contemporary as people had asked and they are in the process of arranging more culturally diverse music, such as Bollywood.

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

- The registered manager had an 'open door' policy meaning people living at the service could speak to them at any time.
- Staff told us, "We always get to know people's likes and dislikes as soon as they first arrive to the service, so we have it right from day one. This is always from the person themselves."
- People and their relatives were involved in developing and reviewing their care plans. One relative told us, "Any decisions that have to be made they ring me and talk through them. They explain why they are suggesting change."
- People and their relatives were invited to meetings every month. Although the attendance wasn't always reflective of the numbers of people living in the service, minutes of these meetings were forwarded to all that could not attend. A relative we spoke with told us, "They have a residents' meeting and a family meeting, and they ask for our opinions. If there is anything, we want to discuss' they sit and listen and try to get it sorted. It's a place to raise any issues. Anything can come up and be talked about, then dealt with."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain independent and were free to do as much for themselves as they felt able to.
- Staff understood and respected people's privacy and dignity, ensuring doors and curtains were closed

when assisting with personal care and we observed staff discreetly helping and giving prompts to use the toilet.

- A relative told us, "[Loved one] likes their independence and staff support that. They have helped their mobility. Sometimes they wander off as they want but staff always keep a watchful eye."

Is the service responsive?

Our findings

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

At our last inspection under the previous provider we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

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

- People told us they received care which was responsive to their needs. All people who were able to, had been involved in their care plan, completed a likes and dislikes form for the kitchen and activity teams to refer to. This was reviewed every month to ensure information was accurate and up to date. People who could not contribute to this assessment had their relatives involved on their behalf.
- Relatives of people living at the service told us, "Any decisions or changes are talked through with me. If these have to be made, they discuss them with me and ask me what I think."
- Care plans were person centred and identified people's individual needs. They contained information on the support people required, their life histories and likes and dislikes which helped inform staff of how people wanted their needs to be met.
- One person told us, "My choices are always respected. I don't like to go to bed too early. So, they don't ask me to. Staff don't ever suggest I go to bed to make it easier for them. I prefer the care of female staff, if there is a male worker on the unit, they will always find a female from another unit to support me."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans we reviewed had detailed communicational needs highlighted, this helped staff identify effective ways to communicate.
- Staff worked with Speech and Language Therapists (SaLT) to identify alternative ways to communicate with people who do not use verbal communication as their primary communication method. There was evidence of staff communicating with a person via a communication book. This contained pictures of various care tasks and yes or no answers for the person to indicate to.
- Staff had updated people's care plans when there had been changes to the way someone communicates. This enabled staff to know how to communicate with those people in a more positive way. For example, someone had developed problems with their speech, but staff had identified if they used closed questions such as, "Would you like to get up, would you like to wear this?" The person could make their preferences known.
- Care plans highlighted when people's first language was not English and staff worked closely with family to discuss the best ways to ensure the person's wishes could be understood.

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

- The activity teams were present in the home seven days a week and organised a wide range of things for people to do. The activity teams were very passionate and cared about making sure people did things that were relevant to them. One told us, "We don't want to just do bingo or sing songs from the 60s. We want different things for our people to do and get involved in. Things they enjoy and ask for like puzzles, quizzes, painting etc."
- The activity team had noticed there was a period of the afternoon where people started to become distressed and anxious due to their cognitive impairments. The team have started to change their working hours to enable them to start and finish later, so they are there to provide reassurance to people during these times.
- The activity team were fully trained in using the services minibus. The team started with small groups on 'test runs' to the community to ensure people could manage the trip. An activity team member told us, "As people have not been out for so long (due to COVID-19 pandemic), we wanted to make sure people were able to tolerate the journeys. We did little trial trips to make sure they were ok. The trials went perfectly." We saw evidence of trips which had taken place to the local bluebells and wooded areas, garden centres and there were future plans for trips to pubs, restaurants and local churches.
- One person who lived at the service told us, "The activities coordinator found out it was nature photography day and knew I liked to take pictures. They asked if I would present my photos to the other people who lived here. I did a presentation and it was really well received."
- When people were unable to join activities with other people, the activities team ensured they received 1:1 visits in their room. One relative told us, "[Relative] can't take part in activities but the activities coordinator goes to their room, members of staff also go to their room [to make sure they see someone]."

Improving care quality in response to complaints or concerns

- People we spoke with and their loved ones knew how to make a complaint and who to raise concerns to, but had not felt the need to. People were encouraged to speak with their unit lead, the deputy or registered manager if they were not happy about their care and support.
- There were no open complaints, but the management team welcomed feedback via different channels such as on the providers website, on Carehome.co.uk and to them directly. These had been answered in line with the provider's policy.
- The registered manager had a proactive response to complaints. When concerns had been raised these were fed back to the staff teams to discuss and action.
- The service had a 'you said we did' feedback process which let people know that their comments, concerns or suggestions were listened to and what had been done about them.

End of life care and support

- The service was providing people with end of life support at the time of inspection.
- Staff we spoke with understood what was required to provide dignified and caring support to someone at the end of their life. Staff told us, "We always maintain someone's dignity. We try to ensure they are pain free and comfortable. We do what they need us to. I hold their hand if they need me to and one person even asked me to sing so I did that too."
- Staff completed end of life training via the services online training forums. People's care plans detailed what their wishes were at the end of their life, what family or friends to contact, details of religious practices they followed and also funeral arrangements.

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 our last inspection under the previous provider we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We observed a very positive culture at the service during our inspection. One person told us, "Staff treat me so well. They remember that I'm a human being, I'm an individual and this means a lot to me. I have visited other place to potentially live but nowhere feels the way it does here so I'm staying."
- A relative told us, "They get to know the friends and family, always make you welcome, you can have dinner if you want to. Meals and a cup of tea are on offer."
- Staff told us they felt supported by the registered manager and the deputy manager. Staff were supervised and were openly encouraged to raise any concerns or issues. One member of staff told us, "If I had to raise concerns I would go to [registered manager] or [deputy manager], they are so visible. Although its early days for me [as I have not been there long] I really like going to work and have even picked up more shifts because I enjoy it so much."

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

- The registered manager and the deputy manager had a clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider and manager should follow when things go wrong and to be open and transparent.
- The registered manager kept detailed records of accidents and incidents that had occurred. The service had raised safeguarding alerts themselves to ensure they were open and transparent.

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

- The provider had detailed systems of governance and the registered manager and deputy manager had daily oversight of this. Audits and checks of the service were in place and regularly completed.
- The registered manager and the deputy manager completed unannounced out of hours visits to the service during the night and at the weekends to ensure it was running well when the management team were not present.
- Staff we spoke with knew understood their roles. We observed staff from different teams working together to ensure people were supported and cared for when they needed it and in the way they wanted. This ensured that people were at the centre of what they were doing.
- Providers are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguard authorisation and deaths. The registered manager was aware of their

responsibilities and had notified CQC about all important events that had occurred. The registered manager had met all of the providers regulatory requirements.

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

- People told us their opinion mattered and they were encouraged to provide feedback and suggestions on changes they wanted to make.
- The activity team produced a quarterly newsletter which was sent to people and their loved ones to keep them updated with what had happened in the service. It included what activities were planned, what had taken place and included personal updates about people's achievements, and had photos so relatives could see what had happened.
- Social media was used to communicate with relatives, loved ones and members of the public. This was updated frequently with good news stories and events which had taken place such as celebrations for the Queen's platinum Jubilee and live music nights.
- The registered manager held a range of meetings to ensure any concerns were listened to and provided important information about the service. Separate meetings were held each month with people, their relatives and staff.
- People told us they had opportunities to be involved in the day to day running of the home. They were able to support with laying tables for lunch time, taking sessions in the activity programme and participating in odd jobs. One person told us, "When I help with odd jobs around the home this is another reason why this feels like my home. A big family and friends."
- On the day of inspection, we observed a banner on the front of the service inviting members of the public and the local community to visit the service and meet the registered manager in July 2022.

Working in partnership with others; Continuous learning and improving care

- Staff worked well with people, their relatives and professionals to ensure people were supported safely and in the way they wanted.
- Records showed people were supported to access services in the community including GPs, community nursing teams, specialist professionals and other relevant services to promote people's health and wellbeing when required.
- The registered manager and deputy manager kept up to date with the latest training, guidance and best practice policies that were required.