

MMCG (2) Limited

River View Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Insufficient evidence to rate

Is the service responsive?

Insufficient evidence to rate

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

River View Care Centre is a residential care home providing personal and nursing care to a maximum of 137 people. At the time of the inspection the service was supporting a total of 70 people.

The service provides facilities over three floors, and six units. Five of the units had recently undergone immense refurbishment. The units had been redecorated to meet the needs of people. For example, one unit had been specifically renovated to successfully support people living with dementia remain independent and able to access their room and communal areas freely. Each bedroom was individualised with en-suite facilities. An enclosed garden to the rear of the property was accessible from the ground floor. Relatives of people used this to visit their loved ones within the home.

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

The service had ensured people were kept as safe as possible by identifying, assessing and reviewing risks. Care plans were kept up to date, with actions identified on how to mitigate risk to people.

Medicines were safely managed and audited. Staff trained and assessed as competent administered medicines only.

Recruitment checks were completed for all staff employed at the service, to ensure they were safe to support and care for people. These were regularly audited to ensure compliance with the regulations.

The service had comprehensive infection and control plans in place to help ensure the service managed the pandemic. We saw robust policies and procedures in place. We spoke with the registered manager to ensure all actions were attainable. Where required amendments were made to ensure compliance with the provider's internal policy. The service was very clean and free of malodour.

People were supported to eat and drink safely. Where required they had their food and fluid safely monitored. Records indicated staff closely maintained an overview of the nutrition and hydration checks. Where appropriate support from external professionals was sought within a timely manner.

Staff had a comprehensive understanding of the MCA. People were encouraged to make choices and retain as much control as possible over their lives and care.

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 supported by a staff team that in turn was well supported by the registered manager and

provider. Staff were compliant with all identified training, and had effective strategies of support with one to one chats and supervisions, team meetings and daily handovers.

The service had undergone extensive adaptations to the environment. These reflected and met the needs of people living at River View Care Centre.

The registered manager worked proactively to ensure an open door, transparent and inclusive method of working was attained at the service. This included staff, external professionals, people and relatives.

Feedback was sought and actioned to ensure care and practice was reflective of meeting the needs of people. People, professionals, relatives and staff were extremely complimentary of the registered manager and staff team.

The service was extensively audited. This meant the registered manager had retained a complete overview of the practice, safety and effectiveness of how the care home operated.

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 05 September 2019) and there were multiple breaches of regulation. The provider completed monthly action plans 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 12 (safe care and treatment), 14 (meeting nutritional and hydrational needs), 17 (good governance) and 19 (fit and proper persons employed). We did not focus on the domains of caring and responsive, however we found there to be sufficient improvement within regulation 9 (person centred care) and 10 (dignity and respect) for the service to no longer remain in breach. As the KLOEs related to these domains were not inspected against, we are unable to comment on the entire domains.

This service has been in Special Measures since the September 2018 inspection. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

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 coronavirus and other infection outbreaks effectively.

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?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at one element during the inspection.

Insufficient evidence to rate

Is the service responsive?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at one element during the inspection.

Insufficient evidence to rate

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

River View Care Centre

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. Due to the Covid-19 pandemic this inspection focused on three domains only. We targeted and focused on the domains of safe, effective and well-led. These were crucial to ensure people received care in a safe and effective way.

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 completed by two inspectors and an assistant inspector. Site visits occurred on 28 and 29 September 2020, with the desk-based inspection being completed there after.

Service and service type

River View Care Centre 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

We gave the service 48 hours' notice of the inspection. This was because we wanted to ensure the service was able to accommodate our visit, amidst the Covid-19 pandemic. We provided the registered manager with a list of documents we would be seeking to look at during the inspection. Any information that could be provided electronically for review was to be sent.

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 two people who used the service about their experience of the care provided very briefly during the inspection. We spoke with five members of staff including the area director, registered manager, clinical manager, maintenance and the hospitality lead.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We worked through additional care files, risk assessments, audits and sought written feedback from relatives and staff. We received responses from two relatives and seven staff.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had their risks appropriately measured and mitigated to enable them to remain safe. We found that all new admissions had choking risk assessments completed. Where a concern was identified, measures were implemented to mitigate the risk. For example, the consistency of food was looked at, referrals were made to relevant health professionals; posture when eating was considered, and the need for staff presence written into the care plans.
- People who were at risk of skin breakdown had documented measures in place for staff to follow. This included specifics of repositioning with frequency, details on hydration requirements, and reports to monitor equipment and the safety of this to support the person. Records indicated that staff were ensuring all people were provided with sufficient fluids and repositioned as required.
- The service ensured people who were unable to use their call bells were kept safe by completing two hourly observations, in addition to all other interactions and engagements. For example, in addition to support with personal care, repositioning, activities, meals, medication, routine walks in the corridor, staff would attend each person individually to ensure they were okay.
- Comprehensive assessments were in place for all incidents where a potential risk was identified that could affect the person remaining safe. These were regularly reviewed and amended as required.
- Audits showed that all risks pertaining to the environment were assessed and measures taken to safeguard people. For example, personal evacuation plans were in place, as well as checks completed to ensure equipment was safe to use.

Staffing and recruitment

At our last inspection the provider had failed to operate effective recruitment procedures in line with the fundamental standards. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- We found that the provider had completed a comprehensive document that illustrated in line with the regulations, all checks that were required for staff to have completed, prior to commencing employment.
- Evidence to support decisions of employment were made available to the team during the inspection. This included copies of health declarations, disclosure and barring checks, full employment history, character checks and verification of ID.
- Sufficient staff were deployed to each unit to keep people safe, and to support with tasks. This point was

reiterated by staff who reported, "There are always enough staff. It doesn't matter whether the unit is full or not, the staffing numbers are kept to the maximum."

- A dependency tool was used by the service to ensure enough staff were employed and further deployed depending on peoples' needs. The rotas illustrated that the staffing numbers were above those calculated through the dependency tool.

Systems and processes to safeguard people from the risk of abuse

- All staff had undertaken training in safeguarding people. They were able to correctly identify types of abuse and list the processes they would complete to keep people safe.
- Staff reported they would not "hesitate to report abuse". The provider reinforced the importance of whistleblowing, where staff felt concerns had not been managed safely. Staff reported, "Our priority is to keep people safe, I would whistle-blow if I need to".
- Professionals told us advised the service proactively raised concerns. Notifications received by the Commission further illustrated an effective approach that ensured systems were in place to safeguard people from the risk of abuse.

Using medicines safely

- People were provided their medicines in a safe way. Staff trained and assessed as competent administered medicines only. These were predominantly nurses on shift.
- Medicines were stored safely and at the correct temperature. We noted during the inspection that for one fridge temperature records during the evening were notably low. This was raised with the registered manager and determined quickly that this was an issue related to staff methodology of writing, rather than an actual error with the fridge. The registered manager reassured us that she would speak with staff completing the daily checks, to rectify this.
- People who required specialist medicines at specific times, and in conjunction with other medicines, had comprehensive care plans in place. These advised staff on when and how these medicines needed to be administered. Information was also provided on any possible side effects the person may experience and the action to take if these occurred.
- Where people were on 'as required medicines' (PRN), protocols were in place to ensure staff only administered the medicines as and when needed.
- Relatives we spoke with reported they were confident that staff safely administered medicines.
- Medication audits were comprehensive and detailed as and when any errors were noted; actions were assigned to show how these errors would be mitigated. Where required evidence was provided on how this was followed through.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. The service used a thermal temperature reading electronic device that was located in the entrance, that noted all visitors and staff temperatures upon entry. If a face mask was not worn, the device alerted the person to don the mask.
- Family visits were encouraged at a specific pre-arranged time. All visits took place in the garden, unless a person was on end of life care, whereby provisions were made to allow the person to see their family and have them present at this stage in their life and care in their room.
- We were assured that the provider was meeting shielding and social distancing rules. During the inspection we noted one person was Covid-19 positive. The person was appropriately being barrier nursed. The bedroom door was closed, and a sign placed on the door identifying the need for ensuring additional

PPE was worn. However, one person on the same unit, who was known to remove things from walls and doors, had removed the sign. Although this did not present an immediate risk, as no visitors could enter the area, we discussed this with the registered manager, as the policy and care plan identified the need for clear signage for staff. Bins to safely remove the PPE had been placed inside the room, and the donning of the additional PPE moved to a secure room for the same reason. However, the care plan had not been updated to illustrate this. This was immediately rectified, to accurately reflect how the person and others within the service were being safely supported.

- We were assured that the provider was admitting people safely to the service. All admissions from hospitals were tested for Covid-19. Irrespective of their results they were encouraged to be barrier nursed or remain in isolation.
- We were assured that the provider was using PPE effectively and safely. All staff during the course of the inspection were observed to be wearing PPE at all times. The service had hand sanitation made available at each door leading to and from units. In some units' multiple points of additional hand sanitation and stations were created to ensure and encourage people and staff to use as required.
- We were assured that the provider was accessing testing for people using the service and staff. Five people who were asymptomatic were determined to be Covid-19 positive as a result of accessing tests.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The cleaning schedule clearly identified how the service was being cleaned throughout the day. We observed the domestic staff perform duties. The service was extremely clean irrespective of the number of people present.
- 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.

Learning lessons when things go wrong

- The service retained comprehensive details on all accidents and incidents. This included an analysis of all information, including time, location and who was involved in the incident. A plan was drawn up to look at how a similar incident could be prevented.
- We saw evidence of all lessons learnt being discussed within team meetings and daily handovers.
- The service maintained a transparent methodology of working. The registered manager felt this enabled staff to learn from experience and look at their practice.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to sufficiently monitor or manage the risks associated with poor hydration and nutrition. This was a breach of regulation 14 (Meeting Nutritional and hydrational needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- All new admissions had a period of four weeks of monitoring that focused on their hydration and nutritional needs, irrespective of whether this was identified as an area of concern at assessment. This meant that the service could be assured they were providing adequate support to people who moved to the home.
- Best practice guidance was used to calculate each person's hydration target. Fluid intake was recorded throughout the day and checked by the nurse in charge daily, to determine if any concerns were noted in relation to this being met.
- Referrals were appropriately made to health professionals where concerns were noted.
- Where people required specific support with their nutrition, including specific diets, this was very clearly identified within care plans.
- We saw evidence of this being kept near serveries on each unit. Staff reported doubly checking food was provided in the correct consistency so to ensure people could safely and effectively be given nutrition.
- Food options were provided to support any religious or cultural preferences. Where a person decided not to eat the meals on the menu, the chef ensured an alternate was provided.
- Drinks and snacks were offered throughout the day and left within reach of people. Communal areas further contained small snacks that people could independently access.
- Monthly weight checks ensured staff retained an overview of any additional medical or health concerns that could reduce a person's weight. For example, the oral hygiene care plan contained information on how poor oral care may affect a person's ability to eat sufficiently. This in turn can impact their weight. By ensuring all care plans were cross referenced, the registered manager ensured all-encompassing care was provided to people.

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

At the last inspection we made a recommendation that the registered person review staff understanding of the MCA in relation to decisions and consent, ensuring where best interest decisions are made, these are appropriately documented. At this inspection we found the registered manager had ensured all best interest decisions were clearly identified and documented.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that the provider had clearly evidenced this.

- All staff had undertaken training in the MCA. When asked to describe the principles, staff were able to clearly define how these would work in practice at the service. The care plans supported this, with actions reminding staff to encourage people to make choice where possible.
- The service retained copies of lasting power of attorneys of health and welfare, which ensured only those appropriate were involved in details of how a person should be cared for.
- Best interest decisions were made where people did not have capacity to make certain decisions independently. A capacity assessment was also completed as part of this process.

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

At the last inspection we made a recommendation that the provider explore guidance and best practice on how to ensure the environment was supportive of people living with dementia. At this inspection we found the service had made significant improvement with five of the six units having been completely refurbished to meet the needs of people living there. The final unit had a comprehensive refurbishment plan in situ. During the inspection we observed maintenance of the environment.

- The service was very well presented.
- Each unit had a theme that was relevant to the people and the local environment.
- Information was presented to people in relation to the rooms in line with best practice guidance. This was for example, at the correct height, in an easy to read format, with additional use of images to support the information.
- Memory boards were placed outside all rooms. People living with dementia utilised these more than people who were independent and able to recognise their room.
- Lighting was soft and met guidance in relation to older people's environment. Flooring was relevant to people's needs.
- People were encouraged to bring personal items of décor to make the service and room their own. We saw evidence of how this had been effectively managed within the environment.
- Relatives stated, "the service is lovely," "they have completed a full refurb, it looks wonderful".
- The external premises were well kept. A quaint garden to the rear of the premises, housed soft garden furnishings, that were utilised by families visiting people during the pandemic.

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

- People's needs were assessed prior to the person's admission to the home. A comprehensive care plan was then subsequently developed, that enabled the person and their relatives (where appropriate) to be involved in how the person was cared for.
- Comprehensive risk assessments were drawn up to ensure the person retained as much independence as

possible, whilst remaining safe.

- Each element of the care plan focused on the person's need to illustrate their preference, on how they were to be supported. For example, how they wished to be addressed, who they wanted to be supported by, and when.
- Care plans were continually reviewed to ensure these were maintained up to date and therefore effective care was delivered.

Staff support: induction, training, skills and experience

- The provider's mandatory training for all staff was at 100% compliance. Additional training that was specific to each person's needs, was also fully compliant. The training matrix identified three months in advance when training was due to expire. This meant that measures were put into place to ensure staff were appropriately enrolled on refresher or relevant training courses to remain up to date in knowledge.
- The registered manager checked staff competency following the training. This was done during individual supervisions or within team meetings. The registered manager stated, "this allows me to check that staff understand what they have been taught".
- All staff reported feeling supported by the registered manager. We were told, "formal supervisions are at least once every other month. However, we can approach [registered manager] at any time... she is very supportive." Another staff reported, "we have group sessions that are also very useful".
- The registered manager had worked alongside staff during the pandemic, staff reported this "reassured them", and allowed them to "work as a team". All staff were highly complementary of the registered manager.
- We spoke with new staff in relation to the induction. We were told that this was comprehensive. Training, importance of policies and procedures and shadowing all formed part of the induction process. In addition, continuous monitoring by the management team at River View Care Centre, meant they were "highly supported".

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

- Professionals told us the service effectively sought support from external agencies as required.
- We saw clear evidence of health practitioners, for example, dietitians, speech and language therapists and rapid response teams being consulted with as required. Documents were maintained clearly identifying why the request was made and the outcome of this. Where care plans required being updated, the service ensured this was done within a timely manner.
- The service worked innovatively with external health providers to ensure people were enabled to receive effective care. For example, video consultations were encouraged with the doctor, where a visit was not feasible.
- Staff worked and reviewed medicines with health professionals to ensure people were able to remain healthy.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the breach within the domain.

At our last inspection the provider had failed to ensure people were treated with dignity and respect, and that people's privacy was maintained. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10. We found supporting evidence of people's privacy being maintained. Doors were closed, signage placed on doors, advising people not to be disturbed and curtains drawn. Feedback from relatives was positive, reporting that people were treated with dignity and respect. People looked well cared for and were encouraged and supported to engage in activities that brought them joy. They were spoken to respectfully and compassionately.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the breach within the domain.

At our last inspection the provider had failed to ensure care was person centred, and that records reflected how people wished to be supported. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. We found sufficient evidence that care was delivered in line with people's preferences and needs. Care plans and risk assessments were reflective of people's individual health, social and care needs. The registered manager had ensured documentation was provided in a format and language that could be understood by the person. For example, we saw that documents were offered in Polish and Gujrati to people who's first language was not English. Activities were tailored to support individual people. Feedback from professionals and relatives reiterated the individualistic support provided to people within the service.

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 inadequate. 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; Continuous learning and improving care

At our last inspection the provider had failed to have effective quality assurance systems that meant they could not always continuously learn, improve and innovate. The ineffective audits potentially put people at risk of potential harm, as methods to mitigate risk were not considered. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had introduced a significant number of audits to maintain a comprehensive overview of the service. We reviewed these and found them to be completed accurately, highlighting areas where fault was noted.
- For one audit type we found where issues were noted these were not always signed off to show they had been actioned. We raised this with the registered manager and the member of staff responsible for that specific audit. This was rectified immediately.
- Audits related to people included review of care plans, risk assessments, daily records and all records pertaining to people's health and welfare. In addition, audits related to the environment were completed. This included emergency lighting, fire risk assessments, equipment checks, medication audits, legionella checks, annual thermostatic valve servicing and checks, as well as a copy of all electric, elevator and gas checks. These all showed that these were current, and no actions were outstanding.
- The staff recruitment files were audited to ensure they were compliant with Schedule 3 of the Health and Social Care Act. This schedule defines all areas that need to be reviewed by a provider before staff are employed. Whilst concerns remained present at the inspection of May 2019, we found no concern with the audit at this inspection.
- The registered manager completed daily walk arounds of each unit, monthly night spot checks, daily handovers with each division lead, attended clinical meetings and staff meetings to ensure she retained a comprehensive overview of the service. She completed supervisions with the management team, and ensured her door was physically kept open so staff could approach her at any time.
- We found staff to be approachable, transparent and willing to answer any questions we may have during the inspection.
- The staff and management took pride in the changes they had made to the service and strove to continue their success. One member of staff reported, "Since [registered manager] started at Riverview the home has continuously improved in all aspects. At the same time, she involves all the staff in any opinion and take lead roles." Another staff reported and spoke highly of the registered manager stating, "My manager is professional, has effective management skills, supportive to staff and runs the home whole heartedly."

- The registered manager and management team at River View Care Centre, had taken time to work through all the issues highlighted at the previous inspections. We found sufficient evidence to illustrate that breaches were met, and concerns actioned.
- The registered manager pointed out, "Honesty is the most important thing, we can learn from this".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider acts upon their duty of candour

- Staff reported the service was open, person centred and focused on empowering staff to achieve positive outcomes for people. One member of staff reported that this was achieved through the manager's approach. "She would come to the floor to assist staff and put a smile on our faces during the time when we lost residents and were short staffed as staff members were self-isolating or ill." Another staff added, "My manager is very supportive and any issues she acts upon".
- Relatives reported that the service was "inclusive, open and transparent." We were told, "... we are kept up to date on how [relative] is doing. Nothing is too much for them."
- We observed staff speaking with people in a kind and compassionate way. They took time to determine what people wanted and how they could support. We observed activities being completed in people's rooms on a one to one basis, as well as in communal settings with a wider number of people.
- The service had clearly invested in achieving positive outcomes for people and were focused on developing this. For example, we saw evidence of people whose first language was not English being provided information in the language of their choice. This allowed people to not only receive information in a way that was personal to them, but also be involved in how the home was operating and be involved in how they were supported.
- The registered manager had a comprehensive understanding of the Duty of Candour. We saw evidence of letters that were sent to people and their relatives (where appropriate) identifying shortcomings and the outcome of any investigations. We did highlight that whilst these were often written on a template document, it was essential that information was accurately documented and reflected the specific issue being responding to.

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

- The service focused on the need to receive feedback to ensure practice improved and was reflective of how people wanted to be supported.
- A "you said, we did" board displayed in the entrance hall illustrated how the service had actioned the results of the annual surveys.
- Staff, people, relatives and professionals were asked to provide annual feedback on the service formally. A quality assurance survey was sent out requesting feedback. However, the registered manager encouraged all involved in the service to provide reflective feedback on a continuous basis.
- Residents meetings and family meetings took place to enable discussions regarding the home and its operations to be discussed openly. We saw evidence of this within files, although due to the recent pandemic these had been less frequent.
- Staff reported that supervisions, staff meetings, daily handovers focused on ways to improve the service for people.

Working in partnership with others

- The service worked very closely with external professionals and organisations, aiming to achieve the most effective outcomes for people.

- We saw evidence of conversations, consultations and meetings with health professionals, local authorities and safeguarding teams. These outlined what the purpose of the meetings were and how the outcomes were to be actioned.
- Professionals we spoke with reported the registered manager and staff worked very closely with all organisations. We were told the staff were receptive of new ideas of working with people and wanted to expand their knowledge.
- Relatives reported the service worked with professionals they identified were important for their person and worked to achieve a positive relationship with all professionals.