

Avery Homes Nuthall Limited

# Acer Court 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Acer Court is a residential care home providing personal and or nursing care to 73 people aged 65 and over at the time of the inspection. The service can support up to 78 people in one adapted building across three separate wings, each of which has separate adapted facilities. One wing specialises in providing care to people living with dementia.

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

Systems and processes were in place to ensure people were kept safe. Risks were monitored and managed with robust instructions to support staff to identify risk. Staffing levels were managed, but not always deployed appropriately. Consideration was given to ensure the right staff skill mix was in place. Medicines were managed in a safe way. People received their medicines as prescribed. Infection control was followed in line with legislation. Accidents and incidents were managed with corrective action taken and lessons learned.

We recommend the deployment of staff is regularly reviewed to ensure enough suitably qualified staff is available to meet people's needs.

People's needs were assessed, and this was reflected in their care plan. Staff were fully supported and received training that provided them with the skills to do their job. People were kept nourished and hydrated as meals and snacks were of a high standard. The provider had connections with the community and had a positive working relationship with other agencies and healthcare professionals. Individual needs around people's mobility and wellbeing was met. Acer Court had a lovely warm friendly and homely environment, which was calm and relaxing for people. There were clear systems and processes to support people to access healthcare services. The managements and staff understood the principles of the Mental Capacity Act 2005. They ensured best interest and decisions for people were met. People were supported to have maximum choice and control of their lives. 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 cared for by staff that demonstrated and promoted dignity and respect. People were supported to make decisions and staff respected their diverse needs. Where required people had access to information to help them have their voice heard by accessing an advocate or representatives to support them. People were encouraged to lead an independent lifestyle.

People received exceptional personalised care from staff who were knowledgeable and skilled to care for them. Visiting professionals felt staff focused on people's individual care needs. Staff and the management team worked with passion and dedication and went above and beyond to achieve excellent outcomes for people. The service was creative and innovative in supporting people to live well independently, by using technology to support this. People were encouraged to keep in touch with family and make friends. There was a welcoming committee run by people in the home that supported people to settle into the home without disruption. Staff and the management team were passionate and dedicated to achieving positive outcomes for people. There was an open and transparent culture when dealing with complaints. End of life

care was discussed with people and their wishes documented.

There was a clear positive culture throughout the staff team. People felt the home was well managed. We received overwhelming positive comments about the management of the service. The provider had good clear vision and values of how the service would run. Staff were passionate about providing high quality care. The service had received a number of awards for good practice in caring and employment. People and relative meetings were held regularly, and people could voice their opinions. There were good links with the local community that suits people preferences and choices. The registered manager was extremely proud of a process they had helped to develop and provide joined up care. Quality assurance was robust and a strong focus on continue learning. The registered manager and staff worked well with external healthcare professionals.

#### Why we inspected

This was a planned inspection based on the previous rating.

The last rating for this service was Good (published 23 June 2016).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Acer Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Acer Court 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 Care Act 2014.

#### Inspection team

The inspection was conducted by two inspectors and one 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 service.

#### Service and service type

Acer Court 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.

#### 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 sought feedback from the local authority and professionals who work with the service. We reviewed previous inspection reports, information received from other agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law. 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 took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We completed the inspection over two days. On the first day the inspection team consisted of two

inspectors and one expert by experience. On the second day the inspection team consisted of two inspectors.

We spoke with seven people and four relatives about their experience of the care provided. We spoke with three care staff, two senior care staff, one team leader, the cook, one house keeper, the registered manager, area manager and one visiting healthcare professional. We looked at the relevant parts of the care records of eight people who used the service. We also looked at six staff recruitment files and other records relating to the management of the home. This included audits, policies and incident records.

After the inspection-

We continued to seek clarification from the provider to validate evidence found after the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Systems were in place to ensure staff were employed to support people safely. Staff told us they had received relevant safety checks to ensure they were safe to work with people. This was clarified with staff files we looked at.
- People gave us mixed comments depending which floor of the home they were on. Some people felt there wasn't enough staff. One person said, "I don't have to wait long for staff they come to me often I think they have got enough." Another person said, "Possibly they do not have enough staff." Relatives commented that there could be more staff. One relative said, "Sometimes I think they could do with more staff, we visit my relative and sometimes there are occasions when we help because the staff are not there." Other professionals also felt there wasn't sufficient staff all the time.
- In one area of the home people with a high level of need were sat in the lounge and no staff were present, staff told us "Two staff are not enough on this floor, we have several people who need two staff to support them which means others are left, it's difficult sometimes." The registered manager also told us a high number of falls had taken place on the first floor where most people were living with dementia. However, these were appropriately reviewed and analysed daily. All required a referral to the Occupational Therapy and Dementia Outreach Team.
- Staff rotas identified there were between 4 to 6 staff on each floor. The registered manager told us staffing levels had increased in the past 18 months. Where shortfalls were identified through staff absence the registered manager deployed staff from other areas of the home. On occasions they used bank and agency staff depending on the circumstances. We asked the registered manager to review the staffing levels on the first floor, which they did.
- The management team used a dependency tool on 27 September 2019. They told us they were comfortable that the staffing level to dependency/need was well within the hours available. The management were also going to complete a piece of work involving observations throughout the day and speak to the staff group for their feedback and take action if needed.

We recommend the deployment of staff is regularly reviewed to ensure enough suitably qualified staff is available to meet people's needs.

### Systems and processes to safeguard people from the risk of abuse

- System and processes were in place to keep people safe from avoidable harm.
- People we spoke with told us they felt safe in the home. One person said, "I do feel safe. They [staff] make you feel wanted here they are lovely." Another person said, "As far as I know I feel safe, the staff look after me. They are always around." Relatives confirmed their family members felt safe living at the home.

- We saw safety measures were in place with secure access around the home and safety latches on the windows.
- Staff had received training in safeguarding people, and staff demonstrated they were aware of their responsibilities for keeping people safe.

#### Assessing risk, safety monitoring and management

- Risks associated with people's health was assessed. Risk assessments included what support people needed to move around safely, what equipment they required and how many staff they needed to support them.
- One person told us they were at risk of depression. The care plan told us the strategies in place to help support the person and instructions for staff to identify when their mood changed and what they should do to support the person.
- People at risk of falls were monitored and managed. The registered manager told us all falls were analysed daily through the electronic care planning system. They worked closely with the nurse practitioner and analysed all falls that had taken place monthly. They would then escalate to relevant professionals if needed.
- Risks associated with the safety of the environment and equipment were identified and managed.

#### Using medicines safely

- People received their medicines as prescribed and were given them by trained staff who ensured medicines were administered on time. No concerns were raised by people or their family about the administration of medicines. People confirmed the staff were responsible for giving them their medication.
- Electronic medicine systems were in place and organised, this helped to minimise errors. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. We saw that the staff responsible for administering medicines on each floor wore a tabard that said, "Do not disturb." This was to ensure they could concentrate on giving people their medicine correctly and safely. We saw the medicine trolley was locked when left unattended.
- Staff had received medicine training and they were competent to administer medicines to people.

#### Preventing and controlling infection

- The service followed policy and procedures related to infection control legislation.
- The environment was clean and tidy. Dedicated housekeeping staff followed cleaning schedules which ensured the home was clean and odour free.
- Personal Protective Equipment was well stocked in people's bedroom en-suites. One person was colour coordinated in their clothes and everyone looked very smartly dressed.
- Staff had completed infection control and food hygiene training. This ensured people were protected from risks associated with the spread of infection and unsafe food hygiene practice. The home had a five-star food hygiene rating. This told us they were following good food hygiene standards.

#### Learning lessons when things go wrong

- Changes had been made when concerns were identified. The registered manager analysed information for themes and trends. Corrective action was taken when incidents happened.
- The registered manager shared with us an example when a person's condition deteriorated. The person's condition deteriorated further, therefore further action was taken to enable the person's condition to improve. This showed us the service learnt lessons when things went wrong.



# 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 now 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's health needs and preferences had been assessed and planned for. People's needs were assessed by either the manager or team leaders before they came to live at Acer Court. This included people's physical, mental health and social needs. Care plans were then developed to reflect this.
- The provider was in the middle of changing from paper held documents to advanced electronic care planning systems to ensure people's needs were assessed and delivered in a more time effective manner.
- People were treated fairly, regardless of age, gender or disability and felt able to discuss their cultural and other needs freely with staff who were positive and proactive in supporting people equally.

Staff support: induction, training, skills and experience

- People thought staff had training and support to do their job.
- People were supported by staff who had received an effective induction. Staff confirmed they had received an induction when they started which included working alongside an experienced member of staff in addition to online and face to face training.
- Staff were encouraged to develop their role through further training. Regular supervisions with a senior staff gave an opportunity to discuss their work, training and development. One member of staff said, "I want to do advanced care course; the management were very supportive of this".
- Staff training was up to date and where required staff attended specialist training, such as, diabetes or skin care.

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

- People received the support they needed to have enough to eat and drink and to maintain a balanced and healthy diet. There was an ample supply of food, drinks and snacks and fresh produce available. Food was stored safely.
- People were satisfied with the food overall, although some reported that it could be improved and that this was a regular discussion at the resident's monthly meetings. One person said, "The food is very good I am happy with the choices we have 1 or 2 choices and they come to ask us what we would like." Another person said, "The food is reasonable they do a good roast potato and they have alternatives if you prefer something else." Staff were aware of the risks associated with people's diet, we spoke with the cook about the needs of people who had to follow a specific diet, or their health could be placed at risk.
- The cook was knowledgeable about people's needs. Where people were at risk of losing too much weight, their weight was monitored to enable staff to identify changes and take action. For example, refer to a dietitian. The Registered Manager reviewed weight loss on a daily/weekly basis to enable any loss is picked

up in timely manner.

- We observed a lunch time on all three floors. It was a social experience for people and people were not rushed, they were able to eat at their own pace. Support was available from staff where required. Specialist equipment was used, such as plate guards and special cutlery.
- Where required food and fluid intake was monitored to ensure nutrition, levels were maintained. Fluid charts were completed daily by care staff and reviewed regularly by team leaders.

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

- People had access to their GP and other healthcare agencies to help them lead healthier lives.
- People's day to day health was recorded in daily notes, records were discussed during handovers and reviewed to ensure that if people needed referral to other agencies these were made. One person had recently been referred to Occupational Therapist due to a change in need.
- Healthcare professional told us they had a positive working relationship with the service. They said staff had improved in making referrals and were proactive when noticing change.

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

- The service was purpose built and designed in a way that people could move around safely, whether independently or with the use of mobility aids. There was a range of communal areas available for people; alongside dining rooms.
- Bathrooms had specifically adapted equipment to support people using the facilities safely.
- The outdoor space was accessible and well maintained with outdoor seating and a bird aviary 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were aware of the principles of MCA and DoLS. Where people had restrictions in place DoLS were applied for; to ensure people's rights were protected. Where there were concerns with people's ability to make decisions for themselves, mental capacity assessments had been carried out, this ensured decisions were made in people's best interest.

# 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. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At our last inspection we found concerns with staff not treating people with dignity and respect. At this inspection we found improvements had been made.
- We observed staff treating people with dignity, when discussing people's care they did so discreetly to promote people's right to privacy. One person said, "They always knock on the door before they enter my room. They respect my culture and talk to me about it. They always respect me." People also said, staff are very caring in a very professional friendly manner. They are good and friendly but not overfamiliar. One person said, "The staff talk to you and they are careful with their words."
- When entering people's bedrooms, we observed staff knocking and waiting for a reply before entering. Staff said "I always knock and wait for a reply, privacy is very important to people."
- People's independence was encouraged and promoted, staff were observed to encourage people to use walking aids. Staff said, "it's important that people maintain some independence."
- People's care records were treated appropriately to ensure confidentiality and compliance with General data Protection Regulator (GDPR)

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind, caring and compassionate towards them. One person said, "They are kind to me I don't know about other people, but they are very kind to me and they call me by my favourite name." Another person said, "All the staff are very caring, they really do care." Relatives confirmed staff were kind and compassionate. One relative told us, "Oh [name] loves the staff and they love them too. They [relation] gets on well with all the staff and the volunteers and the trainee doctor that comes to visit. They [relation] have built up a relationship with them over time."
- We observed staff interacting with people in a calm, reassuring manner. When people needed support, it was provided in a timely positive manner, we saw one person who needed assistance to transfer from their wheelchair to armchair, staff supported with appropriate equipment offering reassurance throughout saying, "Your standing really well today, well-done."

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

- People were fully supported to make decisions about their care and treatment. People who used the service and their relatives were involved in discussions about their care. Staff encouraged people to make choices and people's choices were respected. We saw how staff supported and encouraged people with

choices such as their meals or where they wanted to sit.

- Peoples diverse needs were discussed with them when they first moved in Acer Court. Where people had expressed a chosen religion, this was recorded within care plans to ensure staff were aware. People were supported to attend church at the weekends.
- Care records contained guidance for staff in relation to interaction with people, staff had completed training around how to manage people's anxieties with music, 'Music for life/playlist for health'. (Playlist/music for Life is the UK's leading music and dementia charity). Staff said, "Some people who have dementia don't like to have their personal space invaded so when we deliver personal care we have a play list developed for the person, it really calms them and lifts their mood." We observed people using their play list to provoke memories and aid discussions about themselves.
- People had access to advocacy services if they needed guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

# 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 now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care

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

- People received exceptional personalised care. Staff knew residents well and could tell us about individual people's care and preferences.
- Care plans provided staff with guidance and information that enabled them to provide personalised care. Records contained details about people's social and medical history, likes and dislikes, life history, hobbies and interests. Staff were knowledgeable about people and their needs. Care plans were reviewed regularly to ensure care provided continued to meet need and preferences of people.
- Visiting professionals felt staff focused on people's individual care needs. They told us about a person who had a poor hospital discharge and how staff were proactive and followed up with the hospital to ensure the person got the relevant pain relief.
- Staff and the management team worked with passion and dedication and went above and beyond to achieve excellent outcomes for people. One person said, "I have lots of examples, when the staff have a little space or time they come in and have a quick game of cards or dominoes. If they are going to the fish shop they ask if I want anything brought back, even the cleaning staff they are all helpful with me. The staff are fantastic its more than functional, its compassion with all the staff."
- Staff made great effort to ensure people's dream came true. Where a person had said they had a passion for motor bikes. The service organised them to ride on the back of a motor bike, something they had not done in years. Pictures we saw showed us the person was in their element. The person commented they were 'very happy that this had happened.'
- The service supported a person who wanted to complete a memory walk. The person told us they attended a local gym every week and the outcome was remarkable. The service supported the person to do a charity walk and raise money for the community. The person told us they would not have been able to do the walk if they were not encouraged by staff to keep fit and healthy. The registered manager told us when the person first came to the home their mobility was poor, but with the staff support and the person's perseverance they had achieved the person's goal to complete the walk.
- The service also supported a person who was a keen gardener before coming into the home. We saw in the person's care plan discussions had taken place how the person missed growing things, such as, vegetables. The registered manager told us they had given the person a small potting shed, and the person had been making up potted plants throughout the year. There was a small area made available in the garden for vegetables to be planted. This instigated a gardening club and more people joined, which helped to build relationships with people in the home. Weekly meetings were arranged for the garden club. A review told us people were happy and the club had meant their time was more enjoyable.

## 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.

- Peoples communication needs were identified and included those relating to protected equality characteristics, such as dementia or sensory loss. Daily newspapers were delivered for the people who wanted them. The service provided people who wanted it a 'daily sparkle', this is a reminiscing newspaper full of articles, quizzes, old news stories, gossip, puzzles, singalongs and entertainment. This is an innovative way to help people and staff to start conversations, which in turn improves people's memory and confidence. The registered manager ensured people had access to the information they needed, and, in a format, they could understand, such as large print. Staff told us they spoke to people slowly and in a way that they would understand.
- The service was creative and innovative in supporting people to live well independently. The WIFI access was good around Acer Court and they had introduced an internet device which had proven entertaining and many people had these in their rooms. We observed people speaking to the device and asking specific questions to improve their knowledge and reduce their feeling of isolation. One person was listening to their play list on the device, which sparked memories of their life with their partner/relative. The person told us how the memories were invaluable to them. These playlists also help staff to write a person's life history. Staff would record and evaluate the information to identify how a certain song made the person feel. For example, the persons mood before and after the music. The music also encouraged conversations about the person's life.

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

- People reported that they could get out and visit friends and family and families took people out for the day. There was no restriction when family and friends could visit. One person told us they kept in touch with family and friends by skype and telephone whenever they wanted to contact them.
- People who lived at the service became part of the welcoming committee and supported people when they first came into the home. Checking on them to make sure they had all the support and information required to settle into the home without disruption.
- People told us there were plenty of activities from yoga to a visiting baby group and that they sometimes took part but not all residents wanted to be involved, which was their choice.
- People engaged in the community and friends and family were invited to be involved. We observed the baby group taking place during our visit. People from all floors attended. We saw people were happy to engage with the mothers and babies. One person said, "That baby has took a right shine to me she always gives me a smile, its lovely to see her." Another person told us they use to be a nursery teacher when they were working. They said, "Having the babies come to the home takes me back to that time. They [babies] are fascinating to watch."
- People told us the home had a choir that has been set up recently. One person said, "It's a rock and roll one and I love it we may get to go on the BBC." The person also told us they dress up as Santa Claus at Christmas for the homes Christmas party and also attended the local football club to watch their favourite team play. Another person said, "The activities person is fantastic they take the world on their shoulders and brings happiness to this place, the singing day is my favourite day. I do a different hobby everyday look I have a chart here to show you what we do. One relative told us their family member had a life story board. The relative said the life story board and memory box had helped the family engage with the person better.
- The provider had produced a 'supporting sexuality and intimate relationships leaflet', which explained how strong relationships can contribute to overall health and well-being. The leaflet provided information

and guidance on sexuality and intimate relationships for people in care homes. This meant there was information available for people who may require guidance in this area, but still wanted to keep it private.

#### Improving care quality in response to complaints or concerns

- Systems were in place to address any concerns raised. Records we viewed told us complaints and concerns were responded to in a timely manner. Learning took place to avoid any repetition.
- People we spoke with told us they had no reason to ever make a complaint but suggested they would voice them to the manager if they did. One person said, "I have no complaints they [staff] are worth their weight in gold they should get £20 per hour. I have discussed things but never complained." Information about how to raise a concern was detailed in the service information pack.
- Staff said that if someone wished to make a complaint they would listen in the first instance to see if they could assist and then refer to a senior member of staff.

#### End of life care and support

- End of life care planning had been discussed and planned with some people, however records for some were not complete, the team leader explained they needed to discuss again with people when their relative were around and notes had been made to this fact.
- Staff and management talked passionately about their role when a person was at the end of their life. One relative said, "When my family member passed away staff really looked after us, we could not fault them. When [relative] died they asked if they wanted the staff to dress them before they were taken away. The staff gave us lots of support and love and comfort. They are keeping an eye on my [other relative] as sometimes they get low. In fact, they have purchased a pet for in their room to keep them company."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a clear positive culture throughout the staff team. The registered manager was full of praise for their staff team and what they had achieved for people.
- People felt the home was well managed and they liked the registered manager, who was available and very approachable. We observed the interaction with the staff, registered manager and people. One person said, "The manager is wonderful she speaks to people all the time. When I need a hug, they are on hand to give one. This makes me feel needed and cared for." Another person said, "I get on well with the manager, the senior's staff and the deputy they are very good managers."
- We received overwhelming positive comments about the management of the service. Our own observations showed us that there was a clear person-centred vision that care was being delivered by a skilled management team, and their staff who were honest and open.

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 provider is required by law to notify CQC of reportable incidents. This enables the CQC to monitor the service and ensure they are following regulatory requirements. The provider was meeting their responsibility to report incidents to CQC. They had notified and discussed incidents with family where needed.
- The provider had good clear vision and values of how the service would run. This was demonstrated by the registered manager and their staff who were available and led by example.

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

- Staff were passionate about providing high quality care. They told us their focus was on the people they cared for and people being the heart of the service.
- The registered manager was knowledgeable about people who lived at the home and the service the home provided. They attended management forums to share best practice.
- Staff received regular supervision with a senior member of staff. Staff said they felt supported by the registered manager they said, "The manager will listen and act on any concerns, I have had an issue and she acted immediately to sort it out."



- Senior care staff had attended courses to support the district nurse and improve staff knowledge. Staff were to complete bed rail assessments, wound management and give insulin once trained. This told us the provider invested in people to ensure care was delivered in a timely way by appropriately trained staff.
- The service had received several awards for good practice in caring or employment. Care home awards recognising excellence in care homes 2018. Best care home group and Qube learning employer of 2019. (Qube learning is a leading training provider that specialises in Apprenticeships, Traineeships, short courses, e-learning and recruitment.)

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

- People and relative meetings were held regularly, and relatives said they had attended and were comfortable to raise issues and the management team were open to discussion. Missing clothes from the laundry had been an issue but the relative said "the staff responded immediately to my complaint, I was assured that was the item not found I would be reimbursed, but they did locate the missing item."
- People had been consulted about changes in menus. People voiced their views in resident meetings and changes were made. We saw copies of the discussions that had taken place. One person said, "I have been to them [meetings] they are useful we can comment on the food and I have told them what I think." Another person told us they go to the meetings and if there is something they don't want to share but is important they can talk to a member of staff. They said, "We can just stop them and ask them anything anytime."
- There were good links with the community that suites people preferences and choices. For example, the local church attended the home and gave service every Sunday. People were involved in raising money for local charities and monthly coffee mornings. Volunteers came and befriended people. One person befriended a person from the church and now the person attended the church regularly and had made friends. The registered manager told us they have involvement from students from the local colleges and schools to provide support with activities and meal times.

Continuous learning and improving care

- The registered manager told us they were extremely proud of a process they had developed for when people went out into the community. Information for how to provide basic care for a person including in any restrictive ways (DoLS), medication, DNAR'S (do not attempt resuscitation) or hospital transfers. The registered manager gave us an example where a person required emergency treatment and healthcare professionals said the information pack was invaluable when they had to attend to the person.
- Quality assurance was robust and a strong focus on continue learning. Investigation and concerns were dealt with in a confidential way with lessons learned and shared at handover meetings for individual care needs. For example, if a person had an injury this would be recorded, monitored and body mapped then discussed action at the handover meeting for continues learning.

Working in partnership with others

- The registered manager and staff worked exceptionally well with external healthcare professionals. One healthcare professional we spoke with confirmed they had a good working relationship with the home. They said, "Staff call us straight away and there is always a member of staff to support us with people."
- Clinical care meetings are held with other healthcare professionals to ensure people receive care and support that meets their needs. Health care professional spoke positive about these meetings.