

Old Rectory Care Ltd

The Old Rectory Residential Home

Inspection report

New Hall Close
Dymchurch
Romney Marsh
Kent
TN29 0LE

Tel: 01303874470

Date of inspection visit:
12 May 2021

Date of publication:
08 July 2021

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

About the service

The Old Rectory Residential Home is a residential care home providing personal care to up to 35 people aged 65 and over. At the time of the inspection The Old Rectory Residential Home accommodated 27 people in one adapted building.

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

Staff worked tirelessly to care for people who were deemed at the end of their life and successfully achieved unexpected outcomes for people, helping them to recover. The registered manager and staff had excellent knowledge of people's diverse needs and supported people in ways that were personalised to them, to achieve the best outcomes possible.

The registered manager had excelled at strengthening and maintaining relationships with people's relatives, community links and health care professionals despite the COVID-19 pandemic. They had proactively engaged people within the service and creatively introduced and maintained activities.

Feedback from people, relatives, staff and professionals about the service was extremely positive. One person said, "I think it is managed very well, I have no complaints." A relative said, "[The registered manager] oh wonderful, I can't say a word against [them]. No qualms no fears only praise." Staff also said, "I actually am very happy and proud of the management." Everyone we spoke to felt involved with the service.

The registered manager had championed making information accessible for people, they involved people in a survey to inform the homes information practice so that it was tailored to people's specific needs. The provider had a quality monitoring system in place to ensure there was a good standard of practice and care for people living at the service.

People told us staff were caring. We observed kind and caring interactions between staff and people living at the home during our inspection. People were treated with respect and had their independence promoted.

People told us they felt safe living at the service and relatives we spoke to agreed they felt their loved ones were safe. Staff knew the signs of abuse to look out for and where to escalate any potential concerns. Risk assessments and care plans had the information necessary to support staff in keeping people safe. Medicines were managed safely and in line with people's preferences. Feedback from professionals about medicine management was good.

Staff were recruited safely with a suitable induction to the service. The service had enough staff with excellent knowledge about people living at the service, who were upskilled to be able to support people with complex health needs.

People's needs were continually assessed and reviewed to ensure people had the best quality of life

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

The registered manager and staff achieved good outcomes for people. People were supported in line with their needs and preferences for all aspects of their care including nutrition and healthcare needs. The registered manager worked in partnership where appropriate, with healthcare professionals to be able to deliver the best care for people possible. External professionals working with the service's team gave them high praise.

Rating and the last inspection

The last rating for the service under the previous provider was good, published on 30 September 2016.

Why we inspected

This is the first inspection for this newly registered service. 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 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 ●

The Old Rectory Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 an inspector and an inspection manager.

Service and service type

The Old Rectory Residential Home 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 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 five people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager, senior care worker and care worker. 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. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and meeting minutes.

After the inspection

We looked at training data and policies and procedures. We spoke with two professionals who regularly visit the service, three members of staff and two relatives.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes [I feel safe] they can't do enough for you." A relative told us, "I feel confident with [my loved one] living here. [The staff] are all lovely and look after [my loved one] well."
- Staff understood the signs and symptoms of abuse. Staff felt confident reporting any potential concerns appropriately to keep people safe.
- Potential safeguarding concerns had been reported to the local authority and appropriate actions had been taken to mitigate future risks.

Assessing risk, safety monitoring and management

- Risks to people had been assessed, for example risks of falls or risks specifically related to individual health conditions such as diabetes. Guidance was in place for staff to follow and staff knew how to support people in the right way. Risk assessments linked to people's care plans and daily recording highlighted actions taken by staff to monitor and manage risks.
- The registered manager had referred identified risks to the relevant healthcare professionals. This included doctors for medical reviews and dietitians where there was a concern around a person's body weight.
- Environmental risks had been managed for example mobility equipment had been serviced and fire safety checks were up to date. Staff told us what they had to do in the event of a fire. Electrical and gas appliances were maintained and building repairs had been addressed when necessary.

Staffing and recruitment

- There were enough staff to meet people's needs. People, their relatives and staff all felt there were enough staff. One person said, "The staff are very helpful and friendly you don't have to wait too long." Another person said, "I have the same staff, I know them all." People's relatives said they could not fault the staff.
- The provider used a recognised tool to calculate staffing levels based on people's needs. We observed staff spending time with people and meeting their needs in a timely manner.
- Staff were recruited safely. Appropriate pre-employment checks were carried out for example people's full employment history was obtained, they had a disclosure and barring service check and references from previous employers.

Using medicines safely

- Medicines were managed safely and in line with best practice guidance. There was guidance which staff followed for people who had been prescribed medicines to be taken 'when required'. One person said, "I

have to have pain killers every four hours, they are very good, I can't speak highly enough. They come in pretty good time."

- We observed staff completing the medicine round in line with people's needs and preferences. Medicine administration records had been completed in full and there were regular medicines audits completed to ensure medicines were managed safely. Actions identified through the audits were acted on in a timely manner. The registered manager made sure people's specialist needs were met, for example, organising the review of prescriptions for people with specialist dietary needs.
- A healthcare professional told us, "It is a very well-organised care home in terms of their medicine management. They have robust systems for ordering, storing and administering their medicines."

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff knew the systems and reported accidents and incidents. Staff and management took appropriate action following incidents such as seeking medical support where necessary. Referrals were made to the relevant healthcare professionals following repeated incidents.
- The registered manager tracked incidents and accidents including falls and analysed trends to support people to achieve better outcomes. Thorough reviews carried out by the registered manager helped to identify causes for accidents so future risks could be mitigated. For example, one person had an increase in falls following a change to their medicines. The registered manager had this reviewed and the instances of falls decreased.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Comprehensive assessments were completed for new people in the home to understand their needs holistically. Information gathered was used to create very clear, person-centred care plans, which were updated whenever people's needs changed. The assessment considered people's physical and mental needs, as well as looking at their protected characteristics under the Equalities Act 2010 such as their cultural or religious needs.
- Where cultural or religious needs had been identified they had been considered in all aspects of care such as social needs, dietary needs, health and end of life care which meant people were fully supported to live their lives exactly in line with their beliefs. In addition, where an individual wanted to engage in a behaviour that did not fall in line with their usual beliefs, staff respected their choice.
- Best practice guidance was embedded within people's care plans and risk assessments which were well known by staff. The registered manager encouraged this by sharing best practice and any changes in the law within staff meetings.

Staff support: induction, training, skills and experience

- Staff received specialist training from health care professionals such as district nurses. This meant people could have their specialist needs met by staff working at the home rather than waiting for outside professionals. The registered manager empowered staff to develop their skills which benefitted the people living at the home. One staff member was enthusiastic about a footcare course and told us, "[they] would be able to spot any issues with feet."
- People and relatives told us staff had a great understanding of people's conditions. For example, how conditions can affect them, and the most effective way to support them. One person said "[Staff] know what I like and need."
- Staff received regular support through supervision. Reflections were encouraged, development was discussed, and any performance management concerns were addressed.
- Staff were supportive of each other and took the initiative to provide support. One staff member told us, "I was always reassured by colleagues... The team leaders keep checking in and I am free to talk to the management, they are very willing they will get up and come with you to show you things, it is an open door. Big or small stuff they will see to it."

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

- People were supported to maintain a healthy balanced diet. We observed the lunchtime meal. Staff were quick to meet people's needs and offered people choices. Care was taken to ensure people were happy with their meals.

- People's dietary needs were discussed in kitchen meetings. Relevant guidance was contained both in the kitchen and in people's care records.
- The menu was made in consultation with the people living at the service. Mealtimes were flexible to cater for people's preferences. Staff told us, "Some people want their food early or at different times and we do that for them."
- People had their weight regularly reviewed. A monitoring system was in place and any concerns were referred to the dietician and actioned. Where people had lost weight, staff supported them by fortifying their meals. Staying physically active was encouraged by the staff.

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

- The design and layout of the service met people's needs. The home was one large detached building with rooms spread across three floors. There was appropriate equipment to support people's mobility such as handrails, stair lift and shaft lift.
- Signs were in place which helped people living with dementia identify what rooms were used for such as the bathroom. There were also photos to identify people's bedrooms.
- People also had access to a garden which we observed was used during our inspection.

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

- People's physical and mental well-being were at the heart of the service. We observed staff compassionately supporting a person who felt unwell during our inspection. Staff told us, "We get time to sit in the lounge have a chat with each resident, we go to people's rooms or encourage people to walk around the building if they don't like to come out."
- Staff and managers had built excellent relationships with healthcare professionals, including, their GP, pharmacist, frailty team and paramedic practitioner, all of which had given positive feedback about the service. One professional commented on the services proactive approach. They said, "[Staff had] knowledge of [people's] needs even though the service is a care home and not a nursing home." Another professional said, "staff are very organised, have a lot of knowledge and care for their residents."

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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People's ability to make decisions was assessed. People were supported to make everyday decisions for themselves for example, what they wanted to wear and how they wanted to spend their time.
- People who were unable to make decisions for themselves had decisions made for them in their best interest. Each decision was made specific to any given need with input from the relevant people such as

GP's, relatives and advocates.

- Authorisations had been obtained when a person lacked mental capacity and needed to be deprived of their liberty to receive the care and treatment they needed.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Every staff member we spoke with was extremely passionate about providing the best possible care. One staff member told us, "They are like family, we fight for them." Another staff member said, "I think the place is very good for respect for the resident and the families, they give lots of attention and time. People are treated very well and it makes me very happy. That is why I went into care to treat people well and make life comfortable for them. It makes me proud what they do they put their heart into it it's not superficial they do their utmost best every day to have a good quality service."
- People were supported by extremely kind and caring staff. The care people received exceeded people and their relative's expectations. One person told us, "I can't speak highly enough, I wouldn't get far without [the staff] I tell you." Another person said, "The staff are very friendly, they carry out their duties well and look after people here." A relative told us, "when [loved one] was in hospital the staff were amazing, they wanted to get her back as soon as possible. This is my [loved one's] home and it really feels like that."
- Staff knew people's backgrounds and life histories, treated people equally and respected their diversity. For example, staff told us about a person who did not celebrate particular holidays due to their beliefs. Guidance was clear for how staff could respect this while still celebrating with others who enjoy those holidays.

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

- Staff were exceptional when supporting people to express their needs, using a range of communication tools. For example, we observed one person did not always use words to communicate their wishes in line with their meanings. However, staff knew the person well and were able to use other signs to help their understanding of the persons wishes.
- People were involved in making decisions about their care and support. We observed staff giving people choice. People were encouraged to express their views on how they preferred to receive their care and support, records we reviewed contained these details.
- The registered manager had changed 'resident' meetings to coffee mornings which improved attendance and gave them a chance to make sure people were involved in the service.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to uphold people's privacy and dignity. One staff member told us, "We knock before we enter, when we do personal care we close the curtains. Before we do anything, we ask if it is alright and explain what we do." Another staff member said, "I watch what they are still able to do, I let them do it, I am not going to take over. I will explain what things are for so they can still do a bit."
- We observed staff supporting people discretely with guidance or advice where they were having difficulty

with a task.

- Risk assessments and care plans also demonstrated people were supported to maintain their independence. For example, one person had an assessment for a kettle in their room to promote independence. Other care plans detailed what people wanted to do independently and what they might need support with.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- The registered manager and staff worked tirelessly during and after a COVID-19 outbreak to support people who had been severely affected and assessed as needing end of life care. Staff told us about a person who they had supported and subsequently improved. They said, "[person] was very poorly...not able to walk and now we have them walking. They are eating really well and we have built their strength with lots of TLC and care and encouragement exercising them. [Person] did it, we just helped." Staff described another person's experience of end of life care, they said "We did not give up on [person] they are here today like nothing ever happened because of the support from all of us."
- Compliments from relatives also reflected the staffs passionate work. One compliment read, "Thanks for [my loved one's] care during COVID...without your efforts [loved one] surely would not have survived. [The home] went over and above the call of duty."
- Peoples' end of life care had been discussed with them and/or their relatives and recorded within their care plan. Care plans recorded specific preferences such as who they wanted to be with them and where they wanted to live in their final days. Diversity and inclusion were evident in people's care plans who had specific cultural or religious requirements.
- The registered manager understood the importance of working closely with healthcare professionals, such as doctors and palliative care nurses. This ensured people experienced a comfortable, dignified and pain-free death.

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

- Staff had an excellent understanding of peoples social and cultural diversity. Information relating to people's backgrounds and interests was recorded in peoples care files and staff knew how best to meet those needs. Staff and the registered manager were proactive in supporting people with particular religious beliefs and adapting to meet the needs associated with those beliefs. For example, the registered manager substantially improved a person's wellbeing by protecting the person from socially isolating themselves from their cultural community. The registered manager contacted their community and put in place extra visits in addition to the homes usual visiting schedule. They encouraged the person to attend through their close working relationship which motivated the person and improved their mental and emotional well-being. The persons loved one told us the staff had adapted their ways of working and been flexible to accommodate the person's beliefs.
- Visiting professionals told us the service was focused on providing exceptional person centred support. A professional told us, "I think [the home] probably one of the best care homes in the area and the south east coast. I would not have any issues putting any of my family members in there and that's high praise. When

we have been in [the home] there is a clear love of their jobs."

- The registered manager was exceedingly responsive to people's needs and put achieving the best possible outcomes for people at the heart of everything they did. Staff told us, "What [the management] do is not cost effective but as long as residents and family are happy that is what matters." For one person living at the service they had been falling very frequently which had impacted their quality of life. The registered manager reviewed the person's care and made extra support available at specific times and the falls significantly reduced for the person. The registered manager told us this person's physical health and well-being had vastly improved and they had now been able to socialise with their friends.
- People were receiving exceptionally person-centred care which reflected their choices and gave them control. For example, one person had a specific bedtime routine which helped reduce their anxieties and helped the person to settle at night. When staff identified new things that could cause the person to become distressed or confused these were shared with the staff team to ensure the person's preferences were known and that person had their needs met in line with their preferences.

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 were supported to maintain and improve relationships with those most important to them. This protected people from the risk of social isolation. The service had achieved things that were previously considered unachievable. For example, one relative told us, "I have been to see [my loved one] since [restrictions were lifted] and I did not think they would know who I was. [Staff] had prompted and talked to [my loved one] about family and showed pictures and prompts before the visit. I could tell [my loved one] knew me. I had previously been away for two weeks and when I came back, they didn't remember."
- The service had been innovative and supported the maximum engagement possible for people with creative thinking. For example, they had continued the use of entertainers by having speakers inside the service so people could hear music clearly. The entertainer remained outside the patio door still visible for people inside. The service also maintained links with their local school where children collected at the fence to sing and the service opened their doors to listen, maintaining links that had been previously developed.
- People were supported, within national guidelines, to stay connected to people and social norms. One person had experienced a physical and emotional decline within the national lockdown. A risk assessment was carried out and the person was supported to walk on quieter paths which increased their well-being. During our inspection a person was going for a drive with relatives for the first time.
- Staff worked in great unity to provide people with a variety of activities and engage the people living at the service. For example, the kitchen staff were responsible for a 'tickle your taste buds' activity. They supported people living at the service to continue to experience new things if they wanted to which had been enjoyed by people.
- Feedback from people and relatives was very positive about the activities. A relative told us, "The remembrance service was amazing. They helped [my loved one] pin on [their] medals and they played a bugle."

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.

- The registered manager showed dedication to championing the accessible information standard. The registered manager had involved people through the use of a survey to research people's preferences to inform their practice. We saw the specific preferences of individuals had been implemented and they were receiving information in accordance with their wishes. This included activities information, the food menu

and complaints procedures.

- Staff and the registered manager had an excellent understanding of the communication needs of different people. They delivered care and support in a way that met their needs and promoted equality. The service was supporting some people who had sight impairments and each person had their own preferred methods of communication and engagement adhered to by the staff. Staff adapted to people's communication needs on inspection, for example, staff supporting a person stepped back and removed their mask to ensure effective communication because the person lip read.
- Peoples communication needs, and the accessible information standard had been discussed in staff meetings. Guidance was given to staff about meeting people's needs such as using whiteboards, talking front facing and using loudspeaker on the telephone.
- Staff and the registered manager used innovative technology to enhance people's care. Staff were using a magic table to support people in communication and activities. The registered manager had also trialled a technology that read people their letters however feedback from people was they preferred staff to read their letters and their wishes were respected. We observed staff going through peoples post with them during our inspection.

Improving care quality in response to complaints or concerns

- The registered manager made people feel heard with their compassionate response to complaints. There had only been minor complaints which were all resolved the same day to people's satisfaction. One person's shower was missed due to an emergency, the registered manager had apologised and bought the person flowers to say sorry.
- People and relatives felt confident that any issues they raised would be addressed. One person told us, "I have said dishes I don't like and [staff] take note." One relative said, "If I have had any observations, we have such rapport with [the registered manager] and [deputy manager] I would raise it with them, and we would talk." Another relative said, "If I ring and say I want something it is always done."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Everyone we spoke to praised the management. There was an open and supportive culture within the service. Throughout the inspection staff and people dropped by to see the registered manager, whose door was always open. One person said, "[The manager] is very good and efficient." Relatives feedback about the registered manager and the provider included "approachable" and "communication is always good". One relative said, "If there were changes in the future and [the registered manager and deputy manager] weren't going to be there I would look into it because they are doing a really good job."
- The registered manager strived to achieve excellent outcomes for people and worked in partnership with their staff team to make things happen. The registered manager was proud to share a news article that had been published in the local paper following the service taking part in an initiative. They told us, "We had oxygen training so administered the prescribed 'Treatment bundle' for COVID-19 infections, usually offered at hospital." This had positive results for two people and allowed them to be cared for in their own home.
- A staff member told us, "[The management] are brilliant really, we need more of this kind of home. [The management] are all for the residents as long as the residents are happy, they are happy. We stretch ourselves to give to people whenever they want."
- The staff team also supported each other. We observed team working during our inspection, thankful and polite interactions between all staff.

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 provider understood the duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. Relatives feedback included, "I am thrilled to bits with the care he gets, they notify if [person] has a tumble, they keep me updated." And, "[Staff] are always honest. If [my loved one] is struggling they tell us, but they tell us what they are doing about it. They don't hide anything."

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

- The registered manager and staff were passionate about their roles. One staff member said, "I am very proud of every single member of staff. Everyone loves their job."
- The provider had engaged an external consultant to work with them in a programme of checks and quality

audits to identify areas where improvements would benefit people. The registered manager empowered staff to take responsibility for different actions, progress of these actions was regularly checked by the registered manager.

- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.
- The registered manager understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths.

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

- The management team constantly looked for ways of developing the service. The registered manager had obtained feedback about the service in various ways. They held coffee mornings with people to provide updates and seek feedback, as well as monthly newsletters. People we spoke with showed us the newsletters and said they enjoyed them.
- The registered manager had sought feedback through surveys to check people were satisfied with their care. The most recent survey covered the services response to COVID-19 where the majority of people thought the services response was good. Another survey found people were satisfied with the service with 100% reporting staff to be respectful and friendly.
- Relatives were also kept involved in the service through regular email updates, the service newsletter and social media group. Relatives feedback included they felt involved, one relative said, "I do not have cause, they really are so good. If I was there and they were looking after me I would be thrilled to bits."
- Staff were engaged through regular staff meetings where discussions of importance took place such as providing care to people's preferences. For example, one person's care routine changed as a result of discussion during the staff meeting which suited them better. Staff feedback was the staff meetings were very good, a place for improving care and learning new information. At the time of our inspection a staff survey had been sent out, the registered manager said they would collate the data for learning when completed surveys were received.
- The registered manager accessed forums and networks to support learning such as Kent Integrated Care Association and the National Care Association. Senior staff had also completed leadership courses to better enable them to support other staff.

Working in partnership with others

- Staff and the registered manager achieved successful outcomes for people as a result of partnership working with healthcare professionals. The service had numerous examples of improving people's quality of life. For example, the staff initiated getting a hospital bed for a person who needed to sleep upright due to their health condition. The person also had a visual impairment, so the staff carefully planned the change of equipment and worked with the individual to make the transition suitable for them. The person now enjoys better sleep support and more room in their bedroom.
- The registered manager had worked with their GP to introduce a ward round for people living at the service and as a result people were able to be seen more frequently.