Barchester Healthcare Homes Limited

Cheverton Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service

Cheverton Lodge is a residential home providing care for up to 52 predominantly older people with one floor accommodating younger adults with long term disabilities. There were 50 people living at the home at the time of this inspection. Each person had their own room and shared communal facilities which provided people with ample space in different lounge and dining areas, as well as in the garden.

People's experience of using this service and what we found
People were kept safe from harm and if any concerns about people's wellbeing arose the service took the necessary steps to respond. Staff knew what they should do to minimise the risks that people faced but did not restrict people's right to take reasonable risks.

The service understood people's needs and planned their care well. The care provided was inclusive of people using the service and their families and care was planned in consultation with people.

Staff were caring. People we spoke with told us this and we observed the easy and relaxed way in which people using the service, their relatives and visitors all interacted with staff.

The service was responsive to people's current and changing needs. People were respected as individuals.

Management of the home was complimented repeatedly and the way in which the service was run received a lot of praise from people, their relatives and stakeholders. The way in which the service operated was kept under review by the provider. There was recognition of when things needed to improve and change, action was taken, and there was also recognition of when things went well.

People were supported to have 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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (Inspection report published on 9 May 2017). At this inspection the service remained good.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Cheverton Lodge

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
This comprehensive inspection took place on 4 and 10 October 2019 and was unannounced. The inspection team consisted of one inspector 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 care service.

Service and service type
Cheverton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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.

This inspection was unannounced.

What we did before the 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, and other information such as notifications we had received about significant events at the home, to plan our inspection.

During the inspection
We spoke with six people who used the service and four relatives about their experience of the care

provided. We spoke with nine members of staff including the activity coordinator and two administrative staff. We spoke with the registered manager, deputy manager, managing director for Barchester Healthcare, south division and a divisional clinical lead nurse who was visiting to conduct an audit.

We reviewed a range of records. This included six care records and multiple medicines records. We looked at seven care and nursing staff recruitment records, staff supervision and training. We also viewed records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at staff supervision, training data and a range of quality assurance records. The service also provided us with extensive amount of information to support the evidence found during the inspection of improvements made and how the service strived to provide high quality care and support.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- A person using the service told us "There's regular staff coming around. I've never thought that my safety is an issue here", and "I need help getting into a chair and the staff do it safely. I have shower twice a week and they take me to one of the shower rooms and use a hoist for that. I'm very confident with how they [staff] handle me"
- Relatives told us "[relative] is definitely 100% safe" and "[relative and their age] doesn't want to use the call bell, but staff come in so often anyway." A person using the service told us staff could take five to ten minutes at times to answer the call bell which we raised with the manager. There were no issues identified during this inspection about call bell response times, which we looked at. Another person told us "Somebody's always near so I call out if I need anything [rather than using his call bell]."
- The provider took all reasonable steps to minimise the risk of harm or abuse of people. The management and staff at the service were thorough in implementing processes to minimise the risk of abuse. Clear messages were given to people about the commitment of the provider organisation and all staff to keep people safe from abuse.
- Staff had access to the organisational policy and procedure for safeguarding vulnerable adults from abuse. Both management and care staff were absolutely clear in their discussions with us about what action they would take if anyone was believed to be at risk of abuse.
- Staff wore uniforms to designate their role, for example nurse, care assistant or ancillary staff, and they each wore name badges. There was a board on each floor displaying the names, photos and role of each member of staff so that they could be identified by people using the service and other visitors.
- The provider's policy and guidelines for staff clearly stated that there is no restraint either physical or otherwise, used. The registered manager reported to us that no restraint had ever been used and CQC had not received any concerns about restraint.
- Staff reported that they had regular training about safeguarding people, which training records confirmed. Without exception, each member of staff we spoke with was able to explain the process for raising a safeguarding concern. They knew who to report concerns to, for example the unit manager, other senior staff, the manager, or regional manager if necessary.

Assessing risk, safety monitoring and management

- The registered manager and staff took all reasonable steps to assess, understand and monitor potential risks that people faced in their day to day life.
- Records showed risks to people had been assessed when they first came to the service and potential risks were then regularly considered as a part of the monthly care plan evaluation. Up to date guidelines were in place for staff to follow to keep people safe.

● Risk assessments covered a range of different areas that included signs to be aware of which may indicate a person's health may be deteriorating. Risk assessments also covered general common risks, for example how safe people were if able and wanting to go out alone, as well as risk assessments tailored to each person's unique and specific day to day care and support needs.

Staffing and recruitment

● The provider used effective procedures when recruiting staff to minimise the risk of employing unsuitable nurses or care workers to support vulnerable people.

● We looked at the recruitment records of seven staff, including two nurses. The recruitment record contained the necessary documentation including references, proof of identity, criminal records checks and confirmation that the staff member was eligible to work in the UK. Qualifications were verified and registration for nurses with the nursing and midwifery council was confirmed.

● Staff we spoke with told us "There are always enough staff, we cover for each other if someone is off sick" and "I have never had any concerns about the numbers of staff."

● Our review of staff rotas showed that staff were deployed in suitable numbers across each floor of the home. There was also suitable catering, ancillary and administrative support provided in addition to the care and nursing staff.

Using medicines safely

● A person using the service told us "They're very regular with my medicines." A relative told us "They keep us informed of everything including when [relative] has minor ailments and is given a painkiller if needed."

● Systems were in place to ensure medicines were handled and administered safely. Nursing staff received medicines training and their competency was assessed before they administered medicines. this was reviewed to ensure competency was maintained. One member of care staff had recently been accredited as a senior care practitioner which permitted them to administer medicines.

● People had personalised medicines care plans. Medicines administration records showed that people received their medicines as prescribed.

● During our inspection we observed nurses on two floors administering medicines. This was carried out appropriately and safely. Time was taken to ensure that the correct medicine was provided in the most appropriate way to each person.

● As well as internal audits of medicines handling and administration we also looked at the latest supplying pharmacy report. This latest audit, in September 2019, stated there were no concerns about the way in which medicines were managed.

Preventing and controlling infection

● People were protected from the risk of infections. The home was clean. Regular checks of the cleanliness of the environment were carried out, as well as infection control audits. These showed that the home was generally good at managing infection control and any action that was needed to make improvements was taken. Staff received infection control training.

● Disposable personal protective clothing including gloves were available. We saw these were readily available and were used by staff as needed.

Learning lessons when things go wrong

● Staff we spoke with knew what they should do to respond, and report concerns about people's welfare. Systems were in place to monitor and review any incidents, near misses or other welfare concerns to ensure that people were safe.

● People's risk assessments and care plans had been updated if there were any concerns arising from an incident or identified changes to people's care and support needs. Staff responded quickly and made

changes to how people's support needs were managed if required.

Good

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 remains the same. This meant that 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

- Care records contained a pre-admission assessment, which detailed information from relevant person's, including the person themselves and their relatives about their current care and support needs.
- People's needs, and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. Details about people's cultural, religious, disability, age and relationship need's and personal preferences were included in people's care plans. This helped staff to fully understand people's individual needs, so they could effectively provide the care people needed in line with best practice guidance and the law.
- In conjunction with other care homes in the local area people had participated in a pilot project known as "The memory Group." This ten-week project looked at cognitive stimulation therapy designed to stimulate people's brains and increase their mental activity and agility. Various topics were discussed, and this project was run by the local NHS trust. The home was unclear if this would continue but after evaluation of the project it was hoped that it would, and the home was maintaining contact with the team that carried out this project.

Staff support: induction, training, skills and experience

- Staff told us "I am so grateful to have been given the opportunity to improve my skills and develop" and "Barchester [the provider] are so good at letting us know about training and send us reminders."
- The provider operated effective staff induction procedures which was confirmed by staff we spoke with. The induction included three-day face to face training, two days online training followed by three days shadowing more experienced colleagues as an introduction to the home. All but one newer member of staff had already completed the common induction standards training in line with the care certificate. This is a common set of standards to equip staff with knowledge to carry out their caring role appropriately.
- Care staff we spoke with confirmed they received regular supervision. Staff supervision covered areas including the needs of people using the service, training and professional development and day to day staff employment matters.
- The provider was committed to, and provided, staff with training to effectively undertake their work in supporting people.
- The staff training matrix we viewed showed that refresher training was identified, and timescales were listed for updating training as required. All staff we spoke with told us about having access to regular and relevant training that they believed did equip them with the skills they needed. There was a recorded high level of compliance with staff undertaking the required training, and action was taken to address those that needed to complete training if their refresher courses were outside of the due date for completion.

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

● A person using the service told us "We've been discussing this recently. The food is not always warm enough". It was later confirmed that this had been raised for action. The person went on to tell us "The staff are very amenable, and we have water jugs in our rooms."

● A relative told us "[relative's] appetite is back, and he's put on weight since being here, one year. [relative] was down to 7.5 stone and is now back up to 9.5." Another relative told us "[relative] is well-nourished with small portions to keep up their strength."

● People were provided with a varied diet. The chef rotated a seasonal menu each week and other choices were available from an options menu if people did not want what was on the main menu. People could have a cooked breakfast every day and chose from a range of alternative menu options if they did not want to eat what was offered on the main menu. We tasted lunch which was freshly prepared and well presented.

● We also observed people's mealtime experience at lunchtime. People could choose to eat in the dining area of each floor, in their own bedroom or on a ray in the lounge if they wished. Visitors were welcome at lunchtime and provided with lunch if the wanted to eat with the person they were visiting. There was also a separate dining room which people could use to have a meal with their guests in private.

●Menus were displayed on dining tables and in the reception area and were reflective of the food that was served on the days of our inspection. Menus included pictures and words, staff were also telling people what was on offer. People were reminded about what was on the menu and were also offered choice by care staff at the time that meals were served.

● We were provided with information about the positive impact that had resulted from the work done to promote good nutrition and the benefits this had for people.

Staff working with other agencies to provide consistent, effective, timely care

● There was a monthly multi-disciplinary team meeting involving the GP practice, consultant geriatrician and other community based healthcare and social care professionals, usually nursing specialists, that visited the home. People's health was discussed and people who were new arrivals at the home were assessed so that everyone was clear about how well people were and what they needed.

● Care plans showed that the service had close, effective and positive relationships with other health and social care professionals. The care provided was responsive to people's needs, acknowledging when these needs changed not only in terms of providing additional support but also when people's wellbeing improved.

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

● The facilities in the home were suitable for people using the service. People's own rooms were decorated and furnished in the way that people individually preferred. There were signs around the home letting people know where they were in the home.

● There was ample space for people to use to engage in communal activities, to socialise and to have private space to receive family and friends.

Supporting people to live healthier lives, access healthcare services and support

● A relative told us "I'm here at least twice a week so I can speak from my own observations. My [relative] tries to be independent but is bedbound. They have a caring approach. [relative] has bed washes and there are no bed sores, so we know they turn him regularly." It was noted that pressure sore management was given the necessary attention by the home and this was managed well.

● Cheverton Lodge ensured the information about people's current physical health was up to date and shared with health and social care professionals that were involved with each person.

● People were supported to use community healthcare services as and when necessary. Each person was registered with a local GP, dentist and optician. Staff supported people to make and attend their

appointments. These were planned for and people were supported by staff to attend them. The home also had community healthcare professionals visiting to see people if they were unable to go out to attend appointments.

● During the inspection we spoke with a GP that visited the home and were provided with feedback sent to the service by other visiting healthcare professionals. The feedback was highly positive and complimentary about how the service worked in partnership with healthcare colleagues which had a positive impact on the wellbeing of people using the service. In one example the home were praised at how well they had worked with a person who had been admitted to the home with a pressure ulcer. This had not been expected to heal, however, the home was complimented by a local health care professional about how well the staff team had worked and the pressure ulcer had healed.

● The home had been effectively managing the care of people who were are risk of developing pressure ulcers. The home worked well at promoting and achieving pressure area healing as well as prevention of pressure ulcers developing, which was complimented by healthcare professionals.

● The provider had implemented a strategy for promoting oral healthcare. Cheverton Lodge worked closely with the community dental service and had clear guidance in place for all staff about assisting people with maintaining oral hygiene.

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.

● The registered manager and staff were clear about the responsibilities of the service to comply with the MCA and DoLS legislative requirements. DoLS were in place and the necessary approvals had been obtained for the 18 people that required this restriction to be in place.

● Best interest's decision meetings were held to seek people's views with the involvement of family members if possible and other people involved in each person's care. The service did not assume that, even if people were subject to deprivation of liberty safeguards, that people lacked capacity to make any decisions. Everyone had the capacity to share at least some of their views, make their choices known and be involved in most day to day decisions and this was encouraged and supported by all staff at the home.

● The registered manager and all other direct care staff we spoke with had sound knowledge of their responsibilities under the legislation in the best interests of the people they supported.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- No one using the service, or their relatives and other visitors made any specific comments regarding equality and diversity. However, we were told my people using the service that "They treat us very well. If one is down or depressed they put their arms around you and just that personal touch is comforting" and "They're great people and they treat me well."
- Relatives told us "Anything we've asked for: like having a haircut or toenails cut and within 2 days or by a week, it's done" and "They always talk to me. Everyone greets me, and I'm made to feel welcome." We were also told "They celebrated [relative] birthday and decorated their room. They are very caring and take the time that is needed to care for [relative] well."
- During the inspection we saw regular examples of positive, warm and caring interactions between people using the service and staff, whether care staff or those employed in other roles. A good example of this was at a lunchtime when a member of staff was singing, people in the dining area were critical of their singing abilities, and everyone joked and laughed.
- All staff we observed were courteous to people and respectful of the rights of people to be asked about choices and to have their decision respected. A member of staff told us "I am really impressed with the standard of care here, people are respected."
- All staff we spoke with understood the importance of respecting people's differences and providing them with personalised support. Staff understood the different ways each person expressed themselves and their personal preferences.

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

- Staff encouraged people to make choices and be involved in decisions about their care.
- Staff knew people very well. They knew people's individual routines, likes, dislikes and how each person wanted and needed to be supported. During the inspection we observed staff constantly engaged with people involving them in decisions to do with their care and other day to day needs.
- Personalised care plans detailed the day to day decisions people were able to make and where they needed support. For example, during the inspection we saw that people and relatives told us that people were able to make choices about what they wanted to do or whether to be in people's company or alone.
- An independent advocacy service was used to ensure people's voice could be heard, particularly when a person had no-one who could help them to express their views.

Respecting and promoting people's privacy, dignity and independence

- During the inspection people who needed support with their personal care had their privacy respected. A

person told us they preferred to spend time in their room watching TV rather than do so in the lounge. This was respected, and they were not made to come out to join other people in communal areas if they didn't want to.

● A relative told us "I was liaising with the council about [relative's] personal details. There were questions asked by the home about [relative] as a person and their personality and any special needs." This relative had appreciated how this had happened.

● People's care records and other confidential information were stored securely and in line with legislation. Staff were fully aware of the importance of respecting confidentiality and not speaking about people to anyone unless they were involved in their care and treatment and had the person's permission to share information, including with their relatives.

Good

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. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

● At our previous inspection we had identified a lack of consistency with updating, recording and adherence to care plan aims. This was not the case at this inspection as there had been a large amount of work to improve this across the home. This work had been successful, and evidence of care being provided in line with people's wishes and care needs was clearly recorded.

● A person using the service told us "There's very little to improve but I would say that the management roles are the best thing. They use my name and are very polite, I'm treated like an individual."

● Care plans showed that people and where relevant, their relatives were fully involved in decisions to do with their care. People were supported to achieve their aspirations. For example, we were shown a highly complementary letter from a relative acknowledging what the home had done to improve the wellbeing of their loved one at the home and support them to engage more with activities and socialising.

● People received personalised care and support. People's care plans reflected people's choices, wishes, goals and what was important to them. Staff knew people very well.

●Care staff we spoke with were readily able to tell us about the people they cared for and how each person was at any given point during our inspection. People's care and how this was carried out was tailored to the individual. A member of staff told us "

● Another example of the responsiveness of the service was the way in which the service worked with people, which was focused on putting people first. This included a programme of a four-week settling in review. This involved a member of the administrative team visiting at least once a week to talk with each new person during their initial few weeks at the home. This enabled the home to gather each person's views independently from care and nursing colleagues.

● Staff understood people's emotional support needs. Care plans were in place that included guidance for staff to follow to provide people with the support they needed with any behaviours that could be challenging. However, these types of situations were not frequent. Our observation of staff interaction with people showed that staff evidently knew how best to approach and engage with each person.

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.

● Some people using the service received publicly funded care. The provider ensured that people's communication needs were taken into consideration. We were told by a relative that their loved one used an

electronic device to help them communicate, which this person gave us a thumbs up to confirm. Information could be presented in other formats for people if required, including their personal care planning information.

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

● A person using the service told us "I don't join in everything, but the reminiscence group is with an excellent guy who talks very well and knows his stuff."

● A relative told us "I take [relative] out to most of the activities but [relative] is not doing as much as they used to do. [relative] has a massage twice a week which is good."

● A member of staff told us "You have to care, this is not just about doing a job."

● People were supported to maintain and develop friendships and relationships with people who mattered to them. People were supported to have contact with relatives and other people important to them.

● People's independence was promoted. People were supported to maintain mobility with exercise and using walking aids if it was safe and they were physically able to do so.

● During our inspection people were being supported to engage in activities in groups or in individual one to one session's. A birthday party also took place in the afternoon of the first day of our visit. Additionally, we were also shown photographs of a surprise party that had taken place earlier this year for three people who were each 102 years old.

Improving care quality in response to complaints or concerns

● People using the service told us "Can't fault them, only have praise but if I had to complain I'd speak to [name of manager] and CQC after" and "I am the residents' ambassador and I can convene meetings myself and they will provide the secretarial assistance." This person went onto tell us about matters they had raised and the response, usually very positive, that had resulted from their comments.

● A relative told us "You can speak to any of the staff or manager; everyone is approachable. I'd have no qualms about raising any concerns, but I haven't got any." We were also told by another person using the service and their relative.

● The service had a complaints procedure that was provided to people when they started using the service and information was also readily available around the home.

● The provider had systems in place for monitoring of complaints. Complaints that were made were quickly responded to. Historically the home received very few complaints. Comments we received from people and relatives demonstrated how easily they felt able to approach the management and staff at the home. People felt listened to and that anything they did raise was responded to.

● Examples of compliments received were about the overall standard of care expressed by visiting professionals and relatives as well as a family recommending a member of staff for recognition for their work.

End of life care and support

● The service was involved in providing end of life care on a regular basis. The guidelines and procedures in place to respect and involve people, and their families, with end of life care decisions were clear. We were shown two examples of the support that had been put into place for two people who had passed away very recently. Each of these people's wishes were put at the heart of the decision making process, with families and other people important to them also being involved.

● The guidelines and training for staff emphasised that the focus of end of life care was on supporting a dignified death for the person as well as supporting their families and friends. There was clear focus and evidence of compassion, empathy and caring in how the support to people was provided.

● The home reviewed the work that staff had done to support people at the end of their life. This was a

positive means of looking at what had gone well and examining if anything could have been done differently. This assisted the home to learn from each person, and their families, experience.

Good

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

- A person and their relative told us "There are no problems or issues. The staff keep our family informed and they make us feel welcome here. [Name of manager] is very approachable and has an open-door policy. I'm sure we'd be listened to; I'd make sure we were."
- We were also told by another person and their relative that "The management is superb."
- Staff told us "We are so good at supporting each other" and "since I started here this place has changed for the good, a really good change."
- People's outcomes were good due to the positive impact the work of the home had on people's lives. An open and inclusive culture was evident, because the home published and displayed information about achievements of not only the home but people living there, with their permission. In one example a person living at the home had been written about in the local press regarding a book they had written about their childhood in another country and having championed Black rights throughout their life.
- Staff knew people very well and supported and encouraged people to lead the life they wanted. People's wellbeing was central to the service and was evident in how people's support was planned, and that people were partners in their care as far as they possibly could be.
- Staff supported people to be fully included in the local community by supporting them to access local facilities and amenities, including spiritual support and amenities to enjoy leisure and social life activities.
- Without question all the staff we spoke with told us about a service that was well managed, was supportive and recognising of the work they did to support people and encouraging improvement.

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

- The registered manager was fully aware they were legally required to report to CQC, any event which affected the running of the service, DoLS authorisations and significant incidents.
- The manager and other staff knew when they needed to inform relevant professionals including the local authority safeguarding team of incidents and other significant events.
- Staff told us that they were encouraged to share any concerns they had about the service. Staff had confidence that if they needed to raise anything it would be quickly and properly responded to. We noted as well that staff told us that they had either rarely, or never, needed to raise anything of concern.

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

● The registered manager came into post after our inspection in 2017. People we spoke with, relatives and staff told us that they trusted that all levels of management of the service were committed to being transparent and honest with people.
● Audits to monitor the service and experiences of people were carried out. These included checks of health and safety, accidents, medicines, incidents, complaints, people's and staff documentation. There were additional audits carried out by the provider of the service. All examples of audits that we viewed showed these looked at a wide range of areas of operation. They considered direct care experiences of people, including people having falls and being at risk of pressure ulcers. These looked at reasons and early intervention and prevention as well as just specific instances. Patterns and trends
● The manager, senior staff and care staff were clear about their roles and responsibilities. Staff told us they were included in contributing to the service and how it performed with their views being respected and given equal importance.
● Staff felt well supported. They told us the registered manager, deputy manager and senior colleagues were approachable and listened to them. All staff we spoke with were enthusiastic about their work and praised how well everyone worked as a team.
● Staff meetings and supervision meetings were used to share information about people and the service. Best practice, lessons learnt and changes to do with the service were also shared with staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Communication between people, their families and staff was good. The conversations we observed with people and their relatives was free flowing, engaging, and staff were approachable and listened to what people wanted to say. Meetings between people using the service, relatives and staff took place as well as social events. Written satisfaction surveys were also carried out.
● The service had links with local schools and community based organisations such as a massage therapy, reminiscence service, art therapy and visiting entertainers.
● We observed staff engaging positively with people and taking an interest in what people were doing and how they were. Staff listened to people and respected the choices people made and gave them time to make their wishes clear.
● There was a range of meetings for staff at all levels and documentation showed staff could make suggestions and share their views.
● People using the service and relatives told us they had no hesitation in raising anything they wanted to and were asked to give their views about the service. They believed their views were taken seriously, respected and that the service listened and responded to what they had to say.

Continuous learning and improving care
● Staff told us that they were committed to ensuring people received personalised care and had the best possible outcomes that they could. They also told us that they felt encouraged to enhance people's experience and quality of life.
● There was a culture of good communication and continuous improvement and learning within the service. The registered manager kept up-to-date with best practice and information was shared with staff. An ongoing programme of staff training, and development was in place to ensure that staff maintained and developed their skills.

Working in partnership with others
● The home liaised with other health and social care professionals to ensure that people's needs were met. The professionalism and success of this liaison was praised by other health and social care professionals in the feedback they shared with CQC and in other correspondence received directly by the home.

● Care staff had sought advice and guidance from healthcare professionals where there were any concerns about a person's wellbeing and changes to people's needs.