

Caring Homes Healthcare Group Limited

Denham Manor

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Denham Manor is a residential care home providing personal and nursing care to 33 people aged 65 and over at the time of the inspection. The service can support up to 53 people. The care home accommodates older people and people who experience dementia across two floors with adapted facilities. The provider has suspended the use of the top floor to be compliant with fire safety regulations.

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

Overall people and their relatives felt the service was safe. We found that some improvements were required to ensure safeguarding systems were consistently followed by staff. Appropriate action had not been taken in response to one person's disclosure. This was rectified by the registered manager during our visit to make sure the person was safe. In general risk assessments addressed people's needs, however we have made a recommendation about risk assessments in relation to welfare checks on people.

Medicines were received, stored and disposed of safely. Systems in place to identify gaps in medicines records were not always followed by staff. The service took prompt action to improve monitoring of these systems during our inspection, to make sure near misses were consistently acted upon. Staffing levels were based on people's needs. There were enough care staff and nurses to meet people's needs. Staff were recruited safely.

The home was comfortable and clean. People were supported to personalise their private rooms which appeared homely. There was not enough storage for equipment such as mobility aids and we have made a recommendation about this.

People benefitted from staff who received comprehensive training and supervision. People received support to keep healthy and had access to health care professionals as required. Daily handovers discussed any changes in people's needs and referrals to relevant health care professionals were promptly made.

People's needs were assessed before coming to the service. Care plans were person-centred including people's likes, dislikes and what was important to them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives gave positive feedback about the service. Comments from people included, "I'm looked after brilliantly here", "Couldn't do anything better, [they do a] marvellous job" and "It's the perfect place [for family member], they love their room and we like staff." People and relatives felt involved with decisions about their care. Staff were caring, and knew people, their preferences, likes and dislikes well. Staff understood the importance of protecting people's privacy and dignity and promoted people's independence.

People were supported to access a range of activities within the service. When people were at the end of their life their wishes were reviewed, recorded and respected. The registered manager took action to make sure all people's end of life wishes were reviewed regularly and documented, to ensure the service was well prepared to meet people's wishes.

The management team were committed to improving the quality of the service people received. Regular audits highlighted areas for development or improvement and were put into an action plan which showed progress. The service sought and acted upon people's, relatives and staff's feedback. People's views were listened to and investment was made to improve people's comfort and well-being.

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 (published 18 March 2017).

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Denham Manor

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 carried out by one inspector.

Service and service type

Denham Manor Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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 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 five relatives about their experience of the care provided. We spoke with thirteen members of staff including the registered manager, deputy manager,

nurse, care workers, maintenance worker, clinical analyst, housekeeping manager, receptionist, administrator, chef, contracts manager and regional manager.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- In general, the service identified hazards and safe measures in response to people's specific needs to protect them from avoidable harm. However, the service had a generic approach to the frequency of visual welfare checks. People's ability to use a call bell was recorded in their care plans, but this was not risk assessed to account for people's specific physical or emotional needs to decide a safe frequency of checks. After our inspection the registered manager completed a risk assessment. However, this did not consider the person's physical or emotional needs to decide the frequency of checks.
- One person's personal emergency evacuation procedure (PEEP) contradicted information in their care plan; it was not clear whether they were able to independently mobilise or required staff support. The registered manager took immediate action to update the person's records. Other PEEPs we looked were accurate in accordance with mobility care plans.

We recommend the service completes risk assessments for people's specific needs to determine the frequency of visual welfare checks.

- Risk assessments were completed and reviewed for other specific needs such as falls, pressure ulcers and seizures. For example, hazards and safe measures were identified in response to a person's recent experience of a seizure.
- Compliance checks and certificates were completed for the premises. Checks were documented for equipment such as wheelchairs, hoists and airflow mattresses to reduce the risk of people using faulty equipment.
- The provider had taken appropriate action in response a positive sample of Legionella in the staff room. A water treatment programme was in place and the outlet was isolated whilst investigations were underway, to reduce the risk of harm to people.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was not always clear about when to report allegations of abuse and sought advice from the local authority safeguarding team during our visit in response to a person's disclosure. The registered manager confirmed a similar concern had been raised by the person recently, however their investigation was not documented and the person's risk assessment and care plan was not updated. During our inspection the registered manager took appropriate action to investigate the person's concern and reduce the potential risk of ongoing harm.
- The registered manager had planned higher level safeguarding training for the management team. They had made contact with the Local Authority (LA) safeguarding team to visit the service to talk through the LA

safeguarding policy and procedure to develop staff understanding.

- Overall, people and relatives told us they felt the service was safe with comments such as "I feel safe, staff lock my money away for me", "Absolutely safe" and "Oh yes, I feel safe. Nurses are all ok, I like them."
- Staff received safeguarding training and understood signs of abuse. Information about how to report safeguarding concerns was accessible in communal areas. Staff told us they would report concerns and understood the whistleblowing policy and procedure.

Using medicines safely

- During our inspection we found a gap in two people's medicines administration records and a miscount of 'when required' pain relief medicines. This was not identified or recorded by the daily checks in place. The deputy manager established people had received their medicine and were not negatively impacted. The registered manager took action to investigate and implemented an additional weekly check to monitor and review near misses. We saw that other minor medicines discrepancies were identified and followed-up by management to reduce the risk of harm to people.
- We observed a nurse prepare and transfer one person's medicine without using the medicines trolley. The deputy manager explained this was against the home's procedure and intervened to make sure the nurse followed the correct procedure. The registered manager demonstrated they had identified this as an area for improvement and was supporting staff with their performance. We saw other nurses followed the correct procedure and used the medicines trolley when administering medicines to people.
- Medicines were received, stored and disposed of safely. There were plans to refurbish one of the medicines rooms to improve work space for the preparation and storage of medicines.
- Staff received medicines training and annual competency assessments before they were authorised to administer medicines.

Staffing and recruitment

- We asked people and relatives whether there were enough staff when they needed them and received comments such as, "Yes, they are efficient", "Staff come quickly enough", "Staff at weekends are good too" and "[Family member] get lots of attention from staff...weekday or weekend, no inconsistency."
- Staff told us that staffing levels had recently improved and they felt staff deployment across the home was enough to respond to people's needs.
- Upon their appointment to the service the registered manager identified the dependency tool was not always an accurate reflection of people's needs. This was reviewed and amended, resulting in an increase of staff numbers day and night. Staff levels were continuously reviewed and when people's needs changed staffing levels were adapted.
- The home had robust checks in place to make sure suitable staff were employed and these records were well managed.

Preventing and controlling infection

- Infection prevention systems were in place such as, environmental cleaning schedules, hand hygiene protocols, signage, access to and use of personal protective equipment (PPE).
- The home was observed to be clean and no malodours were detected. Care workers told us the domestic team were prompt to respond to spillages.
- The housekeeping manager fed-back to us the registered manager had listened and arranged the supply of different cleaning products which they believed were more effective and helped them to perform in their role.
- People, relatives and staff were positive about the hygiene and cleanliness of the home, with comments such as, "[The home is] clean and well kept, nice smell, no malodours", "[The laundry assistant] is very good, takes pride in what she does, nothing ever goes missing" and "No other place is cleaner than here, my washing is kept clean and they even dust my pictures daily."

Learning lessons when things go wrong

- The service recorded accidents and incidents. Information was detailed and staff reported incidents to managers immediately.
- The registered manager reviewed incidents to identify trend or lessons to prevent future occurrences. For example, where a person had injured themselves trying to get out of bed the environment was rearranged to make it safer.
- Lessons learned were shared and discussed in team meetings to update staff practice and consistency of care.

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 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 physical, mental health and social care needs continued to be holistically assessed before they began living at the service. Assessments included protected characteristics under the Equalities Act 2010. This meant people's needs and lifestyle choices, including sexuality, disability and religion, were identified and respected by staff.
- Nationally recognised tools were used to assess the risk of people developing a pressure ulcer and the risk of falls to reduce the risk of harm.
- Where people had a diagnosis of diabetes, care plans gave clear guidance, such as when blood glucose monitoring should be carried out and identified symptoms of high or low blood glucose levels for staff to be vigilant of and how to respond.

Staff support: induction, training, skills and experience

- People benefitted from staff who received thorough inductions and were up-to-date with their training. Staff completed comprehensive mandatory training programmes to meet people's specific needs. Topics included the mental capacity act, safeguarding, pressure area care, end of life care, evacuation equipment and dementia training.
- We asked people and relatives if they felt staff were skilled and knowledgeable and received comments such as "Staff all know what they are doing", "Medical [nursing] staff are very professional" and "[Nurses] are very good with changing that [catheter]. They know how to do it with the least pain possible."
- Staff were positive about their training and support from the management team; they told us the registered manager had recently focused on staff competence in moving and handling to make sure best practice was consistent. Staff said this improved their confidence and people's safety.
- Staff received regular supervisions and an annual appraisal to review their performance over the year.
- The service supported staff new to care to complete the care certificate. The care certificate is an identified set of standards that health and social care workers follow to develop the knowledge, skills and behaviours required in their role.

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

- We observed people's dining experience and saw staff created a relaxed, friendly atmosphere and were attentive to people's needs. For example, staff anticipated when people's required support to pour their drink and made sure that condiments were within reach.
- Staff were aware of best practice to encourage people's appetite. Pureed meals were carefully piped and well presented by the chef. The chef and kitchen staff knew people's specific needs including dietary and religious requirements and generally preferences.

- People were supported with eating and drinking where needed at their own pace, using specialist equipment.
- People told us they were generally satisfied with the meals. The chef was new and planned to change the menu to be seasonal in accordance with people's feedback.
- We observed that people had plenty of drink of their preference within reach in their private rooms. One person said, "I'm not a big drinker, but staff remind me." Fluid charts were completed and monitored daily by the deputy manager and clinical lead to make sure people were drinking enough to promote their health.

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

- Records showed staff referred people to specialists such as speech and language therapists or dietitians when required.
- Staff completed regular handovers to provide an update of people's needs. The deputy manager planned staff allocation sheets up to four days in advance. This was to make sure staff levels met people's needs such as gender preferences, activities and two to one support.

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

- There was a lack of storage for mobility aids and other equipment. A downstairs bathroom was being used as a storage room which was not possible to lock and did not have closed storage for gloves. The registered manager explained this had been decommissioned as a bathroom. They took action to make sure it was secured to prevent people and visitors from accessing it and planned to review more suitable storage.
- A hoist was stored in a corridor adjacent to the entrance to the lounge area and conservatory. We were concerned this was a potential trip hazard. The regional manager took immediate action and completed a risk assessment, which showed its position was of low risk to people.

We recommend the service reviews adequate storage space in line with regulations and national best practice.

- The environment did not fully meet current guidelines to support people living with dementia. There was a lack of signage around the home to help orientate people. However, the registered manager planned improvements to update the colour scheme, signage, fixtures and fittings, in line with Stirling University Dementia Centre best practice guidelines. We saw staff had begun to complete memory boxes with people and the time and day were clearly displayed to help people feel orientated.
- The registered manager had changed the layout of the first floor to improve visibility of what was previously known as the dementia unit. We spent time in this area as well as on the first floor and saw staff were present and responsive to people's needs.
- The provider has suspended the use of the top floor to be compliant with fire safety regulations.

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

- People's health needs were regularly assessed and reviewed. A GP and a paramedic visited the service regularly to review people's health. One healthcare professional told us, "Staff are very good, they know people well off the top of their head. [Clinical] Observations are done by nurses, there is good communication and they follow guidance."
- The service used a nationally recognised tool to assess and respond to deterioration in people's health to make sure timely referrals and treatment were provided. People's weight was monitored and staff took action when there were concerns about people's at risk of malnutrition.
- The service assessed people's oral hygiene needs and reviewed monthly. Care workers confirmed they completed oral health online training and told us the registered manager and deputy manager held a staff meeting to talk about the importance of oral health. Staff said they were now following best practice

standards. They were proud that one person allowed them to support them with their oral hygiene after trying new techniques, which staff said improved their oral health.

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.

- Records showed the service was working in line with the principles of the mental capacity act (MCA). When a decision needed to be made about a person's care, a mental capacity assessment was carried out and best interest decision made.
- The registered manager had made applications for people who needed a DoLS authorisation. Three people had an authorisation at the time of our inspection with conditions. The registered manager told us these were highlighted in people's care plans to make sure staff were aware. Other people were awaiting their applications to be processed by the local authority.
- Staff we spoke with demonstrated sound understanding of MCA. We saw staff explaining to people what they were about to do and sought people's permission when providing care and support.

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

- People and relatives gave positive feedback about staff with comments such as, "Happy with the care, no complaints. Staff are kind, both nurses and carers know what they are doing", "[Staff] are very kind, never miserable and that means a lot...I feel spoilt" and "Domestic and maintenance [staff] are very friendly too."
- Staff received equality and diversity training and spoke respectfully of people's needs and preferences. One member of staff explained they made time to sit and chat with a person to prevent anxiety and distress in relation to their condition.
- We saw staff interactions with people were warm and caring. People appeared relaxed in staff's company; smiles and laughter from people and staff were apparent throughout our visit.

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

- Records showed that people and relevant others such as relatives and advocates were involved in making decisions about their care.
- People and relatives told us they were involved; "Staff listen to me", "Staff called me within the hour after [family member] fell recently", "Staff always ask for my permission before doing anything" and "Staff keep us updated and write any changes in [family member's] book."
- The service supported people to access advocacy services where required and literature about this was displayed in communal areas.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity continued to be promoted. One person said, "I'm happy with the support they give me with washing. They shut the door and cover me up and respect my wishes. Yes, they protect my dignity" and "Staff are always with me when I eat and help me with a bib to protect my dress."
- During our visit we observed staff took care to protect people's privacy by shutting the door when assisting with personal care and were discreet when communicating with people and each other.
- People were empowered to remain as independent as possible and to be in control of their day to day life. Care records documented people's abilities about what they could do as well as where they needed support. One relative said, "Even though [family member] is immobile, staff position [family member's] drink so they can help themselves and maintain some independence."
- The service protected people's confidentiality. Records containing people's confidential personal information were stored securely.

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 has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care needs were met in an individualised way and choices were respected.
- Care plans contained personalised and detailed information about the way people liked to be supported and what was important to them. For example, one person's care plan documented their religious dietary requirements and that they liked to wear their watch and earrings every day.
- People and relatives told us staff listened and responded to their requests. One person using the service told us, "I like listening to the radio to keep up with sport and politics. I don't like it turned off at night, staff respect that."
- Staff were knowledgeable about people's backgrounds, likes and dislikes and showed understanding of people's physical needs and emotional wellbeing. One staff member said "[The person] reminisces sometimes about her regrets. We listen first and then try to distract with a topic we know interests [the person] and sometimes we use humour, which works."

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.

- People's specific communication needs were recorded at their initial assessment. Documents were available to people in formats they were able to understand such as, easy read pictorial formats or larger texts.
- Staff told us they used a white board to reinforce more complex words where a person could not hear or lip-read. We saw staff had written a reminder for another person about their activities that day, which the person referred to and confirmed with staff they wanted to attend.

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 provided with the opportunity to participate in a range of activities to meet their needs and preferences.
- Two activity coordinators worked daily, who organised arts and crafts, quizzes and visiting entertainers such as singers and musicians. They provided one to one sessions with people who preferred this to group activities. One activity coordinator told us they tried to make sure activities included purpose for people, for example flower arranging to be displayed around the home.
- People told us the activity coordinators talked through the activity planner on an individual basis to help

them identify what they might like to attend or try. People's choices were respected if they had chosen to spend time alone in their bedroom.

- Care workers were allocated times to support people to attend and participate with activities. During our visit we saw staff were enthusiastic, which appeared to encourage people to engage and enjoy themselves. A relative said, "[The home] has struck gold with the registered manager and two activity coordinators... there's a lovely atmosphere now and there's a little bit of [family member's] old self coming out – the stimulation seems to rekindle her cognitive ability."
- People we spoke with told us their relatives and friends visited and were welcomed by staff. One relative commented, "Even the front desk staff will bend over backwards if we need anything."

Improving care quality in response to complaints or concerns

- People and relatives told us they would speak to a member of staff or the registered manager if they were unhappy.
- There was a complaints policy and procedure in place which was displayed in communal areas for people and relatives to access. Records showed the procedure was followed when complaints had been raised. For example, an acknowledgment, investigation, outcome and any actions were recorded.
- The registered manager told us they met with people and relatives to listen to and address minor concerns, however these discussions and outcomes were not documented. The registered manager told us they would record these in future as an audit trail and to monitor for potential trends.
- The service kept a record of compliments received from people or their relatives. Recent examples included; "With your compassion and care [family member's] final years were made as comfortable and as happy as possible by all the staff" and "Very impressed at the high level of [the registered manager's] skills, knowledge and leadership abilities...they possess excellent communication skills along with an open and honest approach."

End of life care and support

- Advanced decisions were documented as part of people's initial assessment and detailed choices that were to be respected by all such as, not going into hospital and specific funeral arrangements. However, this information was not transferred into a person's end of life care plan unless they were at the end of their life. The registered manager assured us people's wishes would be regularly reviewed and captured in case of sudden death.
- End of life care plans recorded where anticipatory medicines had been prescribed and were ready for use when people needed them. A healthcare professional told us "Nurses do not miss anything, medicines are in place and nurses are well prepared [when people are at their end of life]."

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

- The registered manager had been in post since May 2019 and was supported by a new deputy manager and a clinical lead, who provided support and current professional guidance to the nurses and care staff.
- Overall, people and relatives spoke positively about the management team saying they were caring, compassionate and very supportive; they believed the service had improved under the registered manager's leadership. One relative commented, "It has improved 100-fold in the past three months. There are regular staff, it is currently very well led. [The registered manager] seems to have a handle on what's going on and is very pleasant and kind."
- Staff told us they felt there was a positive open culture where people were at the centre of all decisions. One staff member said, "Safety is at the forefront of everything we do...I treat people how I would like to be treated, I think of my grandparents." Another member of staff told us, "[The registered manager] is a shining light, they're marvellous. Staff morale was low in the past, but now it has really improved."
- The registered manager recognised and valued staff through monthly 'caring star' awards and 'tea at 3' where staff and management took part in refreshments and socialised with people and each other.
- Staff received on-line training in equality and diversity. The registered manager told us they raised staff awareness of people's rights through equality posters in staff areas and a recent staff cultural meeting; staff were encouraged to celebrate their different cultures through cooking and tasting each other's heritage foods.

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 Duty of Candour (DoC) regulation legally requires the provider to share information with people using the service, their representatives, CQC and the local authority when things have gone wrong. The registered manager understood their duty of candour and we saw an appropriate policy and procedure was in place.
- The registered manager told us that no incidents had met the threshold of the DoC. Incident and accident records we looked at confirmed this. However, we saw the service had provided a written apology in relation to an incident where no harm was caused as best practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems, such as audits, checks and observations were used to monitor all aspects of the service. The registered manager and the provider's quality team audits identified areas that were generated

into an 'action log', which showed timely progress.

- Regular clinical audits were undertaken for areas such as falls, infections and pressure ulcers. The registered manager and clinical analyst met weekly to analyse information and to follow-up agreed actions to maintain and improve safe, quality care.
- Staff were clear about their role and who they were accountable to; staff were given job descriptions which outlined their role and responsibilities.
- The registered manager told us they were well supported by senior management who listened to and facilitated their service improvement ideas. For example, resources were approved to redecorate and purchase new furniture.
- The provider notified CQC of events that it was legally required to. This was important so we could monitor people's safety.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service encouraged meaningful engagement and feed-back from people, relatives and staff. Regular residents and relatives meeting were arranged and visitors were encouraged to provide their feedback in a comments book.
- People received questionnaires about all aspects of the service they received. Survey outcomes, dated August 2019, showed that people were generally satisfied with the service. Suggestions for improvements had been listened to and acted upon. For example, people wanted more activities which the registered manager had acted upon and intended to build upon recent improvement by linking-up with the community such as the library, the dogs trust and local Brownies.
- Regular team meetings were held and staff told us they felt involved and well informed about the development of the service. One staff member explained they had presented the registered manager with a 'to do list' from their perspective as a care worker, which they felt would improve care delivery and this was listened to and taken on board.
- The service worked in partnership with health and social care professionals such as GP, SALT and dietitian to meet people's specific needs.