

The Orders Of St. John Care Trust

OSJCT Chilterns Court Care Centre

Inspection report

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Date of inspection visit:
20 March 2018

Date of publication:
02 May 2018

Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We inspected OSJCT Chilterns Court on 20 March 2018. This was an unannounced inspection.

Chilterns Court 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 care home accommodates up to 64 people in a purpose built building. The accommodation is spread over three floors. Bluebell is the nursing unit which supports people with rehabilitation following a hospital admission and supports people to prevent admission to an acute hospital setting. Tulip unit specialises in providing care to people living with dementia. Snowdrop is a residential care unit. During our inspection there were 61 people living at the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 25 January 2017, we found a breach of regulation 17. We asked the provider to take action to make sure people's records were completed and maintained. At this inspection on 20 March 2018, we found some improvements had been made. However, further improvements were still required in some areas.

People's care plans were not always current and were not always updated when people's needs changed to reflect those changes. The provider's quality assurance systems were not always used effectively to drive improvement. Where people were thought to be at risk of malnutrition, the malnutrition universal screening tool (MUST) were not always calculated correctly.

Most people were supported to maintain a balanced diet. On the day of the inspection, we observed pleasant dining experiences across the home. However, one person on a fat free diet was not managed well.

People told us they felt safe living at Chilterns Court. Risks to people's well-being were assessed and managed safely to help them maintain their independency. Staff were aware of people's needs and followed guidance to keep them safe. Staff clearly understood how to safeguard people and protect their health and well-being. There were systems in place to manage people's medicines. People received their medicines as prescribed.

Chilterns Court continuously recruited staff to ensure people's needs were met. The home had staff vacancies which were covered by regular suitably qualified and experienced agency staff to meet people's needs. Same agency staff were used to maintain continuity. The management team were doing all they

could to ensure safe staffing levels. The home had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

People had their needs assessed prior to living at Chilterns Court to ensure staff were able to meet people's needs. Staff worked with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner.

People were supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management team. Staff support was through regular 'trust in conversation' (one to one meetings with their line manager), and team meetings to help them meet the needs of the people they cared for.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. The registered manager and staff had a good understanding of the MCA and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA. The registered manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be deprived of their liberty for their own safety.

People told us they were treated with respect and their dignity was maintained. People were supported to maintain their independence. The home provided information in an accessible format to help people understand the care and support that was available to them. The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible. End of life care was provided in a compassionate way.

People had access to a range of activities to prevent social isolation. People knew how to complain and complaints were dealt with in line with the provider's complaints policy. People's input was valued and they were encouraged to feedback on the quality of the service and make suggestions for improvements.

People, their relatives and staff told us they felt Chilterns Court was well run. The registered manager and management team promoted a positive, transparent and open culture. Staff told us they worked well as a team and felt valued. The home had established links with the local communities which allowed people to maintain their relationships.

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.

Risks to people were assessed and risk management plans were in place to keep people safe.

Staff who had a good understanding of safeguarding procedures.

The home had staff vacancies which were often covered by regular agency staff to meet people's needs.

Medicines were stored and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to meet people's needs.

Staff had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. People who were being deprived of their liberty were cared for in the least restrictive way.

People were supported to access healthcare support when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who treated them with dignity and respect and supported them to maintain their independence.

Information about their care was available to people in accessible formats

Staff knew how to maintain confidentiality

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care records were not always up to date.

People had access to activities.

People knew how to raise concerns and concerns

Is the service well-led?

The service was not always well-led.

The provider's quality assurance systems were not always used effectively.

People and staff told us the management team was open and approachable.

The leadership created a culture of openness that made people and staff feel included and well supported.

People's views were sought and acted upon.

Requires Improvement ●

OSJCT Chilterns Court Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 March 2018 and was unannounced. The inspection team consisted of three inspectors, a specialist advisor in nursing and an 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.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We received feedback from three social and health care professionals who regularly visited people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was being managed. We reviewed the action plan the provider had submitted to us following our last inspection in January 2017. We also reviewed the home's last inspection reports.

We spoke with 10 people and three relatives. We looked at 11 people's care records and five medicine administration records (MAR). The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the home and getting their views on their care. During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the head of care, the area manager and 10 staff which included a nurse, care staff, domestic staff and catering staff. We reviewed a range of records relating to the management of the home. These included six staff files, quality assurance

audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In addition we reviewed feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

People told us they felt safe living at Chilterns Court. People said, "I do feel safe because there are people around" and "It is safe. Care leads on the whole are good and most of the care staff". People's relatives told us people were safe living at the home. One person's relative commented, "I feel better since my uncle came to live here".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding vulnerable people and had good knowledge of the service's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff told us, "I would report to the manager if I had any concerns. The provider had a whistle blowing policy in place that was available to staff across the home. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Risks to people were identified and risk management plans were in place to minimise and manage the risks and keep people safe. These protected people and supported them to maintain their freedom and independency. Some people had restricted mobility and information was provided to staff about how to support them when moving them around the home. Risk assessments included areas such as nutrition, falls, fire and moving and handling. Risk assessments were reviewed and updated promptly when people's needs changed. For example, one person became high risk of developing pressure sores. The person was referred to the care home support service (CHSS). Staff were advised to use pressure relieving equipment. This person's risk assessments were reviewed promptly to reflect the changes. People had personal evacuation emergency plans in place (PEEPs). These contained detailed information on people's mobility needs and additional support required in the event of a fire.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people were documented and investigated to reduce the risk of further incidents occurring. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents. One member of staff told us, "We check for injuries and then inform the manager".

Chilterns Court had staff vacancies and the area manager told us they were continuously recruiting. The home used regular agency to cover staff shortages and this allowed continuity of care. Throughout our inspection we saw people were attended to without unnecessary delay. Call bells were answered timely and staff took time to engage with people. Staff rotas confirmed that planned staffing levels were consistently maintained. However, staff on Snowdrop Unit commented that they felt stretched at times and this had an impact on the time they had to interact with people. Staff told us, "We can always do with more staff" and "It can be difficult to have time to spend with residents".

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure

and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable potential employees from working with vulnerable people. Staff holding professional qualifications had their registration checked regularly to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the Nursing and Midwifery Council (NMC).

People received their medicine as prescribed and the home had safe medicine storage systems in place. The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or, if not taken the reason why.

The environment looked clean and equipment used to support people's care, for example, weight scales, wheelchairs, hoists and standing aids were clean and had been serviced in line with national recommendations. We observed staff using mobility equipment correctly to keep people safe. People's bedrooms and communal areas were clean.

The provider had an infection control policy in place. Staff were aware of the providers infection control policy and adhered to it. People told us staff used personal protective equipment (PPE), such as disposable aprons and gloves and washed their hands. During the inspection we saw staff followed the provider's infection control policy.

The service learnt from mistakes. Staff told us and records of staff meetings showed shortfalls were discussed with the aim of learning from them. For example, reflective meetings were arranged following medicine errors and this allowed learning across the service.

Is the service effective?

Our findings

People's needs were assessed before they came to live at Chilterns Court to ensure those needs could be met. For example, assessments identified people's preferred methods of communication and staff were provided with guidance on how to effectively communicate with people. Assessments also covered people's individual needs relating to mobility and skin integrity.

People received effective care from staff who were knowledgeable, skilled, confident and well trained in their practice. One person said, "Indeed they are knowledgeable". Records showed and staff told us they had the right competencies, qualifications and experience to enable them to provide support and meet people's needs effectively.

Newly appointed care staff went through an induction period which gave them the skills and confidence to carry out their roles and responsibilities. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of nationally recognized standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This included training for their role and shadowing an experienced member of staff. One member of staff told us, "Fantastic training, it's brilliant".

Records showed and staff told us they received the provider's mandatory training before they started working at Chilterns Court. They were also supported to attend refresher sessions regularly. Mandatory training included; manual handling, safeguarding, equality and diversity, fire safety and information governance.

The provider had introduced a combined supervision and annual appraisal process called 'Trust in conversations'. These meetings provided an opportunity for staff to meet with the managers on a regular basis to agree objectives and discuss their performance. Staff told us they felt supported. One member of staff said, "I had my supervision not long ago. I feel very supported". Nursing staff were supported with their Nursing and Midwifery Council (NMC) revalidation process. Revalidation is the process which nurses complete every three years to renew their registration with the NMC.

The provider facilitated champions within the home who promoted evidence based good practice. There were champions in dementia, nutrition as well as management of falls. These champions were staff that volunteered for the roles and were passionate about the areas they chose to champion. The champions raised awareness in their topic area and shared their knowledge within the team.

Some people had special dietary needs and preferences. For example, people having soft food or thickened fluids where choking was a risk. The home contacted GP's, dieticians, speech and language therapists (SALT) as well as care home support service (CHSS) if they had concerns over people's nutritional needs.

People had mixed views about the food. People's comments included, "Food is pretty good", "I dislike the food, it's not good food. They cook 10 eggs and keep them in a heated trolley, they are like bullets, inedible",

"The food is not bad but not great" and "Food is ok".

During lunch time we observed people having meals in all three dining rooms. The atmosphere was pleasant. There was conversation throughout. People chose where they wanted to have their lunch and did not wait long for food to be served. The food was home cooked and looked appetising. People were given drinks and meal choices. On Tulip unit people were shown two choices. We observed staff sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience despite where they were.

People's care records showed relevant health and social care professionals were involved with their care. People were supported to stay healthy and their care records described the support they needed. The provider facilitated weekly GP visits to review residents as needed. People's care records showed details of professional visits with information on changes to treatment if required.

Chilterns Court was a new purpose built home set on three floors. People could move around freely in the communal areas of the building and gardens. There were several sitting areas on each floor and garden areas, which gave people a choice of where to spend their time. People's rooms contained personal belongings, photographs and furnishings giving a homely feel.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Staff sought verbal consent whenever they offered care interventions. Staff told us they sought permission and explained care to be given. For example, when people were supported with personal care. One member of staff said, "I ask if I can help before I do anything".

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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.

The registered manager and staff followed the MCA code of practice and made sure that the rights of people who may lack mental capacity to take particular decisions were protected. Where people were thought to lack the capacity to consent or make some decisions, staff had followed good practice guidance by carrying out capacity assessments. Where people did not have capacity to make certain decisions, there was evidence of decisions being made on their behalf by those that were legally authorised to do so and were in a person's best interests. For example, where people refused medicines and had no insight on why they needed it.

Staff told us they understood the MCA. One member of staff said, "We treat people as individuals and give them their right of choice. If we suspect they lack capacity, we complete an assessment. If we make decisions for them, they have to be in their best interest".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home met the requirements of DoLS. People who had DoLS in place were being supported in the least restrictive way. Staff had been trained and

understood the requirements of the MCA and the specific requirements of the DoLS.

Is the service caring?

Our findings

People told us they received care and support from staff who were caring, compassionate and kind. They told us, "There's no problem. The service is very good" and "Very good. Oh very caring. Anything you need just have to ask. If they haven't got it they will make sure to get it". One person's relative said, "They have been very good during the short time she has been here. Very good to us too". Another person's relative told us, "Staff work well together and have a good rapport with dad".

We observed staff talking to people in a polite and respectful manner. They interacted with people as they went about their daily work stopping to say a few words to people as they passed by. People were given options and the time to consider decisions about their care. Throughout our inspection, we observed many caring interactions between staff and the people they were supporting. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. The atmosphere was calm and pleasant. Staff sounded very affectionate when talking about people.

We observed people being attended to in a patient way. Staff offered choices and involved people in the decisions about their care. People told us staff treated them respectfully and maintained their privacy and dignity. One person said, "They will draw the curtains and close the doors. Yes they always call you by your name". People received care in private. We saw staff knocking on people's doors and asking if they could go in. Staff told us how they protected people's dignity when giving personal care by making sure doors were closed, covering people appropriately and explaining what they were doing. One member of staff told us, "We treat people with due respect".

The provider's equality and diversity policy was available in the home. This stated the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people and staff's gender and sexual orientation. People's needs in relation to gender, faith and disability were clearly recorded in care plans and staff knew the needs of each person well. We asked staff about equality and diversity. One member of staff told us, "We support a member of staff who has specific religious needs so they have a break at certain times".

People's care plans demonstrated that people were involved in developing their care plans. We saw evidence that care plans were reviewed regularly. Records showed where appropriate, people's relatives and advocates signed documents in support plans to show they wished to be involved in the plan of care. People's relatives told us they had been involved in developing care plans and reviewing care. One person's relative said, "There was an issue with [person's] care plan not being updated by an experienced carer. I do check it regularly". Records showed this had been addressed.

People's care plans showed independency was one of the main goals and staff took time to promote it. Staff spoke with us about promoting people's independence. They said, "We let them wash themselves if they can" and "We treat people with respect and encourage them to do what they can".

Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on

confidentiality. One member of staff told us, "We share information when only necessary to do so". We saw records were kept in locked cabinets only accessible to staff. Staff used password protected computers to access electronic records.

Is the service responsive?

Our findings

At the last inspection on 25 January 2017, we found people's records were not always complete and maintained. These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 20 March 2018, we found some improvements had been made. However, further improvements were still needed in some areas.

Although, staff knew people's needs and how to support them, people's records were not always accurate and did not always reflect people's needs. People's care plans were reviewed monthly, however, the main front page of the care plans were not updated to reflect those changes and this resulted in conflicting information. For example, one person's mobility care plan review indicated they were using a walking frame. However, the front of the same care plan still reflected the person used a walking stick. We spoke to staff about this person's mobility and they supported this person using a walking frame.

The home kept a record of people's needs, likes and dislikes. People's dietary needs and preferences were documented. However, we found some inconsistencies in one person's record. The person's dietary advice form in the care records indicated they were on a low fat diet. This person's dietary advice form with the chef indicated they were on a normal diet. We spoke to this person and they told us, "Food is not suitable. I need a fat free diet but it's not accommodated". We brought this to the attention of the area manager and they were going to address it.

Where people were identified as being at risk of malnutrition a malnutrition universal screening tool (MUST) was used to assess, monitor and manage this risk. However, these were not always calculated correctly. We found two records where the MUST tool had been calculated wrongly therefore identifying the risk of malnutrition lower than what it actually was. The records did not reflect people's needs so there was a risk that people's nutritional needs may not be managed effectively.

The provider used an 'All About Me' document which captured people's life histories including past work and social life enabling staff to provide person centred care and respecting people's preferences and interests. People's care records contained detailed information about their health and social care needs. Care plans reflected how each person wished to receive their care and support. For example, people's preferences about what time they preferred to get up or what food they liked to eat. People and relatives confirmed they were involved in planning their care. One person said, "I have been involved in all his planning and reviews".

People's care plans were descriptive and reflective of their individual support and care needs. The care plans covered areas such as personal care, eating and drinking, mobility, emotional well-being, elimination and communication needs. We saw daily records were maintained to monitor people's progress on each shift.

The provider used a key worker system. A keyworker is a staff member responsible for overseeing the care a person receives and liaises with families and professionals involved in that person's care. This allowed staff

to build relationships with people and their relatives and aimed at providing personalised care through consistency.

The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

People had access to an activities programme which included a range of group or individual activities. On the day of our inspection, we saw people were encouraged and supported to attend an Easter placemat making activity. Some people chose to stay in their rooms and staff respected those people's decisions. Staff also supported people with one to one activities to avoid social isolation. Records of residents' meeting minutes showed activities were discussed and suggestions made to include film nights or afternoons. The home had extensive gardens which people had unlimited access to.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place and displayed. People and their relatives commented the registered manager was always available to address any issues. One person said, "There is always someone who you can go to with a problem. I haven't needed to". We looked at the complaints records and saw complaints had been dealt with in line with the provider's policy. Records showed complaints raised had been responded to and followed up to ensure actions were completed. There were many compliments and positive feedback received about staff and the care people had received.

People's preferences relating to end of life wishes were recorded. This included funeral arrangements and preferences relating to support. People and their relatives where appropriate were involved in advanced decisions about their end of life care and this was recorded in their care plans. For example, one person had an advance end of life care (a plan of their wishes at the end of life) and a do not attempt cardio pulmonary resuscitation (DNACPR) document in place. We saw the person and their family were involved in this decision. People and their families were supported by staff during such stressful time. The registered manager facilitated reflective meetings following deaths.

Is the service well-led?

Our findings

The provider had quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including medicine safety, falls and infection control. Some quality assurance systems were operated effectively and used to drive improvement in the service. However, the provider's care plan audits were not always used effectively. For example, in one care plan audit significant shortfalls were identified on one unit and were to be actioned within a set timeline. We found some of the action plans had been actioned. However, we still identified the same issues during our inspection and the set timeline had passed. The provider's care plan audits had not picked up the concerns we also found in regard to the incorrect MUST scores and dietary form.

Another internal audit was completed and identified inconsistencies in recording and un-updated care plans. However, there were no action plans or set timelines to show when the issues would have to be addressed. There was no clear process of following up on action plans to ensure they were completed.

Chilterns Court was led by a registered manager who was supported by a head of care and an area manager. The registered manager had been in post for almost a year following our last inspection. We saw significant changes had been made since the registered manager's appointment. The registered manager had a clear vision to develop and improve the quality of the service. On the day of the inspection the registered manager was away. The service was being run effectively in the registered manager's absence which showed good leadership. There was a clear leadership structure which aided in the smooth running of the service.

During our inspection we found significant improvements had been made. However, people had mixed views about the management of the home. People told us, "Yes everything seems to run well. Staff get on with each other", "Personally I feel that it is not well managed. New manager has been in place since March 2017 and things are still not running as smoothly as I would like" and "Yes I think so [managed well], don't really know who manages it". People told us they had effective communication with the home. People's comments included, "I'm kept up to date but often have to ask" and "I am updated on most things".

Staff felt supported by the management team and acknowledged the positive changes since our last inspection. Staff were appreciative of the changes and told us the current management made good changes. Staff told us, "Manager is very approachable. Every single person here is approachable", "Lovely manager and head of care. We are supported and empowered" and "Manager is amazing. She makes staff feel wanted". Staff told us the registered manager and the head of care had an open door policy and were always visible around the home. One healthcare professional commented, "After a shaky start I believe the service is now very well led by a current manager. Each of the units has a very competent lead care". Another healthcare professional told us, "Leadership has improved massively".

Chilterns Court had a positive culture that was open and honest. The provider had a no blame culture which valued staff and treated people as individuals. Staff said, "Much more positive culture. I would definitely go to [manager] if I was worried about anything" and "We are an open and honest organisation. We learn from mistakes". Staff also commented on good teamwork which ensured people received safe care. One member

of staff told us, "We have really good team work. Everyone helps each other out".

The provider valued staff contribution at all levels. Staff participated in trust staff surveys. Staff were encouraged to make suggestions and be confident these were taken on board. Staff felt listened to. For example, staff complained about their uniform colour which was not dementia friendly and this was being changed. Staff also attended the employee involvement group where they met with the CEO and then fed back to other members of the team. One member of staff told us, "I feel listen to, we have improved a lot but still a way to go to be perfect".

We received complimentary feedback from health and social care professionals. They spoke highly about their relationship with the registered manager and staff. They commented on how well the home was managed and how staff communicated with them in a timely manner. One healthcare professional told us, "There is a lot of communication going on. Both the management and myself encourage an atmosphere of total transparency".

People, their relatives and other visitors were encouraged to provide feedback about the quality of the service. Feedback was sought from people through satisfaction surveys and residents' meetings. Records showed that some of the discussions were around what changes people wanted. For example, changes in activities and menus. Records showed there were many positive comments about the impact the registered manager had made.

Staff described a culture that was open with good communication systems in place. Staff were encouraged to attend staff meetings and contribute their ideas to the running of the service. Staff told us discussions were around suggestions on how to improve care. The meetings were recorded and minutes made available to all staff. For example, in one meeting staff discussed the results of audits and the actions that needed to be completed. Staff also attended daily '11 at 11' meetings. These were head of departments update meetings which allowed staff to share and discuss changes timely. The provider published a bulletin which kept staff up to date with changes within the home.

Records showed the service worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a timely manner which allowed continuity of care. The home was transparent and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood and complied with their responsibilities under duty of candour, which places a duty on staff, the registered manager and the provider to act in an open way when people came to harm.