

H. W. Group Ltd

Woodlands House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Woodlands House is a residential care home. It provides personal care and accommodation for up to 40 older people. There were 38 people living at the service at the time of inspection, some of whom were living with dementia. The home consisted of a residential setting and a separate 'dementia cottage', designed to provide higher levels of care.

People's experience of using this service:

The provider had fostered an overwhelmingly person-centred approach to delivering care. There was a focus on giving people meaningful occupation, utilising skills and keeping people connected to their local community. Activities at the home were creative, wide ranging and designed with people's skills and interests in mind. This had clear benefits in improving people's physical and mental wellbeing.

People, relatives and professionals told us how the provider's person-centred approach had helped to make improvements to people's motivation, mood, independence and social interaction. Staff were skilled in their approach to ensure that people's individual needs were considered in the design and delivery of care.

The service had a record of outstanding practice in delivering end of life care in line with best practice. They worked in partnership with people, relatives and stakeholders to help ensure people receive personalised care which reflected their needs and preferences as they neared the end of their life.

Staff were motivated in their role and were caring. They understood people's needs and treated them with dignity and respect. There was a positive atmosphere at the home, where people were content, active and well attended to.

There was strong leadership at the home. The registered manager understood the responsibilities of their role and was attuned to people's needs. There were effective systems in place to monitor the quality and safety of the service.

People's needs were assessed to ensure they received appropriate support with their nutrition, hydration, medicines and healthcare. Risks associated with the environment were safely managed and the home was clean and hygienic.

The home was a suitable environment for people. There were a range of communal spaces which people could utilise throughout the day. The provider had made adaptations to the home to make it suitable for people living with dementia.

The provider had processes in place to gain appropriate consent to care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider had safeguarding policies and procedures in place, which helped to reduce the risk of people suffering abuse or coming to avoidable harm. There were appropriate systems in place to gain feedback and respond to complaints.

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

Rating at last inspection:

The service was rated good at our last inspection (published 4 July 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Woodlands House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector and one assistant inspector.

Service and service type:

Woodlands House 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. A registered manager 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we held about the service, for example, notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection

We spoke with fourteen people, four relatives and two visitors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the regional manager, the maintenance manager and seven care or domestic staff. We also received written feedback from one GP and three relatives.

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

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Plans were put in place which reduced the risk of harm to people in relation to their health and medical conditions. This included risks of falls, pressure injuries, malnutrition, dehydration and risks specific to people's medical conditions.
- People were encouraged to take a positive approach to risk, which promoted their independence. Examples of this included, people carrying out their personal care independently through identifying and minimising risks associated with these tasks
- Risks associated with the home environment were managed safely. This included procedures around emergencies, such as fires. Each person had a personal evacuation plan in place. This detailed the support they would need to leave the building in the event of an emergency. The provider carried out fire drills using a variety of scenarios, to help ensure staff understood evacuation procedures.
- The provider had a business continuity plan in place. This detailed the actions staff would take in the event of an emergency, such as loss of staffing or the outbreak of an infection. This helped to keep people safe in the event of such an occurrence.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home. Comments included, "I feel safe here. The staff are here if I need anything."
- Staff had completed training in safeguarding adults and were aware of the different types of abuse.
- The registered manager made appropriate referrals to the local authority safeguarding teams when there were concerns about people's safety or wellbeing.
- There was a whistleblowing policy in place. This detailed external bodies staff could raise concerns with if they felt unable to speak with the provider. Information about safeguarding and whistleblowing were clearly displayed around the home and staff were aware of actions to take to keep people safe.

Staffing and recruitment

- There were enough staff in place to meet people's needs. People's comments included, "The home is well staffed", and, "Whenever I need someone, I just press this button [call bell] then they come."
- The registered manager calculated staffing levels from assessments of people's needs. Staffing dependency was reviewed monthly to ensure that suitable levels of staff were available. □
- The provider had effective systems in place around the safe recruitment of staff. This included checks into staff's character, experience and skills.

Using medicines safely

- There were safe systems in place for the ordering, storage, administration and disposal of medicines. Staff had received training and competency assessments in medicines administration. This helped ensure they were following guidance in line with best practice.
- People had individualised care plans around their medicines needs. These detailed preferred routines and any special instructions around medicines administration. For example, some people needed to take their medicines at specific times around eating and drinking. Staff made adjustments to their planned medicines administration round to ensure these medicines were taken as prescribed.
- Some people were prescribed 'when required' medicines for pain or anxiety. Care plans identified when people may need these medicines. People told us they received pain relief as required and that staff were attentive if they were in pain or discomfort.

Preventing and controlling infection

- The home was visibly clean and hygienic. There were dedicated domestic staff in place, who oversaw a regular cleaning schedule, which helped to maintain the level of hygiene in the home. People and relatives' comments included, "The home is immaculate", "There is a good standard of cleanliness" and "You can tell as soon as you walk in the home it is clean, it smells clean."
- There were policies and processes in place to reduce the risk of infections spreading. There were appropriate arrangements around people's laundry and for the disposal of clinical waste.
- The service had received a rating of five, by The Food Standards Agency in June 2019. This reflected a high standard of cleanliness and food hygiene.

Learning lessons when things go wrong

- The provider carried out work to analyse all infections and hospital admissions. This identified trends and measures which could reduce future incidents. This approach had been successful in significantly reducing the number of people who were admitted to hospital with illnesses.
- The provider used learning from incidents to develop effective approaches to the delivery of care. In one example, they used learning from incidents to promote improvements in how medicines were safely managed.'

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- The registered manager assessed people's needs prior to admission to the home. This included using information from people, relatives and professionals to help develop appropriate care plans.
- They used a nationally recognised set of assessment tools to assess people's staffing needs and the risk to people of malnutrition and dehydration, falls, and pressure injuries. Where risks were identified, plans were put in place to reduce the risk of harm and monitor people's condition.
- The provider had incorporated technology to promote safe and effective care. In one example, they had introduced a laser activated falls detection system, which alerted staff if people left their bed during the night. This piece of equipment was used for people at risk of falling out of bed. The laser activated system was beneficial, as unlike a floor mat detection system, it did not pose a trip hazard to people.

Staff support: induction, training, skills and experience

- Staff received training in line with The Care Certificate. This is a nationally recognised set of competences relevant to staff working in social care. Additional training was available to meet people's specific needs, such as dementia and diabetes. Some staff had completed additional qualifications in health and social care.
- Staff were supported with their ongoing learning and development. Their working performance was regularly assessed and reviewed through supervision meetings, observations of working practice, training updates and competency assessments. Staff told us they felt the training helped to give them knowledge and confidence in their role. One member of staff said, "The support I get and all the training has been brilliant."
- There were 'champions' in key areas such as safeguarding, medicines, infection control and diabetes. Their role was to attend external training, develop care plans, carry out audits and mentor staff in their designated area of interest. In one example, the diabetes champion monitored people's diet and lifestyle to help ensure they were following guidance in line with professional advice.

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

- The service was suitable for people's needs. The accommodation had been split into two main areas. The main part of the building and an extension (The Cottage), which was designed to be suitable for people living with dementia. The Cottage was a quieter environment with a higher concentration of staff, to meet people's increased needs. Each area had its own communal and secure garden spaces.
- The home was well lit and well maintained in appearance. Walkways were wide and hand rails were available for people who needed additional assistance when walking. Access to the second floor was via either the stairs or passenger lift. Bathrooms and toilets were clearly signposted, which made it easier for

people to distinguish them from other rooms. These adaptations meant it was easy and safe for people to navigate around the home. One relative told us, "The whole feel of the place is just perfect [for my relative]. It is a very suitable place for them to live."

- People were able to personalise their bedrooms through décor and decoration, which helped people feel more comfortable in a familiar environment.

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

- The registered manager had established an effective working relationship with a GP practice. This involved a bi-weekly visit by the GP to assess people who required additional health monitoring or were unwell. This had helped to ensure people with illnesses received regular input from their doctor.
- The provider was involved with the 'red bag' initiative, a hospital transfer pathway supported by the local clinical commissioning group. The purpose of which was to ensure the smooth transition of people's information with them to and from hospital.

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

- People told us they enjoyed the food at the home. Comments included, "Very good", "I enjoyed my lunch" and "The meals are of a good quality."
- People's preferences around food and drink were identified in their care plans. There was a set menu in place, but people were offered alternatives, should the planned meal not be to their taste. Comments included, "If I don't like what's on [the menu] then I just ask for something different."
- When people had specialist diets staff ensured these requirements were met. In one example, kitchen staff received specific training in meeting the nutritional needs of people with swallowing difficulties. This helped to ensure that staff understood how to prepare food suitable for people's specific requirements.
- People received appropriate support during mealtimes. There was a relaxed atmosphere in the main dining room with plenty of staff available to provide support and encouragement when needed.
- Where people were at risk of malnutrition or dehydration, staff monitored their food and fluid intake, ensuring that appropriate referrals to external professionals were made when people's intake fell below expected levels.

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

- The provider ensured people had access to healthcare services as needed. This included providing support for people to attend health appointments and making referrals to specialist health professionals, such as dieticians and occupational therapists when required. This helped to ensure that people had regular and timely access to healthcare services when needed.
- The provider had completed an oral health assessment for each person. This highlighted their oral healthcare needs and the daily support they needed with their mouth care. This helped to ensure people's oral care needs were met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager understood their responsibilities in this area and had made the appropriate

referrals for these safeguards as required.

- The provider gained appropriate consent to people's care. The registered manager went through care plans with people to ensure they understood and agreed to care. Where people were unable to consent, where appropriate, their legally appointed representative was consulted about care arrangements.
- The provider had systems and processes in place to assess people's capacity and to make decisions in people's best interests. In one example, one person had a best interests decision in place around the use of bed rails. The processes used were in line with the MCA.

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

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

- People and relatives told us that staff were compassionate and caring. Comments included, "[My relative] is now a completely different person to when she first came to Woodlands House. I believe this has a lot to do with the interaction the staff give the residents", "Nothing is ever too much trouble for staff", and, "I find the staff approachable, friendly and courteous."
- People were relaxed and unhurried throughout their daily life. There were plenty of staff available to support people around their daily routines. Staff were patient and considerate in their approach. We observed many positive interactions throughout our inspection. Comments included, "It is all I could ask for in a care home. It is warm, friendly and homely."
- There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristics identified in The Equality Act 2010. Information about their diverse needs were considered as part of the provider's assessment processes and recorded in people's care plans. This included making arrangements around meeting people's religious and spiritual needs.

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

- People and their relatives were involved in developing care plans. Upon admission to the home, they were asked to complete documents detailing their past lives, family contacts, preferences and routines. This information was used to develop people's care plans.
- People's relatives told us that they were kept informed about important aspects of their family member's care. People could enable their relatives to have access to the provider's electronic care planning system. This allowed them to review daily care logs, incidents and leave messages for staff about updates or feedback. One relative said, "It is reassuring knowing I can see what [my relative] has been doing."
- The registered manager was pro-active in ensuring that people kept in contact with relatives and people who were important to them. The provider had set up a secure social media page and gained consent from people to share pictures and updates of events at the home. If appropriate, family members could log on to view pictures of their relatives and share some of the memorable moments. One relative said, "Staff genuinely show an interest in not only [my relative] but get to know our family as well."
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to give feedback about the service they received. There were 'keyworkers' in place, who acted as a point of contact for people and relatives to raise issues or suggest changes to their care.

Respecting and promoting people's privacy, dignity and independence

- Staff provided care to people in a way that each person preferred, whilst encouraging them to do as much

for themselves as possible. People were supported to make choices about their care throughout the day, such as when they ate and how they dressed. One person commented, "I am an independent person. Staff understand how I like things done and they never try to change it."

- Many people were encouraged to regain skills and motivation they had previously lost prior to admission to the home. This included everyday life skills, personal care, social skills and exercise. One relative commented, "Over time she has become quite independent. [My relative] now showers, dresses herself when she can and takes a walk most days, which she never did when she lived at home, stating that she couldn't be bothered."

- People were given personal space and privacy when they wished. Staff understood people's routines, appreciating when they wanted engagement and when they wished to have quieter time in private. This included when people had visitors and wanted privacy.

- Staff explained how they maintained people's privacy and dignity when providing personal care. This included explaining to people what they were doing throughout and providing discreet support away from communal areas.

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

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

- Care was highly personalised to help promote people's physical and mental wellbeing. Comments included, "The staff make it very personalised. They are patient with [my relative] and try to do things at her own pace" and "The Woodlands House approach to care is overwhelmingly person centred."
- For example, one person was receiving care in bed and was unable to leave their room after becoming ill. The person had a love for poetry, but due to their illness, they were unable to join in with the monthly poetry club at the home. Staff adapted their care plan to arrange regular time where they would sit and read poetry with the person. Staff understood how important this was for the person's wellbeing and the positive effect this had on their everyday life.
- The provider understood the emotional benefits of helping people feel useful and giving them a sense of purpose. In one example, one person was encouraged to use their knitting skills to make toys as part of a local police scheme to help children who had suffered trauma. This had an overwhelming benefit to the person, enabling them to use their skills to contribute towards the wellbeing of others.
- Staff took genuine interest in promoting people's wellbeing. The provider had a scheme which enabled people to experience special activities of their choice. Recent experiences included, a person visiting a war memorial with their relative's name on it, attending a ballroom dancing event, and organising a dog show which was held at the home. One member of staff said, "The residents are amazing and each of them are amazing in their own way. Getting to know every individual's care needs and the support they need is why I am in this job."

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

- The service went above and beyond to recognise and respond to people's needs for social interaction and mental stimulation. Many innovative, person-centred activities took place daily, which were constantly updated and changed to meet people's needs. Comments included, "There is a real difference here from other homes I have visited. People are content here as there are plenty of things to do", "People are not left unoccupied, which means they become less agitated" and "The staff do so much with people. It has made a real difference to my relatives wellbeing and happiness."
- In one example, some people were interested in performing arts. Staff had encouraged them to form a drama group. The group grew in members and had put on a series of performances at the home for other's entertainment. The group had given people meaningful purpose and camaraderie as they rehearsed and honed their performances.
- One person was previously reluctant to engage in social activity at the home. They had struggled to adapt

to life in a residential care setting. By becoming involved in the drama group, they became more comfortable with their surroundings and took pleasure from contributing positively. The person told us they enjoyed participating as it gave them a sense of purpose and enabled them to follow their interests.

- In another example, a local childminding group regularly visited the home. People told us these visits had a profoundly positive effect by evoking happy memories of raising young children of their own. For other people it helped to give them a sense of purpose and had a calming effect on their behaviour. One relative said, "When the children come in, it takes her back and you can see that spark within my relative, she comes alive, it's amazing."

- Activities were designed with individuals interests and skills in mind and adapted to encourage a wider group of people to participate. This created a sense of community within the home and gave people a purpose and focus to their day. Comments included, "I am busier now since I moved in. I think it has made me feel younger", and, "I was quite lonely at home sometimes, so it has been a new lease of life to come here." The provider had an extensive programme of activities in place designed around promoting people's physical and mental wellbeing. This included external trips to local attractions, craft clubs, themed days, exercise classes, external entertainers, visiting church services, games, quizzes.

- In one example, the home had started a 'cycle challenge' to celebrate the upcoming Olympic Games. This involved using exercise bikes to cycle the equivalent distance from the home to the Olympic venue. Many staff and residents had become involved with this project. It had benefits to people's physical wellbeing and sense of connection to upcoming cultural events.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. The provider met the requirements of this standard by presenting information to people in a variety of ways, which was tailored to their understanding.

- People's individual communication needs were identified in their care plans. Where people required time to process and respond to questions, staff were patient in ensuring this time was given. Staff ensured that communication was pitched in a way which meant people could understand. This helped to ensure that people could contribute in a meaningful way in everyday decisions about their care.

End of life care and support

- The provider had implemented a best practice approach to providing high quality end of life care. They had been accredited for the Gold Standards Framework (GSF) quality hallmark award. The GSF is an approach to delivering end of life care which is nationally recognised as following best practice. The home had achieved 'beacon status' through this award, which is the highest level of accreditation obtainable. This demonstrated that their practice was recognised as high quality by the GSF panel of assessors.

- The provider had received numerous compliments from families about the exceptional quality of care their loved ones received at the end of their life. Staff provided practical and emotional support to relatives during people's last days and beyond. Many relatives had continued to visit and participate in life at the home after their family members had passed away through volunteering. One relative wrote to the provider, "Having [my relative] at Woodlands House meant the final stage of their life was happy, filled with love and care."

- Staff were dedicated in helping people and their families explore and record wishes about their care at the end of their life, so that they felt consulted, listened to and valued. Choices were presented to people in a way they could understand, taking into account their level of insight and potential distress about the concept of their life ending. This included choices about suitable treatment plans, medicines, and

preferences around their environment to help them feel comfortable. Where people identified preferences, staff went out of their way to ensure their needs were met. Examples included, moving bedrooms to give people views of the garden, organising access to religious services and personalising aftercare when people passed away.

- The provider worked closely with healthcare professionals to help ensure people experienced a comfortable, dignified and pain-free death. There were many examples, where people were able to remain in Woodlands House to spend their last days in a comfortable and familiar environment, through working with other stakeholders to ensure people had the right equipment, medicines and support. Staff were attentive and intuitive to people's needs, understanding when people's condition changed and they needed adjustments to their care. In one example, the provider organised for a person's bathroom to be converted into a wet room at short notice after a decline in their health. This enabled the person to stay at home and use essential facilities that they needed.

Improving care quality in response to complaints or concerns

- People told us they felt happy in raising a complaint and that their concerns would be listened to. Comments included, "I have made a few suggestions which they have taken onboard" and "I have no reason to make a complaint. The manager is very approachable though, so I am happy with that."
- There was a complaints policy in place, which outlined how complaints would be investigated and responded to. The complaints received had been thoroughly investigated and responded to in line with the provider's policy.

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

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

- People and relatives were positive about the leadership at the home. Comments included, "I couldn't ask more of the management, they listen and we work together", and, "I see the manager daily, she is interested in what I have to say and is very personable."
- There was a positive, person centred culture at the home. People's care and wellbeing was at the centre of staff's focus. They were motivated in continually looking for ways to provide more personalised care to people by understanding their preferences and tailoring their practice to compliment this.
- Staff told us that there was a positive working environment and they felt well supported by management. Comments included, "I feel the registered manager's values towards staff are incredible and she does not only ensure the needs and wellbeing of the residents are met but also the staff members at all times", "This is a brilliant place to work", "The manager has always been very supportive", and, "The whole team work together."
- The provider recognised the excellent working performance of staff through awards and recognition schemes. The maintenance manager had recently won an award for the input they had in caring for a person at the end of their life. This helped to ensure staff felt recognised for their efforts and contributions.

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

- The provider had a duty of candour policy in place. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent. There was an open and transparent approach when incidents or mistakes occurred. The registered manager understood their responsibilities under this regulation and took the appropriate steps to ensure these requirements were met.

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

- There was a clear management structure at the home. The deputy manager supported the registered manager by overseeing aspects of running the home. Senior staff were in post who oversaw people's care, the supervision of staff and were responsible for key roles, such as medicines management. Senior staff's roles were clearly defined, with each having an understanding of their strengths and responsibilities.
- The registered manager undertook regular training to help them continuously develop knowledge to improve care. This included participating in the provider's leadership programme, which involved

supporting with quality and governance at the provider's other services.

- The provider's senior management had a good oversight of the service. The regional manager regularly visited the home to gain people's feedback and carry out quality and safety audits.
- The provider had displayed their previous inspection rating conspicuously throughout the home. The display of previous inspection ratings is a requirement, as it helps give people, relatives and visitors an idea of the quality of the service.
- Providers are required to notify CQC about significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the requirements of this regulation had been met.

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

- Residents meetings were regularly held, where people could suggest ideas for the development of the service. In one example, a person had suggested growing herbs which could be used by the chef. In response, staff created a 'kitchen garden', which included raised flower beds so people could grow herbs as requested.
- The registered manager also used methods of gaining feedback including, questionnaires, staff meetings and monitoring external feedback websites, where people had left reviews about the service.
- The service had several volunteers from the local community, who provided support and resources for people. For example, one volunteer ran a weekly exercise class at the home, whilst another regularly helped with trips to local attractions.
- The provider had established positive links with the community. This included, schools, religious and spiritual groups, charities and police forces. These relationships helped to provide resources and activities for people. They provided a link to the local community, where some people had lived for many years.

Continuous learning and improving care

- Monthly audits were completed covering key areas of the home. This included audits of care plans, staff recruitment files, health and safety, medicines management systems and infection control. The registered manager had oversight of all the outcomes from the audits and any actions identified to improve the service.
- The provider had an internal quality team who carried out inspection style audits of the service. The audits assessed how safe, effective, caring, responsive and well led the service was. The registered manager created an action plan for any areas where potential improvements were identified. This helped to ensure that they could track how improvements were imbedded.
- Senior staff monitored care in 'real time', using the provider's electronic care planning system. Staff accessed the system via their work mobile phones to record details of the care provided to people. This included, medicines administration, personal care and incidents. Senior staff monitored the system and picked up any alerts that planned tasks were not completed. This helped the provider to ensure people had the right care, at the right time, which enabled them to respond to changes in people's health quickly.
- There were systems in place to develop staff's skills and knowledge in their role. In one example, senior staff accessed training to help develop their supervisory skills. This helped them develop effective practice in their role.

Working in partnership with others

- The registered manager made referrals to appropriate external professionals to meet people's changing needs. This included, doctors, district nurses, speech and language therapists, dieticians and physiotherapists. This helped to ensure that people had appropriate plans of care in place.

