

Rosemere Care Home Ltd

St Claire's Care Home

Inspection report

18-24 Claremont Road
Folkestone
Kent
CT20 1DQ

Tel: 01303254897

Website: www.rosemerecarehomes.co.uk/

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Claire's Care Home is a residential care home providing care and accommodation care to 24 people aged 65 and over at the time of the inspection. Some people were living with dementia. The service can support up to 39 people. The accommodation is provided in one adapted building which is located near to the town centre.

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

People felt safe living at the service. Risks to people were well managed by a staff team who understood people's needs well. People were protected from the risk of abuse and there were appropriate systems in place to safeguard people.

Medicines were well managed which meant people received their medicines as prescribed. People were happy with the support they received with their medicines including support to manage any pain.

People were supported by sufficient numbers of staff who had the skills and knowledge they needed to support people well. Staff had time to chat to people and people were positive about them. New staff had been recruited safely and pre-employment checks had been carried out.

People told us they were happy with the care they received. They told us they were treated with respect, kindness and compassion. People's privacy was respected, and they were supported to lead dignified lives. Staff knew people well and care was provided in a person-centred way which respected people's individual needs.

People were supported to maintain their independence and continue to do things for themselves where possible. Where appropriate, people went out independently or were supported to do so. 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.

Staff supported people to maintain their health and wellbeing. People confirmed they had access to healthcare services when they needed this. People were positive about the food and were supported to maintain their weight and stay hydrated.

People were encouraged to express their views and told us they felt listened to. There were systems in place to seek feedback from people, relatives and health and social care professionals and improvements were made to the service where appropriate.

The service was clean and the environment pleasant and welcoming. The environment had been adapted to meet people's individual needs and was suitable for people living with dementia.

Staff were aware of infection control and the appropriate actions had been taken to protect people from harm.

People benefited from their care being provided by a well-led service which had continued to improve. Staff, relatives and health and social care professionals told us the service was well managed. Staff were supported, happy and motivated and this led to their being a positive atmosphere at the service.

There were regular audits to identify where improvements were needed, and action had been taken to address any concerns found. Staff understood their responsibilities to raise concerns and incidents were recorded, investigated and acted upon. Lessons learnt were shared and trends were analysed. The service worked in partnership with other agencies learn and share best practice.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 11 July 2018). There were no breaches of regulation and we did not ask the provider to complete an action plan.

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 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 ●

St Claire's Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Claire's is a 'care home'. People in care homes receive accommodation and 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 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 eight people who used the service and three relatives about their experience of the care

provided. We spoke with four members of care staff. We also spoke to the two providers, the registered manager and the cook. We spoke with one health care professional who was visiting the service at the time of the inspection.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We also saw 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.

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 now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection the system used when administering medicines by means of patches on people's skin was not robust. However, this concern was addressed during the last inspection. At this inspection no one was receiving support with patches and we identified no other concerns relating to medicines.
- People's medicines were administered as prescribed. Medicine administration records were complete. Medicines were ordered, administered, disposed of and stored safely and securely.
- There was information for staff on how people liked to take their medicines and staff followed this guidance. People were happy with the support they were provided with their medicines. One person said, "Medicines are good and if you're not there for them they come looking for you". A visiting health professional also told us medicines were "well managed".
- Where people had 'as and when' medicines known as PRN's there was information in place for staff on how and when to administer these. People told us they had access to pain relief when they needed it. Staff used the Abbey Pain Scale. This is a tool used to assess when people, who are not able to express themselves, are in pain and need medicine for relief.
- Staff had the training they needed to administer medicines safely and their competency had been checked to ensure they were undertaking safe practices.

Staffing and recruitment

- At the last inspection staff application forms needed more detail so the registered manager had a better oversight of staff employment history. At this inspection the procedures to recruit staff had been strengthened and staff had been recruited safely. There was now sufficient information on staff employment history. Other checks also continued to be completed. For example, Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- There was enough staff to keep people safe and provide people with the support they needed.
- Staffing levels were planned by using a dependency tool which was updated monthly. The registered manager had introduced a system of allocating staff people to support whilst on shift. Staff were positive about this. One staff said, "Allocations have made a difference to the level of work and it feels manageable."
- During the inspection we observed staff had the time they needed to support people and respond to people's requests. Comments from people included, "I think there are enough staff and they are very good staff.", and "Staff are good and there are generally enough." Relatives said, "There are enough staff, always someone around if [my relative] needs them." and, "I'm impressed with the staffing levels and they are very helpful."
- There was an on-call system in case night staff needed more support, if staff called in sick or there was a

concern.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and told us they felt safe. One person said, "I like it here. I feel much safer here than I did at home"
- Where there had been concerns, these had been reported, investigated and acted upon as appropriately.
- Staff demonstrated they knew how to identify concerns and said they were confident the registered manager and providers would address any concerns raised. Staff told us if concerns were not addressed, they would report them to the local authority. Staff also understood how to blow the whistle if they had any concerns about poor practice at the service.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and there was guidance to reduce the likelihood of harm occurring. We observed staff followed this guidance. For example, staff supported people who were cared for in bed to reposition regularly to maintain healthy skin. This was recorded, and the records were monitored to make sure people had been given the correct support. One visiting health professional told us risks to skin well managed and said, "They are looked after well."
- People were supported with their emotions, which could lead to behaviour that was upsetting for themselves or other people. There was clear information for staff which included how to prevent people from becoming anxious and how to support them if they did. When one person became distressed, staff spoke to the person in a calm manner and provided them with the support they needed to reduce their anxiety.
- Where people were cared for in bed, call bells were within their reach. Where people could not call for assistance they were regularly checked to ensure their needs were met. This was recorded in the daily notes which were kept in people's rooms. People said, "They come quite quickly when I use the button."
- Risks to people from the environment were well managed. Equipment such as hoists were serviced and checked to ensure they were working correctly. Essential checks, such as to the gas and electric supply, had been completed. Personal evacuation plans, to be used in the event of an emergency were easily accessible to staff.

Preventing and controlling infection

- People were protected from the risk of infection.
- The service was clean and smelled pleasant. Staff were supported by cleaning staff seven days a week who ensured the service was clean.
- Staff had completed infection control training and training in maintaining good hand hygiene. Staff followed infection control protocols such as changing gloves between tasks and using aprons where appropriate. Red bags were used for clothing or bedding which needed to be kept separate from other clothes to reduce the risk of infection and prevent cross contamination.
- The service was inspected by the Food Standards Agency in December 2018 and rated Very Good. This meant the storage and preparation of food was done in a safe and hygienic way.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Staff reported incidents and there was a system in place to record and monitor these. A staff member told us, "I let the registered manager know and then do an incident report. The RM would look in to it and investigate."
- Staff used ABC charts to record some behaviours. ABC charts are an observational tool that records specific information about a particular behaviour. These charts were used to identify patterns and trends in behaviours and the events that led up to someone becoming upset.

- When incidents had occurred, action had been taken and people's care plans were updated if this was appropriate. For example, one person's support for emotional behaviour had been changed and the person was now more settled at the service. Another person was at risk of falls and equipment had been put in place to support the person so remain safe.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection the service had improved the environment, but more improvements were needed. At this inspection the service had continued to improve, and we identified no concerns. The outside of the building had been recently repainted. Three of the lounges had been decorated and the fourth was being done at the time of the inspection. People had chosen the colour scheme. People had been able to bring their own furniture if they wanted and had photos and pictures up on the wall. Bedrooms were bright and well decorated to people's personal colour choices.
- A maintenance person had been employed by the service. There was a maintenance log which listed any repairs needed. Repairs needed had been addressed in a timely manner and actions taken were recorded. For example, fire doors had been replaced when these had been damaged.
- The environment was suitable for people including those living with dementia. For example, there was appropriate signage throughout the building and we observed people were able to find their way around. There was a quiet space for people to go and sit. We saw people used this quiet space throughout the day. Where people needed to be cared for in bed, their rooms were peaceful and calm with quiet music playing.

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

- People's needs were assessed prior to them moving in to the service or when their circumstances changed. People and their relatives told us they were involved in the assessments.
- The assessments were detailed and included information on people's needs such as those relating to medicine management, promotion of continence, mobility, history of falls, communication and hearing. The assessment also included discussing with people their equality and diversity needs. For example, needs relating to religion and culture. No one at the service needed support relating to needs such as culture, religion or sexuality at the time of the inspection.
- Staff used nationally recognised tools to assess people's needs such as the Malnutrition Universal Screening Tool (MUST). MUST is a tool used to assess people who are at risk of malnutrition or obesity. Where people had been identified as at risk a care plan had been put in place to address concerns. For example, people were provided with extra nutritional support if they had lost weight.

Staff support: induction, training, skills and experience

- Staff had the skills and training they needed to support people. One relative told us, "I think the staff are well trained, they seem confident in what they do". Staff said, "We have a lot of training. I have done NVQ2 (National Vocational Qualification in health and social care) now. I feel confident in my role. I have now done dementia training and infection control."
- Training was a mixture of face to face sessions and on-line training and included safeguarding, equality

and diversity, medicine administration, infection control, manual handling, mental capacity and health and safety. Staff had also completed training in people's specific needs such as dementia awareness and diabetes. Some staff had also attended NHS education programmes and attended sessions on identifying sepsis and pressure sore prevention.

- New staff completed a learning programme which included the care certificate. The care certificate is a set of agreed standards for care workers. New staff also undertook a period of shadowing until they had successfully completed a competency assessment.
- There were regular supervision and appraisals for staff. The registered manager also worked alongside staff to monitor performance and assessments of staff competency were undertaken. This meant the registered manager had oversight of staff performance.

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

- People were provided with good levels of support with eating and drinking.
- Staff used a pictorial menu to support people to choose what they wanted to eat. People had a choice of what to eat and access to snacks and drinks throughout the day. People could also choose where they wanted to eat. Comments from people included, "There is a good choice, I can swap vegetables", "You can change if there is something you don't like", and "I have all my meals in my room, the food is good". People were asked about what food they wanted on the menu. For people who could not express themselves, staff monitored what people ate less of to develop an understanding of what they did and did not like. Menu changes had been made as a result of this monitoring.
- Where people needed a modified diet, this support was in place. People had been supported to access the speech and language team (SaLT) to assess if they needed a diet that was easier to swallow. We observed people were provided with soft food where this was assessed as needed. Suitable alternatives were provided for people who were diabetic.
- There was a hydration champion whose role was to ensure that people had access to enough drinks to remain well. We observed people being offered hot drinks throughout the day and cold drinks were always available. Where people were at risk of not drinking enough their fluid intake was properly monitored and discussed at staff handovers.

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

- Information was shared appropriately with other health and social care professionals to help ensure people received consistent care and support. A visiting health care professional was positive about the service and said, "They know when to call us and the calls they make are always appropriate."
- The service was participating in the NHS red bag scheme. This involves using a red bag when people go to hospital and when they come back. The bag is packed with standard information about people's health and care needs as well as people's essential personal possessions such as their glasses. This scheme aims to ensure people's possessions and information are protected and do not get lost.

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

- People were supported to access healthcare services to maintain their health. One relative said, "They look after [my relative] well, if ever they are unwell, they do something about it straight away".
- People had support from a range of healthcare staff where they needed it including the speech and language team, chiropodists, dieticians, the GP and district nurse. There were oral healthcare plans in place for people, which were audited on a monthly basis and people had access to a dentist. One person told us, "The district nurse comes regularly to dress my legs".
- One visiting health professional told us "People are very stable in their health. Staff listen well, and they take advice." For example, one person had been advised to rest in bed during the afternoon and we observed staff supported the person to do so.

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.

- Staff were following the principles of the MCA. Staff had a good understanding of the MCA. For example, staff knew people were able to make some decisions for themselves even when they lacked the capacity to make other decisions. Where people were unable to make decisions for themselves best interest decisions had been held. People told us they were able to make their own choices such as whether they stayed in their room or used the lounge and were able to choose what they did throughout the day. We observed people moved around the service freely and at their own pace.
- Where DoLS had conditions, these had been met. For example, one person's DoLS required that their medicine was regularly reviewed. This action had been taken.
- Where restrictions were needed to keep people safe these were reviewed, where appropriate staff provided people with support to work towards having them removed. The registered manager had considered options to ensure they implemented the least restrictive solution to protect the person. For example, where appropriate, people had access codes for the internal doors, so they could move freely about parts of the building. Some people were independent and went out into the community each day. One person said, "I go out for a walk every day and up the pub at the weekend."

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

- The feedback we received from people and their relatives about staff was consistently positive. Comments from people included, "I am exceptional well looked after.", "Staff are very friendly and have got to know me very well.", "I don't think you'd get better anywhere." and, "The carers are very good."
- Staff treated people with kindness. Staff were gentle and patient with people and touched people in a positive warm way. They spoke to people in a calm, polite, friendly way and used people's preferred name. People were comfortable talking to staff and we heard people chatting and laughing with staff. Staff had done kind things. For example, one person avidly followed a sports team. Staff had contacted the sports team, who then sent the person a letter and a banner for their wall. The person was happy to receive these gifts.
- Staff understood people well and were able to use this information to support people to communicate. For example, staff identified from one person's actions that they wanted to inspect to move. The inspector left the area and the person was happy and settled.

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

- When staff spoke to people they were patient and allowed people the time they needed to respond. Staff had time to sit and speak to people and we observed they did so. Staff also spent time with people who were cared for in bed. One staff said, "We do get to spend time with people and to visit each person and have a chat."
- People and their relatives were involved in reviews of people's care. Where people did not have the support of a relative to express their preferences about their care this support was provided by a keyworker. One person said, "They listen to you and do whatever they can for you."
- Staff had considered what support people needed to communicate. Information on how people communicated non-verbally was available to staff and staff understood people's gestures. Where people needed aids and equipment these were in place. For example, one person used technology to enable them to communicate with their family. A quiet space was also provided where people could sit and talk to staff or their relatives without background noise. Staff used objects of reference and pictures to support people to make choices. An object of reference is any object that a person understands as representing an activity and is used when people find it difficult to understand spoken words, signs or photographs.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. For example, people were encouraged to do their own laundry and keep their own room clean. One person helped staff with drinks and clearing away cups

and we observed they were happy to do this. Staff were working with one person to familiarise them with the local area with the aim for them to be able to go out independently in the future. Where people were able to go out alone they did so freely. Comments from people included, "I go up the town every day, I quite often go to the library, I like my books.", "I do all my personal care myself.", and "I have everything I want here; I have my independence."

- People told us staff respected their dignity and privacy. For example, staff knocked on people's door before entering and assisted people to change their clothes if this was needed to maintain their dignity.
- People's care records and personal information was kept secure in a locked office.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- People's care was provided in line with their preferences. One person said, "I always have a female carer by choice." A relative told us, "[My relative] has a shower when they want one, usually two or three times a week".
- There was very detailed information on people's life history for staff. Relatives had been asked to complete a booklet with photographs and details from important times in people's lives. This meant staff knew information such as how people liked to dress, what music they liked to listen to and what was important to them. Staff used this information to support people. For example, one person loved cats. Staff had supported them to get an electronic cat which purred, moved and responded when petted or hugged. The cat arrived during the inspection and we observed the person was delighted with it.

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 activity co-ordinator had recently left the service and the registered manager was recruiting a new one. However, an extra member of staff had been recruited during the afternoon supported people to go out where this was appropriate. We also observed other staff undertake activities with people such as chair based exercise. People were laughing and smiling during these activities and were enjoying them. Other people were engaged in quieter activities such as hand massage. Relatives said, "They have reminiscence sessions which help with stimulation", and "There are pamper sessions some Saturday mornings." Activities also included pet therapy, visiting choirs and singers and children from a local school.
- At the last inspection some people had not been asked if they wanted support with their spiritual needs. At this inspection this had been resolved. At the time of inspection no one wanted this support, however, they had done in the past and support had been provided. For example, people had been supported to visit their place of worship. No one at the service needed support with LGBT+ needs or their gender identity, however there were policies in place to support people with these needs should someone move in who needed this support.
- People were supported to maintain contact with the people who were important to them. For example, one person wanted to speak to a relative and staff brought the phone to them. The person told us they were able to speak to their relative regularly.

Improving care quality in response to complaints or concerns

- There was an accessible complaints policy available to people and a process in place to respond to complaints if they arose. The complaints policy was on display at the service and people could write down their complaint in a dedicated book, if they chose not to speak to staff. However, there had been no

complaints since the last inspection.

- People and their relatives said. "I have never made a complaint but would talk to the manager if I had one.", "If I had to make a complaint I would just talk to the manager. If there is a little niggle it is always sorted out straight away." and, "I have not complained but the staff are very keen that you talk to them about anything you are worried about so they can deal with it straight away."

End of life care and support

- No one was currently being supported with end of life care. However, people had been supported in the past. One relative complimented the service and said, '[My relative] was cared for so well here and the staff were tremendous, particularly during end of their life. Nothing was too much trouble. The rooms for visitors made the visits so much easier.'
- Staff had the information they needed to support people. One relative said, "I have been spoken to about end of life care and I am happy for the home to look after [my relative] at the end of their life."
- Where people had 'do not resuscitate' (DNR) these had been reviewed to ensure they were still appropriate.
- When people had been bereaved staff provided appropriate support. People attended the funeral if they chose too. Staff provided people with emotional support and comfort. People had been supported to see a representative of their religion at this time if they wanted to do so.

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.

- Peoples communication needs had been assessed. Information was provided to people in an accessible way depending on their needs. For example, some information was provided using pictures, other people required information to be explained to them by staff.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection systems and processes used to monitor and evaluate the operation of the service had been strengthened but needed further improvement and time to embed. At this inspection these systems had improved. Regular audits had been completed. For example, there were audits of medicines, care plans, risk assessments, recruitment files, health monitoring and health and safety. Where audits had identified concerns, these had been addressed. For example, an audit of the environment identified the kitchen needed a deep clean and the freezers needed defrosting and these actions had been completed in a timely manner.
- The registered manager understood they were required by law to notify CQC of significant events and had done so where this was appropriate.
- It is a legal requirement that the latest CQC inspection report rating is displayed where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgments. The provider had clearly displayed their rating at the service and on their website.

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

- There was a positive culture at the service which promoted good standards of care and had led to good outcomes for people. People and their relatives knew the registered manager well and were positive about how the service was managed. Comments from relatives included, "The manager is very good and very approachable." and, "If you ask them something they do it, it doesn't fall on deaf ears." One relative had complimented the service and said, "The staff at St Claire's are authentic and professional and have been kind and helpful at all times to my [relative] and myself. They listen and take time and a great deal of care."
- The providers continued to invest in the service and spend time there supporting the registered manager and staff. The registered manager was positive about this relationship. The registered manager was also supported by a deputy manager and a head of care. One social care professional said, "[The providers] are passionate about what they do, with an emphasis on caring for individuals and meeting their needs.", and "[They] worked hard to make the necessary improvements."
- Staff told us they felt the service had improved. They were motivated and happy in their roles, this had a positive impact on the atmosphere at the service. One staff said, "I am really happy here, [the registered manager] is really, really good." Another staff member told us, "What makes this a good place is having a good manager, a happy manager means that staff follow suit. The staff are nice to work with too."

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

- People and their relatives told us they felt listened too. There was an annual survey for people and their relatives. If people did not have the support of a relative, their keyworker assisted them to provide feedback. Feedback was positive, and comments included "I am quite happy, my relative is cared for and seems to be happy", and "The staff are friendly." There were also regular meetings for people and relatives where they discussed things such as the menu and the colour scheme for the decoration for the service. One relative said, "The residents meeting is held monthly and suggestions are always followed up." Another relative said, "I always feel we can speak about anything; they are always there to listen to any issues."
- Staff were also invited to feedback through a survey. Feedback from staff had been positive. Comments included, "The managers listen to us, but now there is nothing I would change about the service", and "I have made suggestions and they listen to me. If the allocations need to be changed they will listen and make the changes needed."
- Health and social care professionals were also asked to provide feedback. Their responses were also positive. Feedback to the service included, "I have always observed staff delivering person centred care, offering choices whilst showing patience and empathy creating a positive atmosphere for all the residents. The home always has a warm atmosphere."

Continuous learning and improving care

- The registered manager and the providers attended conferences and learning events to keep up with best practice. For example, the providers had recently attended the care road show and were exploring the new ideas they had learnt about activities for people living with dementia.
- The registered manager was participating in the Well-led leadership programme. This training explores what is best practice in good and outstanding services. As a result, the registered manager had made changes to the value statement for the service. The registered manager said, "It struck me that the outstanding services all had three or four focused values. Our values are now clearer for staff". The values of the service were compassion, dignity and equality.

Working in partnership with others

- Staff worked in partnership with funding authorities and other health professionals such as the mental health team, physiatrists, the GP and district nurses to plan people's care.
- People were referred to external healthcare services when this was needed. Staff shared information appropriately with professionals. For example, when one person was losing weight staff used an assessment tool to regularly monitor the person and shared this information with the dietician.
- Health and social care professionals were positive about the service and said staff listened to advice.

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

- There had been no incidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs that results in the death of a service user, severe or moderate physical harm or prolonged psychological harm.
- When things went wrong or there were incidents the registered manager was open and transparent about these and relatives told us they were kept informed.