

Milkwood Care Ltd

Braeburn Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Braeburn Lodge is a residential care home providing personal care to 12 people aged 65 and over, at the time of the inspection. The service can support up to 14 people.

Braeburn Lodge is a purpose-built service that provides accommodation over two floors. Each of the 12 bedrooms offer shower rooms as part of the en suites. Communal areas include, the dining room, lounge, orangery and large garden to the rear. People are able to assist themselves to drinks and fruits that are made available within the kitchenette adjoining the dining room.

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

People received safe care and treatment. Risks were effectively managed and understood. Risk assessments were completed for people that highlighted when the risk was most likely to occur, and what action to take to prevent the risk from occurring. Details were also written on what action to take should the risk occur. These were reviewed on a regular basis. Staff received training and had a comprehensive understanding of their duty of care to keep people safe from risk of harm and abuse. Staff were able to identify what action they would take and reported no issues to whistle-blow if concerns were not appropriately managed by the provider. We found that medicines were administered safely, with electronic records demonstrating people received their medicines in line with their prescription. Staff medication training and competencies were up to date. Required learning was identified from accidents and near misses, with a trigger analysis being completed every month.

People's health and social needs were assessed regularly, reviewed and updated. Formal reviews took place which allowed discussions to be completed on any changing health needs. People, relatives and professionals consistently told us the staff delivered care in accordance with their assessed needs. Staff had the necessary training and skills to complete their tasks effectively. Staff received supportive supervisions and attended meetings that enabled them to carry out their duties in line with legislation.

People shared positive relationships with staff who clearly treated them with kindness, compassion and dignity. Staff consistently treated people with respect and maintained their privacy. People's differences and diversities were celebrated, and welcomed, enabling an all-encompassing diverse service.

People reported that care was entirely person-centred and in line with their requirements. Care plans were personalised and contained comprehensive detail on people's interests and preferences. People had access to activities and the necessary support to follow their interests, and to prevent isolation.

The registered manager and staff consistently placed people at the heart of the service and clearly demonstrated the caring values and ethos of the service. The registered manager drove to make the service people's home, and not a residential care home. This was evident during the inspection and feedback by people and relatives. The quality of the service was monitored through robust governance processes, that

allowed all aspects of the service to be monitored. The service had built up working relationships with external professionals that were seen as integral part in delivering care.

The service was reportedly very well-led with the registered manager's approach and presence being a large part of the drive towards success. Staff reported looking forward to coming to work and felt the staff morale was high. Staff felt confident they were able to do their job to the best of their ability and would be supported by the management team (registered manager, deputy manager and all senior staff) to further learn and acquire knowledge that could help natural progression.

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.

Rating at last inspection

This service was registered with us on 03 August 2018 and this is the first inspection.

Why we inspected

This was a planned inspection. All new services are inspected within 12 months of registration.

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.

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

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 ●

Braeburn Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was completed by two inspectors on day one and one inspector on day two of the inspection.

Service and service type

Braeburn Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced on day one and announced for day two.

What we did before the inspection

We used the information the provider sent us in the provider information return reviewing this prior to the inspection. 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. In addition, we reviewed the notifications received from the provider, since the registration. The law requires providers to send us notifications about certain events that happen during the running of a service. We spoke with the local authority and safeguarding team seeking their feedback on the service. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives or friends about their experience of the care provided. We spoke with six members of staff including the operations director, registered manager, deputy manager, lifestyle co-ordinator, care workers and the chef. We observed activities and lunchtime experiences, speaking with people to gauge their opinion.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at service policies. We spoke with professionals to gain feedback.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People reported feeling safe. One person said, "I know if I raise something with staff, they will take the necessary action. I know I'm safe here."
- Staff had received training in safeguarding and were able to identify what course of action they would take if they suspected abuse. A safeguarding champion was trained within the team, who's responsibility included ensuring staff were kept abreast of any changes in safeguarding policies.
- The Commission had been correctly informed of all safeguarding concerns, excluding one, which the registered manager had discussed with the inspector. We noted that the local safeguarding team were informed of any safeguards and guidance followed as and when provided.
- When asked if they would use the provider's confidential whistle-blowing line, a unanimous confirmation was received from staff. One reported, "100%. It's my duty of care."

Assessing risk, safety monitoring and management

- Risks to people were effectively managed through comprehensive risk assessments. These were reviewed on a regular interval or updated if changes were noted. For example, a person who had experienced several falls recently had their risk assessment reviewed to ensure consideration was given to how to minimise risk, whilst enabling the person to maintain their independence.
- People had an individual emergency evacuation plan, that reflected their specific needs, related to mobility, support and communication.
- A system was employed to investigate all accidents and incidents. This worked in tandem with the risk assessments, focusing on analysing how to prevent similar occurrences.
- People were protected from environmental risks within the home. Risk assessments were completed on the environment and required checks completed on weekly, monthly, quarterly and annual basis. Where any concerns were noted, action was taken and recorded to identify this.
- Daily handovers, continuously recorded any information of importance to ensure people were appropriately monitored and kept safe from risk. For example, one person had involvement from several health professionals in relation to deteriorating mental wellbeing. Staff handovers recorded each appointment, the outcome and any pending appointments. This ensured the person's health was continually monitored by staff.

Staffing and recruitment

- People and relatives reported that staff were always available to help during the day and evenings.
- We found that people were supported by sufficient staff. Although staffing ratios were calculated as one staff to four people, we found that there were significantly higher number of staff present during the course

of both days of the inspection. People reported that there were, "always enough staff here to make sure you're okay," and that this was an accurate reflection of how the service operated.

- The service did not use agency staff. By remaining overstaffed the registered manager ensured people had consistency in care. Bank staff were also employed by the company that could work at Braeburn Lodge if this was required.
- The provider had completed relevant pre-employment checks to make sure staff had the appropriate skills and character to support older people. These included prospective staff's conduct in previous care roles, full employment history, DBS checks (checks to establish if the prospect staff have a criminal record) as well as their right to work in the UK.
- All new staff members were required to complete a comprehensive induction course, in addition to the care certificate.

Using medicines safely

- People had their medicines managed safely.
- Senior staff were trained to administer medicines, with competency assessments completed frequently, including observations, to ensure people were supported safely.
- Records demonstrated that people had received their medicines as prescribed, in a way they preferred, and in line with their medicine plans.
- Senior staff supported people to take their medicines in a respectful way. Staff ensured that people's dignity was maintained when administering medication. People were asked if they were ready for their medicines and were given time to take them.
- Medicines were stored and disposed of safely, as required by legislation.
- Where people had medicines PRN 'as required', for example for pain. There were clear protocols in place to advise staff of their use.
- Electronic Medicines Administration Records (EMARs) were accurately completed.
- Comprehensive medicine audits were formally undertaken monthly, however daily visual checks of the EMARs were completed daily by the management team (registered manager, deputy manager and senior care staff). These highlighted any issues or concerns in a timely way, and clearly illustrated any actions to address deficiencies.

Preventing and controlling infection

- People and relatives told us the home was always kept clean. We found this to be an accurate reflection of what we observed during the inspection.
- Staff were trained in the prevention and control of infections. Domestic and kitchen staff ensured they were kept abreast of any change in legislation or update in training to keep people safe.
- We saw that the home was clean and free of malodour throughout the duration of our inspection.
- Personal protective equipment was available for staff, such as disposable gloves and aprons to prevent the spread of infection.
- The kitchen had been rated 5 out of 5 (good) from the FSA (Food Standards Agency). The agency's primary role is to ensure that services that serve or sell food, do so in line with hygiene standards. The rating of 'good' therefore illustrates the highest rating for cleanliness.

Learning lessons when things go wrong

- All accidents and incidents were recorded and reviewed by the management team.
- The registered manager and management team took the necessary action to implement the required learning identified from accidents and near misses. For example, lessons had been shared with staff to improve safety across relevant parts of the service in relation to medicine errors and falls management.
- Where a person had fallen on several occasions over recent months, a 'falls pattern' was identified. This

information was shared with the necessary health professionals and the most appropriate action taken to keep the person safe and independent.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Comprehensive pre-admission assessments were completed to ensure the service could meet people's health, care and medical needs.
- Care plans were written using the information from the pre-admission assessment, and through consultation with people and / or their representatives. Care plans were person-centred and considered all aspects of people's lives.
- People and relatives told us staff had the necessary skills and expertise to meet people's complex needs. One person told us, "The staff seem very knowledgeable," whilst a relative reported, "[name] has always said that they receive care the way they want. Staff seem to be very resident driven."
- People's care plans were regularly reviewed and updated as required. These were comprehensively detailed and promoted people's independence. For example, a person who had recently had an increased number of falls, enjoyed accessing the community. The staff focused on all elements of ensuring this could be achieved. Footwear was considered, increased staffing put in place, and mobility aids introduced, so to ensure the person's experiences did not decrease.
- People, relatives and professionals told us the staff delivered care in accordance with people's assessed needs and guidance within the care plans. This was also observed during the inspection.

Staff support: induction, training, skills and experience

- People were supported by a well trained staff team. The training matrix illustrated staff had been provided training in the provider's mandatory training and additional courses to help staff work with people. This included, but was not limited to: Dementia Awareness; Dementia, Anxiety and Behaviour; Bereavement; End of Life Care and VDT (Virtual Dementia Tour).
- Staff who were new to working in care completed the Care Certificate. The Care Certificate sets out national outcomes, competences and standards of care that care workers are expected to achieve.
- All staff reported they had received a thorough induction that provided them with the necessary skills and confidence to carry out their role effectively.
- Staff told us that they felt the registered manager supported them with their training needs. We were provided examples by different staff who approached the registered manager stating they needed additional training in an area, and this was arranged within days.
- Staff reported receiving regular supervisions and annual appraisals. We were told this was a positive way for them to receive feedback on how they were working and how they could improve.

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

- We observed mealtimes as an enjoyable and sociable experience for all people residing at Braeburn

Lodge. Whilst people were encouraged to eat together at the large farm style dining table, those who wished to have a quieter experience were offered their meals in the lounge, orangery or their room. People told us they enjoyed the food, for example one person told us, "The food is lovely here. It's seasonal, and wholesome." Another person said, "It's very good, but they can't please everyone!"

- Drinks were offered throughout the day with freshly produced cakes and pastries. The dining room had a large fruit bowl containing fresh fruits, which people were encouraged to help themselves to. The kitchenette in the dining area, enabled people to retain their independence and make themselves hot or cold drinks or snacks.

- The service followed a four-week rolling menu, that offered a minimum of two choices per meal. If a person did not wish to eat what was on the menu, the chef prepared an alternative, for example an omelette, or a sandwich.

- Whilst no one residing at Braeburn Lodge required assistance at mealtimes currently. The registered manager advised they had built the necessary ties with professionals to enable immediate assistance should the need arise.

- The service welcomed families to join people during mealtimes. Those who were unable to attend, were invited to a taster evening, where the chef prepared meals that were eaten during the week. Relatives feedback was that the food was, "exceptional".

Staff working with other agencies to provide consistent, effective, timely care, supporting people to live healthier lives, access healthcare services and support

- The service worked in partnership with GPs, specialist teams and specialist nurses to make sure care and treatment met people's needs. We saw evidence of professionals being consulted with and liaised with to ensure people's changing health needs were met promptly.

- People reported, "I am able to see my GP as and when I need. The staff are very quick to make a referral and get me the help I need."

- The registered manager advised that they had worked with the local surgery to set up a weekly review of all people's health needs by phone. In addition, the GP would complete "house calls" for those people who were unable to attend the surgery.

- Professionals advised, "The registered manager always ensures that we are contacted as priority if there are concerns with any of the residents. We are totally involved... advice is followed and residents are well looked after."

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

- The home was a purpose-built accommodation for people who were aging. Ramps, sloping flooring, wide corridors and doorways enabled mobility equipment to be used freely within the home.

- A large easy to use lift, that was well lit allowed people to access both the first and ground floors independently.

- People were involved in decisions about the décor of their rooms, which met their personal and cultural needs and preferences. One person wished for their dog to live with them at Braeburn Lodge. The service happily accommodated this, with the person being offered a larger bedroom where the dog could sleep both on a bed or in a cage if they so desired. The service further ensured a dog walker was arranged to make certain the dog was well looked after too. The person reported, "This was so important to me. I wanted to be somewhere where my dog could be accommodated too."

- Each bedroom came equipped with an en suite offering showering facility. We spoke with the management querying what would happen if a person wished to bathe rather than shower, and were advised all bathrooms were designed so that a bath tub could be installed, should the person so wish.

- The bedrooms were all named and personalised with the first letter of the person's surname on a plaque outside the room.

- The orangery offered people and their families a quiet space where they could spend quality time with one another, and also use the IT equipment to search the internet and make contact with other family members.
- There was an accessible, enclosed garden which people appreciated.

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 found the service was working within the principles of the MCA. Restrictions on people's liberty had been authorised. We did find one example where a person had full capacity, however had their liberty deprived by not being given the code to access the external gardens. This was brought to the management team's attention and was immediately rectified. We spoke with the person, who thanked us acknowledging they had not considered this themselves.

- People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance. Staff knowledge was very good with clear examples being provided of how liberty may be deprived.
- We observed staff seeking consent from people using simple language and waiting for a response prior to assisting. If a person declined, this was respected, with staff approaching the person again after a while. Staff supported people to make as many decisions as possible. One person reported, "They encourage and make certain the decision is mine".
- Records showed that there was a clear process in situ to ensure mental capacity assessments and best interest decisions were in place and reviewed on a regular basis.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; equality and diversity

- We observed staff supporting people in a caring and compassionate manner.
- People reported positive relationships with staff. One person stated, "Oh they are ever so lovely and kind." Another person said, "I cannot fault them. Always checking on you, that you are okay."
- The service ensured that people's cultural, religious and sexual needs were met with dignity and equality. The registered manager provided an example of how the service supported people living at the service and helped them to understand the importance of accepting diversity. This had a significant positive affect on several people and their families respectively.
- Residents meetings and key worker sessions took place regularly to allow people to provide feedback on the support they were receiving and if they wished for changes to the operations of the home. We saw written evidence of meetings and actions. People reported that the service was always seeking to improve their experience.
- In addition, relatives were invited to meetings, seeking their feedback on how the service was run.

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

- People and relatives were actively involved in decisions related to care and support. Some people chose not to have direct involvement, requesting family members to take an active role. The service ensured all necessary documents were completed to evidence this decision.
- Care plans and risk assessments were reviewed regularly, which allowed people to make sure they accurately reflected their current needs and preferences.
- People's views on how the service was run and the support they received was regularly sought, through residents meetings, keyworker sessions and quality assurance feedback.

Respecting and promoting people's privacy, dignity and independence

- Staff consistently treated people with dignity and respect and maintained their privacy.
- On several occasions we observed staff discretely support people to maintain their personal dignity.
- During our inspection, we saw that all staff spoke in a respectful manner, irrespective of the possible challenges they experienced. We witnessed one incident where a person was becoming highly anxious, resulting in them becoming physically threatening and verbally challenging. The member of staff dealt with the situation professionally. They respected the person's emotions and anxieties, acknowledging these whilst withdrawing.
- Staff described how they supported people to maintain their privacy. They told us they made sure doors and curtains were closed and people remained covered during support with their personal care.

- The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff ensured that everyone's care was person centred and individual to meet their specific needs and preferences. Care plans detailed people's interests and likings, and how they wished to be supported. For example, we found that people were supported to get up, receive personal care, change clothing and have breakfast at a time that they wished. This meant that breakfast was often staggered over several hours.
- People reported they "never felt rushed," "receive support the way I want," and, "I have always been involved and have choice of things."
- People and their families, where appropriate, were involved in the planning of care and support needs. Where lasting power of attorney for health and welfare was held by others, the service ensured they retained evidence to support why they were involved in decision making. Nevertheless, people retained choice for all elements of their care where possible. This was reinforced in each care plan, detailing the importance to never assume a person does not have capacity to make a decision or choice. We also observed this during interactions with people.

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 service had ensured that people received information related to the service, their support in a format that they could understand, this included written, use of picture symbols, and bold fonts. This was documented within the care plans so to ensure all staff were aware of how to share information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to activities and received the necessary support to follow their interests. The service had two 'lifestyle co-ordinators' whose specific role was to arrange activities for people that were meaningful and enabled fulfilment.
- We noted that activities were created around people's individual interests. For example, one person who was a seamstress, found living within a residential home very difficult. The lifestyle co-ordinators worked with the person to reduce their isolation and increase their communication with other people using their interest as an avenue of engagement. The person is now considered one of the most active and social within the home.
- People and their relatives were encouraged to engage in activities to ensure everyone felt welcome. This

included activities within the home, such as quizzes, exercises or arts and crafts. In addition, families were welcomed on any excursions.

- Similarly, for those people who were unable to visit family over the festive period, the registered manager contacted families to spend time with people at Braeburn Lodge. This allowed people to retain important family ties, and ensured they maintained relationships.
- The service had a garden party arranged for the weekend following the inspection. Families and friends of people were invited to spend quality time mingling with staff. The registered manager reinforced that this gave staff the opportunity to get to know people and their relatives better, hence provide a more "family environment."
- One person told us, "You are always encouraged to engage in an activity, however, if you do not want to take part, they [staff] respect this."

Improving care quality in response to complaints or concerns

- Complaints were managed robustly and in a timely way by staff at Braeburn Lodge. The management ensured they learnt from concerns and complaints and used this as an opportunity to improve.
- People and their relatives told us they would feel confident raising a concern or complaint with the management team and were certain any issues would be resolved.
- Staff were able to explain the complaints procedure and were confident that any issues that had been identified and brought to management attention, had been resolved.

End of life care and support

- Whilst the service was not supporting anyone receiving end of life care at the time of inspection; it was acknowledged that the service required insight into how people may wish to be supported at this stage. The service had developed a specific care plan around this.
- People and their relatives were asked to provide information and where necessary appropriate action was taken by the service to ensure they could support people's decisions. For example, where people did not want to be resuscitated, the service had consulted medical practitioners and a do not resuscitate order was facilitated. Where people wanted specific service type, information had been gathered and incorporated within the care plan to ensure people's wishes were followed.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager spoke of the need to create an environment that "was the people's home and not a care home". This was felt to be the ethos of the home, that would drive a positive culture where staff and people would be treated alike. During the inspection we received feedback from two relatives who said, "This isn't a care home, this is [name's] home. The staff here do not let you think that you are in their place of work, or that this is a residential care home. Everyone is treated so well. The décor, the food, the care is exceptional. This is the type of place we would want to be."
- The registered manager worked hard to ensure the culture within the home was person centred. This was reinforced by all staff, who had signed up to the belief and need to treat everyone as an individual ensuring their needs were met in their chosen way.
- Staff and people were included in decisions related to care and operations of the home. This empowered them to be able to make choices and have ownership of both their care and of the service.
- One member of staff stated, "I do not feel like I'm at work here", another reported, "I look forward to coming in, you never feel as though you are at work".
- People reported they received a high quality of care from a team of staff who were dedicated to meet their needs. Relatives reinforced this point, stating, "we know that [name] is well looked after here. The staff all make sure she receives the care and support she needs."

Staff reported there was an open and transparent culture within the home. Physically the office door was always open therefore allowing staff to speak and engage with the registered manager. Furthermore, the management team ensured they spoke daily with staff, people and relatives asking them for feedback and ensuring their needs were met.

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 policy in place relating to duty of candour and the importance of transparency when investigating something that goes wrong.

The registered manager and management team were able to reflect on when this policy may be required, providing clear examples of the protocol that would be followed.

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

- The service had a clearly defined management structure in place, that both families and their relatives understood. If the registered manager was unavailable, staff and people were confident they could speak with the deputy manager.
- The registered manager, deputy manager, and staff understood their individual roles and responsibilities, and the importance of working collaboratively to achieve the best possible outcomes for people.
- The quality of the service was monitored through robust governance processes. For example, the registered manager carried out a daily 'walk round', completed night spot checks, as well as held meetings with each division of the home (domestic, care, maintenance, kitchen), to ensure they fulfilled their duties effectively and efficiently.
- In addition, the registered manager completed comprehensive monthly audits on the operations, care files, hr files, environment, risks, accidents and incidents and medicine management. The findings were often cross checked with audits that were the responsibility of different teams within the home, for example maintenance, domestic, kitchen or care team. Quarterly audits were completed by the provider to ensure that the service met their legal obligations and care was delivered most successfully.
- We observed excellent staff communication, that was both effective and responsive to people's needs. This was both verbally and within written formats, including daily handovers, and staff meetings.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications, bar one had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.
- Staff spoke very highly of the registered manager. One member of staff reported, "She is very good. You know you can speak with her about anything and she will support you." Another reported that, "She has brought the team together. Staff morale is very high."

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

- The management team were visible in the home throughout the inspection. This was reiterated by people, staff and relatives, who reported this increased engagement and involvement of all with the service.
- People's and relative's views were listened to and acted upon. Residents and relative's meetings were held frequently, and feedback was provided on any concerns or issues identified. The registered manager reinforced the need for transparency and ensured this was practiced.
- Staff told us that they could request a meeting with any division of the home, to ensure they were knowledgeable of changes and this would be facilitated.

Where staff and people provided feedback to the registered manager, it was felt "she responds to issues immediately. You will never feel you have asked something silly. You are encouraged to make change within the service."

- A relative told us, "They are excellent. I cannot fault them. You are encouraged to be involved no matter what. Everyone is equal regardless of their background."

Continuous learning and improving care

- The service continually assessed all accidents, incidents and falls to ensure they could implement measures to mitigate the potential of a similar occurrence. Where it was recognised that this may prevent a person's independence, consideration was given on how to manage this most effectively. For example, if increasing staffing ratios enabled people to continue on outings when at risk of falls, this was introduced.
- The provider and registered manager used quality assurance audits, to seek feedback on how the service could be improved from stakeholders, people, staff and families. This was developed into an action plan that was then circulated to the relevant teams to ensure the actions were met.
- The registered manager was supported by a regional manager who ensured the service had all the necessary skills to facilitate and improve care delivery. This included authorising additional training that

supported staff to care for people better.

- The service sought feedback from and engaged in many external meetings with the local authority and care associations to ensure they were continually learning and improving care in line with changes in legislation.
- The registered manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented.

Working in partnership with others

- The service worked very well with external professionals. Advice was sought as and when required ensuring people's changing needs were met as soon as possible.
- The service encouraged integration within the community. External entertainers, professionals were asked to visit the home, and where possible outings were arranged for people to visit places.