

Tamaris (Ram) Limited

# Bracknell Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Insufficient evidence to rate

Is the service responsive?

Insufficient evidence to rate

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Bracknell Care Home is a care home providing personal and nursing care to a maximum of 30 older people, some of whom may be living with dementia and/or physical disability. At the time of the inspection the service was supporting 21 people.

People in care homes receive accommodation and nursing or personal care as a 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 accommodation is arranged over two floors, with all rooms having en-suite toilet facilities and bathrooms. There is one large communal space that is divided into small areas. These include dining room, living space and activities area.

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

People experienced safe care and treatment, in accordance with their care plans, which met their individual needs. Care plans demonstrated that people had been fully involved in developing their care plans, which ensured their preferences were always being taken into consideration.

Staff effectively identified and assessed risks to people, which they managed safely. Staff understood their responsibilities to protect people from abuse and avoidable harm. Enough staff with the required skills and knowledge provided people with safe care. People received their medicines safely, as prescribed, from staff who had completed the required training and had their competency assessed to do so. High standards of cleanliness and hygiene were maintained throughout the home, which reduced the risk of infection. Staff followed the required standards of food safety and hygiene when preparing, serving and handling food.

People received effective care and support which consistently achieved successful outcomes and promoted a good quality of life. Staff felt valued and well supported by the management team, through a system of effective training, competency assessment, supervision and appraisal. Staff consistently delivered care in accordance with people's support plans and recognised best practice. People were supported to eat and drink enough to maintain good health.

The service worked well with other organisations to ensure prompt referrals to healthcare services when people's needs changed.

Staff treated people with compassion, kindness, dignity and respect. People and relatives consistently told us staff made them feel valued and listened to. Staff identified the communication needs of people with a disability or sensory loss and effectively shared this information with others when required. Staff supported people to express their views by involving them in developing their care plans and making decisions about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People knew how to make a complaint and were confident the provider would address their concerns. The service was well-led, with the registered manager providing clear and direct leadership and a safe environment, which had cultivated a positive, open and empowering culture.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was inadequate (published 14 May 2020) with multiple breaches. At this inspection we found improvements had been made and the provider was no longer in breach of regulations 9 (person centred care), 11 (need for consent), 12 (safe care and treatment) 15 (premises and equipment), 17 (good governance) and 19 (fit and proper persons employed).

We did not focus on the domains of caring and responsive, however we found there to be sufficient improvement within regulation 9 (person centred care) and 10 (dignity and respect) for the service to no longer remain in breach. As the key lines of enquiries related to these domains were not inspected against, we are unable to comment on the entire domains.

This service has been in Special Measures since publication of our last inspection report. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led, which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bracknell Care home on our website at [www.cqc.org.uk](http://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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Insufficient evidence to rate

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at one element during the inspection.

### Is the service responsive?

Insufficient evidence to rate

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at one element during the inspection.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Bracknell 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection Team

This inspection was completed by two inspectors on 9 October 2020.

#### Service and service type

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

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

#### Notice of inspection

This inspection was announced.

#### 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 reviewed the notifications received from the provider, since the last inspection. The law requires

providers to send us notifications about certain events that happen during the running of a service. We contacted local authority teams engaged with the service, including clinical commissioning groups, continuing health care groups, the local fire authority and environmental health for information to aid the planning of our inspection. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, regional manager, supporting registered manager, two registered nurses, the chef, the maintenance officer and four care staff.

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

#### After the inspection

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now been rated as good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we were not assured people would experience proper and safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Records demonstrated that people had received their medicines as prescribed, at the right time, in a way they preferred, in line with their medicine management plans. We observed staff support people to take their medicines in a safe and respectful way. For example, people were consistently asked if they were ready for their medicines, given time to take them without being rushed and repositioned to ensure they could take them safely.
- The provider had policies and procedures in place, which staff followed effectively to ensure medicines were managed safely, in accordance with current guidance and regulations. Staff were trained to administer medicines safely and their competency to do so was checked regularly, for example; staff training and competency to administer controlled drugs had been completed.
- People's prescribed medicines were stored safely. For example, where people had been prescribed controlled drugs, these were stored securely in accordance with regulations.
- People who had been prescribed high risk medicines were protected by detailed management plans. People diagnosed with epilepsy had individual epilepsy medicine management plans to ensure these were administered safely.
- Where people had medicines prescribed 'as required' (PRN), for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and about how to record their use. The registered manager consistently checked that the reason for administration of PRN medicines was valid and recorded. When PRN medicine was administered the effectiveness of the medicine had been recorded.
- The registered manager completed regular reviews of people's medicine management plans to ensure continued administration was still required to meet their needs.
- Staff were aware of the action to take if a mistake was found, to ensure any potential harm to a person and any future recurrence was minimised.

### Assessing risk, safety monitoring and management

At our last inspection we were not assured the provider had taken the necessary action to assess and mitigate risks to people to keep them safe. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's risk assessments had been reviewed since our last inspection to ensure they contained the relevant information relating to risks to enable staff to support them safely. For example, epilepsy risk assessments highlighted to staff what action to take should a person have a seizure.
- Assessment and monitoring records demonstrated that people received the support required to keep them safe.
- People experienced safe care from staff who were aware of people's individual risks. Staff effectively identified and assessed risks to people, which they managed safely. For example, people had comprehensive management plans to protect them from the risks of choking, malnutrition, falling and developing pressure areas, which staff followed.
- We observed timely and sensitive interventions by staff, ensuring people's dignity and human rights were protected, whilst keeping them and others safe. Any restrictions were minimised to ensure people felt safe but also experienced the most freedom possible, regardless of any disability or other needs.
- The service employed a maintenance person to ensure the property and equipment was safe for use. We found that relevant safety checks had been completed and documented. Where safety checks identified action was required, records demonstrated this had been completed as soon as practicable. Staff supported people to experience safe baths and showers by consistently checking and recording water temperatures.
- There were comprehensive contingency plans to address any foreseeable emergencies, such as fire, flood or contagious illness. Risks in the home were reviewed and there was a robust management process for monitoring and maintaining safety, such as fire, health and safety and infection control.
- People had individualised personal emergency evacuation plans (PEEP), which were kept in people's rooms. The PEEPs provided essential information related to a person's mobility, ability to follow instructions and formal diagnoses, required to carry out a safe emergency evacuation process.

## Recruitment

At our last inspection the provider had failed to establish and operate effective recruitment procedures to ensure staff suitability for their role. This was a recurring breach of Regulation 19 (Fit and proper person's employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had completed regular audits of all staff files since our last inspection, in line with guidance.
- Staff selection procedures were robust and enabled the safe recruitment of staff. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included photographic identification, references to evidence the applicants' conduct in their previous employment, exploration of any gaps in their employment history, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

## Staffing

At our last inspection we were not assured there were enough staff deployed or employed to keep people safe. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to keep people safe and meet their needs. Staff told us there were always enough staff and that they had time to spend providing people's care and support in a personalised way.
- Since the last inspection the service reliance on agency staff had significantly reduced, which had led to better communication and improved teamwork. The service only deployed staff who were exclusively working at Bracknell Care Home. This included part-time and agency staff, in accordance with guidance.
- The registered manager had completed a staffing needs analysis, which ensured enough staff were



deployed, with the right mix of skills to deliver care and support to meet people's needs safely. The registered manager had also analysed the allocation of staff to ensure they were deployed in the right place at the right time. Rotas demonstrated that there were enough staff effectively deployed, which ensured people were consistently supported by staff who were available to respond to meet their needs.

#### Learning lessons when things go wrong

- The home consistently recorded incidents or events which could affect people's health or wellbeing, such as falls, infections or when people became agitated. These were documented with possible causes and actions taken.
- There were daily, weekly and monthly reviews of incident information which could highlight any themes or trends, such as particular people involved, or with the timing or location of people's falls. Incidents were also used as a way of measuring the impact of any intervention and as a measure of quality and safety.
- Staff told us they had no concerns reporting any incidents that took place and these were treated as a learning opportunity in order to improve people's care. Staff received feedback about incidents and events that occurred in team meetings and handovers and were kept up to date with information relevant to them, such as changes in people's support plans.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected by systems and processes to protect them from the risk of abuse.
- Relatives consistently told us they felt their loved ones were safe and trusted the staff who supported them. One relative told us, "The manager and staff are very caring and contact me immediately if there is a problem or they're worried about [relative]." Another relative told us, "We are very happy and feel [loved one] is safe and happy there. We don't have to worry."
- People were protected from avoidable harm by staff who had completed safeguarding training and knew how to recognise and report abuse. The provider had worked effectively with families, community professionals and relevant authorities to make sure people were protected from abuse and avoidable harm.
- All incidents of potential and actual safeguarding were consistently reported to the Care Quality Commission (CQC).
- Staff knew the procedures to report concerns. They were able to describe various forms of abuse, as well as the protocol to follow. Staff consistently told us they would whistle blow to the local authority safeguarding team or the CQC if they felt the provider had not acted upon their concerns.

#### Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# 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 inadequate. At this inspection this key question has now been rated as 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  
At our last inspection the provider had failed to ensure an assessment of people's needs had been completed that identified their specific requirements and preferences. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff had reviewed pre-admission assessments to ensure they had been comprehensively completed. For example, important information relating to people's religion, sexuality and mental health had now been completed. This meant that the service had generated a full understanding of people's needs and established what was important to them before they began to receive care and support at the home.
- Care plans were developed using information from people, relatives, professionals and pre-assessments. Since our last inspection records clearly demonstrated people had been consulted regarding their wishes for relatives to be involved in their care planning. Relatives consistently told us the registered manager had arranged meetings with them and their family member to explore and confirm their wishes in this respect.
- Care plans were person centred and comprehensively detailed how the person wished to be supported. For example, where people had limited verbal communication, care plans provided information about how to communicate effectively with the person. This enabled staff to establish and meet people's needs. This had a significant impact on the quality of people's care. For example, one person who had not been supported to communicate was now supported to fully explore their needs and wishes. In another instance, a person referred to as a "fussy eater" within the care plan, began to experience significant weight loss because they were leaving large amounts of food. Staff identified that the person did not like bland food and wished to eat more spicy food. The registered manager and chef have spoken with the person and family members and have arranged for them to have spicy alternatives, when they do not want other meals offered. This had led to the person's appetite and food consumption improving, which led to them regaining weight.
- Care plans had been fully reviewed to explore and understand behaviours or mannerisms that people may exhibit as a result of their formal diagnoses. For example, a person with Parkinson's may walk more frequently, however experience problems with mobility resulting in falls. Staff now supported people to walk as they wished, managing the risk of falling, rather than restricting the person from walking.
- The provider had introduced and embedded a new document that focused on establishing people's likes and dislikes, as well as obtaining their social history.
- All staff expected to write care plans had completed the required training and understood what

information to include when writing a plan of support.

#### Staff support: induction, training, skills and experience

At our last inspection staff were not provided with the knowledge, training and experience to provide effective care to people. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by staff who had up to date training which enabled them to effectively carry out their duties, delivering care and support to people safely, in accordance with their care plans.

The registered manager had reviewed staff training to eliminate confusion and provide accurate and contemporaneous training records that were reflective of staff knowledge, training and expertise.

- Records confirmed that 98 per cent of the provider's mandatory training had been completed and updated, with the remaining two per cent scheduled for completion.

- The registered manager had developed a supervision matrix, which demonstrated that all staff were supervised bi-monthly and had annual appraisals completed since our last inspection.

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

At our last inspection, the provider had failed to ensure the premises and equipment was suitable for purpose and appropriately located. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- During our previous two inspections we raised concerns related to the service's suitability to support people living with dementia and the provider's failure to implement changes recommended in a dementia assessment completed March 2019.

- The provider had supported the registered manager to complete adaptations that would support people to live safely and effectively in their environment. For example, signage indicating where specific rooms were, such as toilets, bathrooms, lounge and kitchen was now clearly visible. There were some memory boards to assist people who wished to have them to find their own bedrooms. Toilet fixtures and fittings had been adapted to ensure people were able to retain their independence and dignity when using the toilet. Flooring, lighting and colour schemes in communal areas had been assessed and where appropriate adapted to support people. These adaptations had a direct impact on the quality of life experienced by people living with dementia.

- The service had made necessary changes to meet people's changing needs, leading to people experiencing reduced confusion and anxiety.

- A new bathroom had been installed with specialised equipment to support people to mobilise safely. In addition to the home's modern wet rooms, this new bathroom afforded people the choice if they wished to have a bath.

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

At our last inspection the service was unable to evidence that consent was sought from the relevant person, and that staff had a comprehensive understanding of the principles underpinning the MCA. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 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. We found that applications had been submitted as required by the service to the local authority.

- Since our last inspection, all staff had completed training in the MCA, in accordance with the provider's mandatory training. Records demonstrated that this training was scheduled to be refreshed annually, to ensure staff retained their understanding of how to protect people's human rights by empowering them to make choices.
- People were consistently supported to make decisions for themselves.
- All care plans had been reviewed since our last inspection and where necessary rewritten. For example, care plans now demonstrated that staff were able to differentiate between a person's ability to process information and consent, from their ability to communicate their consent.
- The registered manager had reviewed records and spoken with all relevant parties relating to people's power of attorney for health and welfare. The registered manager was able to demonstrate evidence which confirmed where lasting power of attorneys were held by relatives or deputies. This meant the provider had assured that authorised people were making decisions on behalf of people.
- Since our last inspection people who had capacity were enabled to access the community or outside areas, which meant their liberty was no longer inadvertently restricted, and their freedom and independence was promoted.

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

- Staff worked effectively with health care professionals, which ensured people received timely care and support with any medical needs.
- Prior to the pandemic the service had worked closely with the local surgery and had developed a weekly GP round. This enabled the staff to raise any concerns related to people and for people to independently seek medical support when needed.
- Records had improved since our last inspection to provide clear feedback and guidance from visiting health professionals. This ensured information was appropriately passed onto staff, and that care was delivered in line with people's changing needs.

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

- The provider placed a strong emphasis on the importance of eating and drinking well. People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet.
- People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff consistently followed guidance from relevant healthcare professionals.
- We observed staff regularly encouraging people to have their preferred cold drinks, to protect them from the risk of dehydration. In addition, jugs of juice were left in people's rooms. Relatives consistently told us that these jugs were always placed within reach of their family member.
- Staff understood the different strategies to encourage and support people to eat a healthy diet and the importance of remaining well hydrated.

## 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 requires improvement. We have not changed the rating of this key question, as we have only looked at the breach within the domain.

At our last inspection the provider had failed to ensure people were treated with dignity and respect, and that people's privacy was maintained. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- The service had improved the wet rooms, including the provision of new shower curtains and installed a new bathroom. This meant that where people were able to wash themselves independently but required staff presence in case of risk of falls, their privacy and dignity could be maintained.
- Where people were able to mobilise, but were at risk of falls, measures had been employed to promote their independence.
- The provider had ensured that staff had the training, knowledge and expertise to understand how to maintain people's dignity and independence, in accordance with their needs.

## 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. We have not changed the rating of this key question, as we have only looked at the breach within the domain.

At our last inspection the provider had failed to ensure care was person centred, and that records reflected how people wished to be supported. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- We found sufficient evidence that care was delivered in line with people's preferences and needs. Care plans and risk assessments were reflective of people's individual health, social and care needs.

# 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 inadequate. At this inspection this key question has now been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the previous two inspections the registered provider had failed to establish effective systems to enable them to ensure compliance with their legal obligations and the regulations. The registered provider had not established an effective system to enable them to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- At the last inspection the senior management team assured us that the registered manager would be supported to make the necessary changes to drive improvement in the service. At this inspection we found the registered manager had been supported effectively and the required improvement had been achieved.
- There was a clearly defined management structure within the service. The registered manager and staff understood their individual roles and responsibilities, and the importance of working together to achieve the best outcomes for people.
- The management team often worked alongside staff and monitored the quality of their care in practice. The registered manager effectively operated a competency framework and completed regular observations to ensure staff consistently delivered care in accordance with their training.
- Staff communicated effectively with each other in relation to people's changing needs and moods, to ensure they always received appropriate care and support. The registered manager completed quality assurance checks to ensure all relevant information was shared accurately during handovers and that necessary action was taken by staff to meet people's changing needs.
- Professionals provided positive feedback about the person-centred approach of the registered manager and the staff's dedication to follow their guidance to meet people's complex needs.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner, which meant that the CQC could check that appropriate action had been taken.
- A new maintenance person had been appointed since our last inspection who had completed comprehensive environmental audits. This meant that the service had ensured environmental risks were identified and safely mitigated.

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

- The registered manager had established effective management systems to promote person-centred care and achieved good outcomes for people. The registered manager and staff consistently placed people at the heart of the service and clearly demonstrated the caring values and ethos of the provider.
- People, relatives and professionals described the registered manager to be caring, conscientious and committed to the people living in their home, who led by example and provided a good role model for staff.
- People, relatives and professionals described the service as well managed and organised.
- The registered manager had cultivated an open, inclusive and empowering culture, where people, relatives and staff felt valued.
- Staff consistently told us they were inspired and motivated by the registered manager to provide the best care possible to people.
- Staff felt they were provided with training and support that enabled them to provide care and support to a high standard.
- The provider had ensured they had developed an environment that supported people living with dementia, reducing the risk of people being isolated as a result of the environment.
- Action taken in response to an independently commissioned report had significantly reduced the incidence of confusion and disorientation experienced by people due to the environment.
- Appropriate training ensured staff understanding of people's needs meant they were enabled to effectively perform their role, to empower and include people.

#### Continuous learning and improving care

- At the last inspection we raised concerns that the provider did not have clear systems in place to monitor and audit the service. At this inspection we found the provider had developed systems to effectively monitor and improve the service. This meant that people's care was consistently effective and responsive to their needs. This furthermore meant that people were being supported in a way that was personalised to them and that was safe.
- The registered manager had completed comprehensive audits that identified shortfalls and how these needed to be actioned. This meant that continuous learning and improvement was achieved.
- Staff recorded accidents and incidents, which were reviewed daily by the registered manager. This ensured the registered manager and provider fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe.
- The registered manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented.
- Care plans had been improved and were consistently person centred, detailing people's specific needs and highlighting how they wished to be supported.
- Where reviews of care plans had identified errors in documentation, audits confirmed these had been amended.
- Care plans empowered people to celebrate their individual characteristics associated with their faith, culture and ethnicity.
- Staff received constructive feedback from the registered manager, which motivated them to improve, enabled them to develop and understand what action they need to take.
- Staff competencies were regularly assessed by the registered manager who also completed regular unannounced night time and weekend visits to assure the quality of care provided at all times.

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 registered manager understood their Duty of Candour, to be open and honest when things went wrong. When relatives raised concerns the registered manager and provider listened to the concerns, apologised where necessary and took swift action to address the concern. For example, when medicine errors or accidents had occurred, they were dealt with in an open and transparent manner, in accordance



with the provider's policies and procedures.

- The registered manager used the learning from concerns and complaints as an opportunity for improvement.

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

- The registered manager encouraged continuous feedback to ensure practice improved and reflected how people wanted to be supported.
- Visitors friends, relatives and professionals were asked to provide feedback after each visit to ensure the service could respond immediately if there were any concerns or changes in people's needs.
- Residents' meetings and family meetings took place regularly to facilitate discussions regarding the home and quality of care was discussed openly. Due to the recent pandemic restrictions these had been less frequent.
- Staff reported that supervisions, staff meetings, daily handovers focused on ways to improve the service for people.

Working in partnership with others

- The registered manager collaborated closely with external professionals and organisations, striving to achieve the most effective outcomes for people.
- Records of consultations and meetings with health professionals, local authorities and safeguarding teams outlined the purpose of the meetings and highlighted action required to achieve the desired outcomes.
- Professionals we spoke with reported the registered manager and staff worked very closely with all organisations. We were told the staff were receptive of new ideas of working with people and wanted to expand their knowledge.
- Relatives reported the service worked with professionals they identified were important for their family member and worked to achieve a positive relationship with all professionals.
- The registered manager had developed links with the local community to promote new meaningful activities for people. For example, working with local schools and colleges, as well as developing gardening experiences for people.