Brambles Care Limited

Brambles Care Home

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
Brambles Care Home is a residential care home providing personal care to 26 people aged 65 and over at the time of the inspection. The service can support up to 28 people.

People's experience of using this service and what we found
People, relatives and staff all gave overwhelmingly positive feedback of the service. A relative summed this up when they told us, "The staff, the building, the whole concept of care, it's absolutely brilliant. It's one lovely family."

Care and support was of an excellent standard and person centred. Care plans were in place which set out how to meet people's individual needs and people themselves were involved in deciding upon and planning their care. People's communication needs were assessed and met in an accessible way which showed innovation in the use of technology. A wide range of activities, both in house and in the community, were provided. These were not only chosen by people, in some instances they ran them as well. Arrangements were in place to provide caring and sensitive support to people at the end of life stage of care which supported people to make choices and family to be involved. There was a complaints procedure in place and complaints received had been dealt with in line with the procedure.

The service was exceptionally well managed. People, relatives and staff all told us how approachable and supportive the registered manager was and the whole management ethos demonstrated an open and inclusive culture. The management helped promote positive outcomes for people that reflected their wishes and promoted equality and diversity. The registered manager worked closely with other agencies to share and develop best practice.

The provider had systems in place to protect people from the risk of abuse. Risk assessments were in place which provided guidance on how to support people safely, although people were able to take risks where they had the capacity to make decisions about this. There were enough staff working at the service and robust checks were carried out on staff to check their suitability. Medicines were stored and administered in a safe way and people were able to manage their own medicines where appropriate. The home was clean, and steps were taken to reduce the risk of the spread of infection. Accidents and incidents were recorded and reviewed so lessons could be learned of things went wrong.

Assessments were carried out of people's needs before they moved in and people were invited to visit the home to help them decide if it was suitable for them. Staff had the knowledge and skills to support people. People told us they liked the food and most people said there was plenty of choice. The service met people's healthcare needs and ensured they had access to relevant healthcare professionals. People were supported to have maximum choice and control over 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 were able to consent to the care they received and make choices over their daily lives.

People were treated in a kind and caring way by staff and staff understood the importance of promoting people's dignity, privacy and independence. The service met people's needs in relation to equality, diversity and human rights issues. The provider took steps to protect people's right to confidentiality.

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

Rating at last
The last rating for this service was good (published 22 April 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Brambles 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
The inspection was carried out by one inspector.

Service and service type
Brambles 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 unannounced.

What we did before the inspection
Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications of any serious incidents the provider had sent us. We contacted the host local authority to seek their views about 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 seven people who used the service and three relatives about their experience of the care

provided. We spoke with six members of staff including the registered manager, home manager, care supervisor, head cook and two care assistants. We observed how staff interacted with people.

We reviewed a range of records. This included five 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.

Good

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● Systems were in place to protect people from the risk of abuse. There were policies about whistleblowing and safeguarding adults. The latter made clear the providers responsibility to refer any allegations of abuse to the local authority and Care Quality Commission. The registered manager told us there had not been any safeguarding allegations since our last inspection and we found no evidence to contradict this.

● Staff had undertaken training about safeguarding adults and were aware of their responsibility to report any suspicions of abuse to their manager. The service held money on behalf of some people, where they agreed to this. Arrangements were in place to help ensure people were not at risk of financial abuse. For example, monies were held securely, and only senior staff had access to it. Records were maintained of any financial transactions made on behalf of people.

Assessing risk, safety monitoring and management

● Risk assessments were in place for people. These included information about the risks they faced and guidance about how to mitigate those risks. They were person centred, based around the risk's individuals faced. Where people had capacity, they were supported to take risks which enhanced their quality of life. For example, a person with terminal illness choose to eat foods that had an element of risk. They were aware of the potential risks and supported in their choices to eat the foods they liked.

● Assessments covered risks related to skin integrity, nutrition, falls, medicines and moving and handling. Records showed that risk assessments were regularly reviewed which meant they were able to reflect the risks people aced as they changed over time.

● Steps had been taken to promote the safety of the premises and equipment used. For example, fire alarms were serviced by a qualified person and regularly tested. Equipment such as hoists and bath chairs were also serviced. Routine checks were carried out in-house, including of the effectiveness of fire doors, fire alarms and emergency lighting.

Staffing and recruitment

● There were enough staff working at the service to meet people's needs in a safe manner. People told us staff attended to them promptly, and when they used their call bells they did not have to wait long for staff to respond. One person said, "We have never not had enough staff here."

● We observed staff were not rushed during the inspection and were quick to respond to requests for support. Staff confirmed the had enough time to carry out their duties. One staff member said, "It's so relaxed, I absolutely love it, the residents all seem so happy. They get lots of time with personal care, nothing is rushed. There are enough staff so we can give them a bit more time, we have very good staffing levels."

● Checks were carried out on prospective staff prior to them commencing their employment. These included criminal record checks, employment references, proof of identification and a record of staff's

previous employment history. This meant the service had taken steps to help ensure staff employed were suitable to work in a care setting

Using medicines safely

● A risk assessment was carried out about medicines for each person. These assessed whether it was safe for people to manage their own medicines. We found that four people were able to manage their own medicines, one of whom told us, "I manage my own medicines" and added they valued their independence in this area.

● Where the service managed medicines on behalf of people, these were stored securely in designated and locked medicine cabinets which were stored in a locked room. Records were maintained of medicines administered and guidelines were in place about the administration of PRN [as required] medicines.

● The home manager told us they had identified there had been some errors with medicines recording and that there was a lack of auditing in relation to medicines. As a result, they had developed a system for auditing medicines and we saw paperwork which confirmed this.

Preventing and controlling infection

● Arrangements were in place to help reduce the risk of the spread of infection. There was an infection control policy in place which stated staff were expected to wear protective clothing while providing support with personal care. We saw that this was the case during our inspection.

● Cleaning schedules were in place which set out which areas of the building were to be cleaned and the frequency for their cleaning. These were singed by staff to indicate that the schedules had been adhered to. The premises were free from offensive odours and visibly clean on the day of inspection. A relative told us, "It's always kept nice and clean."

Learning lessons when things go wrong

● Lessons were learnt when things went wrong. All accidents and incidents were recorded and reviewed. This gave the opportunity to take steps to minimise the risk of similar accidents or incident occurring again. For example, risk assessments were reviewed, and people were referred to health care professionals in response to accidents and incidents that had occurred.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

● Assessments of people's needs were carried out before they moved to the service. This was to determine what the person's needs were and if the service was able to meet those needs. Records showed assessments covered needs including those related to mobility, medicines, social and leisure activities, religion and ethnicity and personal care.

● People told us that they had been involved in the assessment process, as were relatives where appropriate. People had the opportunity to visit the service before deciding about whether they wished to live there. One relative told us how impressed they were with the transition period. They said, "While waiting for a room to become available, [person] visited the home every week and got to know people. That was so helpful."

Staff support: induction, training, skills and experience

● We observed staff had the necessary skills and knowledge to support people and they said they felt supported. New staff undertook an induction programme which included shadowing experienced staff and, if appropriate, the completion of the Care Certificate. This is a nationally recognised qualification for staff who are new to working in the care sector.

● Records showed and staff confirmed that they had regular one to one supervision meetings with a senior member of staff. This covered areas such as teamwork, communication, training and issues relating to people who used the service.

● Some training, such infection control training, was not up to date for a proportion of staff. However, the registered manager had identified this and there was a clear plan in place to ensure all staff had up to date training.

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

● People were supported to eat and drink sufficient amounts of food and drink. We observed a staff member asking each person what they wanted for their next meal which showed people had a choice. Care plans included personalised information about people's food preferences. For example, the care plan for one person stated, "I like Quakers Porridge Oats for breakfast, which I usually have with a dob of butter and a pinch of salt." One person chose to have some of their meals delivered from an outside supplier. They kept these in a freezer in their room and the kitchen staff prepared them when the person wanted them. This demonstrated a person-centred approach to supporting people with food.

● Most people told us they liked the food, one person said, "The food is pretty good." A relative said, "Exceptional food, the produce is fabulous, a lot of it is locally grown. The cooks are exceptional cooks and [relative] always cleans the plate." However, one person said they would like more variety of meals and two

other people had also made this comment in a survey the provider had carried out in January 2019. We discussed this with the registered manager who said they would raise this issue at the forthcoming residents and relatives meeting.
● Risk assessments covered the risk of malnutrition and dehydration and people's weight was checked each month Where there were concerns, referrals were made to appropriate heath care professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People told us they had access to health care professionals as appropriate. On the day of inspection, we saw a district nurse visited a person and were told that the GP made a weekly visit. One person said they privately contracted a physiotherapist to come to the service to provide support. They added the service would arrange for this but the preferred to access the service privately. Relatives told us people's health was well managed. One said, "Any time we have had anxiety over [person's] health, the staff have been really attentive."
● Records showed other healthcare professionals involved in people's care included opticians, GPs, the diabetic eye screening service and the community mental health team. The records for some people showed they had access to dental care, but not everyone's did. The registered manager told us family arranged private dental appointments for some people which were not always recorded. In addition, they said some people, who had capacity to make the decision, had decided not to see a dentist. The registered manager said they would record this in people's care plans in future.

Adapting service, design, decoration to meet people's needs
● The building had been adapted to make it accessible to people with needs related to their mobility. Floors were connected by a lift and there was also a stair lift installed. Floors were level, so people were able to move around freely and access all communal areas and the garden was also accessible to people.
● People were involved in choosing the décor and fitting of the building and in their bedrooms. For example, one person had requested a strip light in their bedroom as they found this helped them to see clearly and this was installed. The registered manager told us people were able to choose their curtain and bedding. This was personalised to the extent that one person was self-conscious about dribbling on their pillowcases during their sleep and had requested darker pillow cases that would not show the marks, and this was facilitated. Bedrooms were homely and cosy in appearance, decorated to people's personal tastes and containing their own possessions.

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.

● Only one of the people using the service at the time of inspection had a DoLS authorisation in place. The provider had notified the Care Quality Commission about this in line with their legal responsibility to do so. The DoLS was done in the least restrictive way possible. There were no locks on the front door that prevented people from leaving the property, in line with risk assessments about this. There were no restrictions imposed upon other people's liberty.

● People had signed consent forms to consent to care being provided in line with their assessed needs. People told us they were able to consent to their care and make choices about their daily lives, for example, one person said, "We get up and go to bed when we like." Mental capacity assessments had been carried out to determine if people had the capacity to make decisions for themselves, for example about leaving the premises without staff support.

Good

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

- People were extremely complimentary about staff, telling us they were very caring and responsive. One person said, "We have a permanent care staff who care for us day and night. One cannot fault the care we are given." Another person said, "[Registered manager] always says, 'This is your home and we want to make it more homely for you'." A relative described the service as, "Brilliant", and went on to say, "Staff are lovley, I've never had any cause for complaint." Another relative said, "When I watch the staff interact with residents, they are all so kind, they give a lot of reassurance." We observed staff interacted with people in a sensitive, caring and respectful manner and people were clearly at ease in the company of staff.
- The service sought to meet people's needs in relation to equality and diversity. Representatives of various religions visited to provide spiritual support to people. People were able to visit places of worship, and the care plan for one person stated, "I am heavily involved with church life in the village."
- Religious festivals were celebrated. The registered manager told us that if people wanted a shared room this was facilitated and until recently a couple had a shared room. People's ethnicity was recorded in care plans and activities reflected people's cultural heritage. For example, people were making poppies that were for sale in advance of the upcoming Remembrance Day and carved pumpkin lanterns were on display in the garden that people had recently made to celebrate Halloween.

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

- People had opportunities to be involved in making decisions about their care. They were involved in the assessment, care planning and review process and care plans had been signed by people. People told us they were consulted about their care.
- We saw care plans contained information about the person's life history and interests. For example, one care plan stated, "I had a previous interest in playing croquet. I like watching sport on television, like snooker and golf. I was a farmer down on the marshes for many years." Information such as this helped staff to get to know people as individuals, which in turn helped them to provide support in a way that was in line with the person's views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted. Care plans set out what people were able to do for themselves and what they needed support with. Where people had the ability to do things this was actively promoted. For example, as noted in the safe section of this report people were supported to manage their own medicines.
- Staff understood how to support people in a way that respected their privacy and independence. One staff

member said, "Always close the door and curtains. I try to get them to do as much for themselves as they can. I ask them to wash their hands and face and I will wash their back."

● Steps had been taken to promote confidentiality. Confidential records were stored securely, and staff understood that they should not disclose information about people unless authorised to do so.

Good

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 outstanding. At this inspection this key question has changed to good. This meant people's needs were met through good organisation and delivery.

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

● Exceptional efforts had been made to support people to maintain relationships and avoid social isolation. People were given every opportunity and encouragement to take part in activities that were important and meaningful to them.

● There was a wide range of activities provided, which were decided upon by people during the residents and relatives meetings. Some activities were not only chosen by people but led by them as well. For example, one person who loved poetry ran a poetry reading group and another person ran a flower arranging session. Other activities included film nights, exercise classes and we observed a quiz that was enjoyed by people and sparked lively discussion amongst participants. A relative told us, "They have gone above and beyond to get [person] out of their room if there is an activity on they think [person] would enjoy."

● The provider had forged excellent links with the local community, and many of the people using the service had previously lived near-by. A relative of one person, who was a professional musician, played the keyboards at the service. Children from a local school visited and took part in joint activities with people. People told us they enjoyed this very much. People were supported to access the community for social and leisure activities. Recent trips had included a meal at a local pub, visiting a seaside town and having fish and chips, and a ride on a heritage steam railway line. The registered manager said of trips, "All those suggestions have come from residents at residents' meetings" and records confirmed this. A relative told us, "[Person] goes out a lot." Two big social events were held each year, a summer fete and a Christmas party, to which local people were invited. A relative had provided feedback about the recent summer fete, stating, "The food, drink and entertainment were in that order delicious, overflowing and jolly."

● There was an on-site shop which was run jointly by people who used the service and volunteers from the local village. This sold items such as confectionary and toiletries and provided people with a degree of independence where they otherwise might not have been able to access shops. There was also a hair salon located on the premises with a visiting hairdresser. If people preferred, the hairdresser could see them in their bedrooms. Alternatively, people were able to request their own hairdresser to come to the home and they had use of the salon. This demonstrated a high degree of personalised support to people.

● The provider produced a monthly 'Activity Programme and Newsletter' and each person was given a copy of this. As its title states, it listed the activities planned for the month ahead, in addition to details about how to order newspapers, the on-site shop opening times and a variety of puzzles. People told us they found the newsletter to be informative and useful.

● People were able to maintain friendships and relationships with people. Visitors told us they were welcome to visit at any time. Some people had phone lines installed in their bedrooms, so they could make and receive calls as they wished.

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

● Care plans were in place for people which set out their needs and how to meet them in a personalised way. Care plans were developed with the involvement of people and their relatives where appropriate. This meant they reflected what was important to the person. People had signed care plans to say they were happy with their content. Plans covered medicines, personal care, mobility, social and leisure interest, food and drink and health care needs.

● Plans were subject to regular review which meant they were able to reflect people's needs as they changed over time. Daily records were maintained of the support provided to each person during every staff shift. These showed support was given in line with people's care plans. Care plans and associated records were recorded electronically. This helped to flag up if there were any significant changes. For example, with the recording of people's weight, if there was a significant change from one month to the other this was easy for staff to identify and then take appropriate action.

● People told us how responsive the service was. One said, "We could not believe how welcome we were made when we came here. Right from day one I felt at home."

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.

● Care plans covered people's needs in relation to communication. The registered manager told us all people using the service were able to read, speak and understand English. They told us some people needed support related to memory loss and retaining information. They were working with one person in an innovative way to store information that was important to them on an electronic device in their bedroom. This would enable them to access information as they wanted it by speaking with the device, without the need for staff. This was designed in part to help the person overcome anxiety they had about knowing when things were going to happen and to enable a severely visually impaired person to contact family and friends independently, minimising isolation. The premises had Wi-Fi superfast broadband throughout, and people used this facility on their personal electronic devices including phones and tablets.

● Written information was provided in large font print for people who had reduced visibility to help them read it.

● Where people required time to understand and process information, this was reflected in scheduled meetings and appointments so enough time was made available to accommodate the person's communication needs. Information about this was included in people's care plans.

Improving care quality in response to complaints or concerns

● Systems were in place for dealing with complaints. There was a complaints policy which included timescales for responding to complaints and details of who they could complain to if they were not satisfied with the response from the service

● The registered manager told us there had only been one complaint since the previous inspection. This was recorded and showed it had been resolved to the satisfaction of the complainant and in line with the procedure. People told us they had not had to make a complaint but were aware of how they could do so if required. One person said, "I would talk to [registered manager]."

● The provider maintained records of compliments received from relatives, people who used the service and professionals involved in their care. For example, a relative had written, "My [relative] received superb care and was shown great kindness." Another relative had written, "On behalf of the family and friends of (person) we would like to place on record our great appreciation for all the compassion, assistance and support that

everyone at Brambles showed to (person) and her many visitors during the last period of their life."

End of life care and support

● End of life arrangements had been discussed with people, a relative told us as part of the initial assessment they had a, "Big discussion" about the person's wishes for end of life care and this subject was covered in care plans. Where it was the wish of the person, 'Do Not Attempt Resuscitation' forms were in place. These had been signed by the persons GP.

● Staff working at the service were working towards the Gold Standard Framework End of Life Care for People with Dementia Distance Learning Programme. This is a training programme designed to improve the quality of care for people with dementia in their last years of life. The care manager and a senior carer have been named champions for ongoing end of life training and dissemination of good practice to the care team within the service and in partnership with the local hospice

● Where people were in the end of life stages of care, the provider worked with other agencies to meet their needs. One person told us, "The home and the hospice look after me together." They added it was their wish to remain living at the service and this was respected. The home was able to provide sleeping facilities for family members within people's bedrooms in the event of them wishing to stay overnight at the service during the person's final days.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

● People and relatives told us their overall experience of the service was excellent. A person told us, "It's quite fantastic really, the support from the care staff. We get visitors and virtually everyone says they have not been in a nicer place." A relative said, "[Person] has improved immeasurably since the have been here."

● The service had an open and inclusive culture which was person centred and achieved positive outcomes for people. People spoke positively about the registered manager and told us how approachable and accessible they were. One person said, "Since I have been ill [registered manager] has come to my room twice a day to see how I am."

● We observed the registered manage had an 'open-door' policy and people frequently came in to the office to talk with the registered manager throughout the course of the inspection. A relative told us, "I always feel I can go up and talk to [registered manager]."

● Each person was visited by a member of the senior staff team virtually every day. This gave people the opportunity to raise any concerns or issues directly with senior staff so that they could be dealt with immediately. There was a rota which ensured at least one senior member of staff was on duty every day including weekends.

● The service was run in a person-centred way and people were in involved in the running of the service. For example, activities and menu planning were discussed during the residents and relatives meetings. People were heavily involved in devising their care plans, meeting with staff to discuss what they wanted in their plan, which resulted in plans that were person centred.

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

● The service actively engaged with people who used the service, their relatives, staff and others to seek their views on the service and how it could be improved. Annual surveys were carried out of people, relatives, staff and professionals. These were analysed by the registered manager to see what they were doing right and if there were areas for improvement. We viewed a sample of completed surveys of all four groups from the 2019 surveys. We found these contained overwhelmingly positive feedback. For example, a relative had written, "Brambles is in a league of its own." A professional had written, "Outstanding home, I would be happy for my parents to be looked after here."

● The provider held relatives and residents' meetings. We saw posters on display in the premises advertising the next schedule meeting. The registered manager told us people were free to bring up issues they wanted to discuss. People confirmed this, one said, "We have residents' meetings every so often and [registered

manager] listens to our concerns and gives us the opportunity to put forward our ideas." In addition to the team meetings, a 'council' had been set up comprising of senior staff at the home and any people who were interested in joining. This was an opportunity to meet and discuss any issues about the service that people wished to discuss.

● Team meetings were also held which gave staff the opportunity to raise issues of importance to them. Minutes of those meetings demonstrated discussions about team work and culture, the Care Quality Commission, night shift duties and electronic record keeping.

● We saw the leadership sought to embrace equality and diversity at the service. For example, people's religious and cultural needs were catered for. The provider had good practice with regard to equality and diversity in relation to staff, for example, through the staff recruitment process and access to training.

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

●The service had a clear management structure in place. The registered manager was supported by a home manager, care manager and senior supervisor in the day to day running of the service. Staff were aware of who they were accountable to. Staff spoke positively about the registered manager. One said, "[Registered manager] is very good. You can always go to them if you do have a problem and they are happy to listen. From what I have seen they act upon things." The same staff member summed up their experience of working at the service like this, "It's a lovely place and it's got a lovely feel to it. It feels relaxed and the residents are happy." Another member of staff told us, "[Registered manager] goes above and beyond, they are so on the mark." People told us they felt staff worked together well. One person said, "They work extremely well as a team, they are very supportive to each other."

● The registered manager was aware of their legal responsibilities. For example, records showed they had required appropriate insurance for the running of the business and they were knowledgeable about what issues they were obliged to notify the Care Quality Commission about.

● To monitor the quality of service various audits and reviews were carried out. For example, health and safety and cleaning records were audited and care plans and risk assessment were subject to continuous review.

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

● Where there were issues of concern with the service there were systems to identify and rectify these. For example, complaints and accidents and incidents were reviewed. The local fire authority had visited the service and made two recommendations and steps were taken to implement these.

● The home manager had carried out an overall audit of the service which had identified some shortfalls, for example, in staff training, medicine audits and the storage of cleaning materials and equipment. They had developed an action plan in response to these shortfalls which detailed how they were to be addressed in future. This demonstrated a commitment to continuous improvement and activity seeking out where there were issues to be worked on.

Continuous learning and improving care; Working in partnership with others

● Care and senior staff had undertaken nationally recognised vocational qualifications relevant to care work and management which demonstrated a commitment to continuous leaning and improvement.

● The provider worked with various other agencies to develop knowledge and skills and share best practice. For example, the registered manager was a director of a trade association for care services within Kent. The registered manager told us the association provided support with training and best practice. For example, the week after the inspection they planned to host an event for care providers on the use of technology in care services. The service was also affiliated to Skills for Care who provided updates about the care sector

and training. The provider worked closely with the local Clinical Commissioning Group Care Homes Forum where local policy and planning were developed and shared in joint working and consultation. The home manager had enrolled on the Local Authority/Skills for Care joint Leadership and Management Program which is due to commence in February 2020.

- The service had access to a community Local Referral Unit. This enabled the service to make direct referrals for people to receive support from Community Nurses, Speech and Language Therapists, Occupational Therapists, Physio Therapists, Dieticians, Cardiac Specialist Nurses and Respiratory Specialist Nurses. This helped people receive care in a timely manner, rather than having to make referrals through the GP.