Pilgrims' Friend Society

Koinonia Christian Care

Inspection report

4 Winchester Road
Worthing
West Sussex
BN11 4DJ

Tel: 01903237764
Website: pilgrimsfriend.org.uk

Date of inspection visit:
08 June 2023
13 June 2023

Date of publication:
20 July 2023

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Koinonia Christian Care is a residential care home providing personal care to up to 39 people. The service provides support to people living with dementia or age-related physical frailties across five adapted buildings. The service mostly supports people with Christian beliefs. At the time of the inspection there were 29 people living at the service.

People's experience of using this service and what we found
Quality assurance processes did not always provide effective management oversight for some aspects of the service. Some people's care records contained incorrect or inconsistent information; this was amended immediately after our inspection. Some people received food which was prepared to a consistency which was over blended, the registered manager arranged further training for catering staff following our feedback.

People's health risks were mostly assessed with plans to reduce risks. Care plans did not always contain specific instructions for people living with diabetes for staff to watch out for in the event of high or low blood sugars. Other risk assessments, such as, for the use of bedrails and equipment to help people with their mobility was detailed and contained enough information for staff.

People were protected from infectious diseases by good staff practices and a clean environment. People were kept safe by staff who understood their responsibilities to recognise and report safeguarding concerns. People received their medicines in a person centred and timely way, staff were trained and assessed as competent before administering people's medicines.

People were supported by skilled and knowledgeable staff. New staff completed an induction course which included shadowing a more experienced staff member. The registered manager identified gaps in training records and had arranged a training programme to ensure all staff had the relevant knowledge to support people.

People told us there were enough staff to support them and our observations confirmed this. Comments included, "I know the staff, some better than others, they help me to get up." People were treated with dignity and respect, and their independence was promoted by staff. A staff member said, "With [people], if you ask any of them they will say we are like family." We saw staff speaking with and interacting with people in a dignified and respectful way throughout the inspection.

People and their relatives told us they knew how to complain and felt comfortable to so do if necessary. The registered manager was highly regarded by people's relatives and staff. They told us they were able to approach the registered manager informally or at meetings and felt listened to. Comments included, "There are monthly residents' meetings, which are recorded in notes that we can refer to. Things are suggested and done." And, "I don't go to residents' meetings, if I wanted to change something I'd go through [registered

manager]."

Staff worked with health and social care professionals to ensure people's needs were met. Health and social care professionals provided positive feedback about the service. Comments included, "[Registered manager] is very present 'hands on' with residents, helping out if needed & always friendly & polite. There are some long standing senior care staff who are similar."

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.

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

Rating at last inspection
This service was registered with us on 1 April 2022 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 4 May 2022.

Why we inspected
This is the first inspection for this newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
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 not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Koinonia Christian Care

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 Health and Social Care Act 2008.

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
The inspection was carried out by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Koinonia Christian Care is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Koinonia Christian Care is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection. We used all this information to plan our inspection.

During the inspection
We spoke with 12 people who used the service and 5 relatives of people who use the service about their experience of the care provided. We contacted 7 health and social care professionals for their feedback and spoke with 10 members of staff including the registered manager, members of the management team, care workers, the chef and activity staff.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Requires Improvement

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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Risks to people's health were mostly assessed and mitigated. There were some inconsistencies in people's care records relating to their assessed diets; meals were not always served to the correct assessed consistency. Some people were assessed by the speech and language therapists (SaLT) to receive food prepared as 'minced and moist' or 'soft and bite sized', however, their meals were served to a pureed texture. Feedback from these people included, "We don't think the food is very good, it's all mashed up, and it doesn't taste of much." We fed this back to the registered manager who arranged immediate training for catering staff and reviewed people's care records.

● Risks in relation to diabetes considered associated factors, such as, foot health and eye health. Care plans advised staff to watch out for signs of high or low blood sugars, however, there was a lack of detail of what the signs were. People were supported by the district nursing team in respect of their diabetes. We fed this back to the registered manager who reviewed the care plans and included more detail.

● Other risk assessments were completed for people who required equipment, such as, stand aids and bedrails. We observed people being safely assisted to move and reposition. Reviews were held when people's needs changed.

● A range of environmental risks assessments had been completed. The fire risk assessment and associated safety checks were up to date. People had personal emergency evacuation plans (PEEPs) for staff to follow should there be an emergency. Discreet stickers were placed on people's bedroom doors to help staff determine their level of dependency in an emergency, for example, those who needed a high level of assistance had a red sticker.

Using medicines safely

● Medicines were administered, ordered, and disposed of safely. People received their medicines at the correct time each day. We observed senior staff administering medicines to people. They showed good awareness of people's needs and demonstrated their knowledge of peoples' preferred way of receiving their medicines.

● Medicine reviews were held routinely or when people experienced a change of health. Staff updated people's family members where appropriate. A relative told us, "Changes for medications and check-ups, they call me and let me know what they found."

● The service operated an electronic medication administration record (eMAR) system, staff had been trained to use the system. Medicines were administered by a senior staff and overseen by the medicines lead. All staff who administered medicines had been trained and assessed as competent.

Systems and processes to safeguard people from the risk of abuse

● Systems were in place to safeguard people from the risk of harm or abuse. People and their relatives told us they felt safe. One person told us, "We are safe, because there are people to look after us."
● Staff received training and understood their role in the prevention and reporting of potential abuse. Staff told us they would speak to the registered manager if they had any concerns and outside agencies if required.
● The registered manager understood their responsibility to report any safeguarding concerns to the local authority and to CQC. We saw where this had been done and actions taken by the registered manager to safeguard people.

Staffing and recruitment
● There were enough staff to meet people's needs. A dependency tool was used to determine the needs of people and the number of staff required to safely support them. We observed who staff appeared unhurried and responded to people upon request.
● People who were living with dementia mostly resided in the Gwynne House area of the service. Staff remained in the lounge area to ensure people's needs were met and spent time with them.
● Staff were recruited safely. Applications forms were completed and employment histories and gaps in employment were explored. References and Disclosure and Barring Service (DBS) checks were obtained prior to employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● 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 responding effectively to risks and signs of infection.
● 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.
● Visitors were welcomed into the service, people were able to see their loved ones when and where they wished, without restrictions.

Learning lessons when things go wrong
● Lessons were learned when things went wrong. Where people had experienced falls, staff had assessed risks to prevent future incidents. The registered manager arranged professional input with GPs or the falls prevention team. People's environments were reviewed and if needed, equipment was available, such as, sensor mats to alert staff if people required support.
● A person had sustained a series of falls at the service. The registered manager told us of interventions and actions taken following the falls. This included arranging a medicine review and a bed which could be lowered to the floor with a falls mat placed next to it to minimise risk of injury.
● A staff member had given a cupcake to a person by accident. The person had been assessed to be offered a 'minced and most' diet which had been documented. No harm had occurred, the staff member received further coaching and supervision and lessons were cascaded to the wider team to ensure the incident did not re-occur.

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.

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.

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

● People were supported to eat and drink enough. We received positive feedback about the food offered from people who ate food of a regular consistency. A person commented, "The food is excellent, I can't fault it, if you want a hot drink, you can always have one."

● The dining experience was calm, in line with the services ethos, Grace was said before people began eating. Staff served and supported people to eat their meals in a relaxed way. People told us, and we observed mealtime to be enjoyable and an opportunity to socialise.

● People were offered choices of what they wished to eat and drink. The menus were designed from people's feedback, alternative meals were available for those who did not wish to choose from the menu.

Staff support: induction, training, skills and experience

● Staff received training relevant to their role. The operations manager was arranging learning disability training for staff in line with CQC requirements. The registered manager identified gaps in staff training and had arranged a programme of blended learning to include face to face and online courses. A staff member told us, "I have done so many trainings. I have done moving and handling training about 3 times. Safeguarding training I did last month."

● Some senior staff had received additional training to cascade their knowledge to others. For example, a senior staff member had completed a 'moving and positioning train the trainer' course which equipped them to mentor new staff and respond to training needs in this area. A relative commented, "I think the staff are trained well to look after mum, they use a fair bit of equipment and they seem to know what they are doing."

● Staff received regular supervisions; a staff member spoke about these and said, "They are helpful, I talk about training and problems and difficulties I have faced at work, they have got solved."

● New staff completed the Care Certificate, the Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. New staff were required to shadow more experienced staff for at least 2 shifts in all 5 areas of the service, this helped them to get to know people and their preferences. One of the newer staff told us they felt well supported in the role.

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

● The service was decorated to suit people's needs and tastes; there was a programme of continual refurbishment to include communal spaces and people's bedrooms. The service consisted of 5 houses adapted to 1 large building. There were signs with arrows to help people orientate themselves, however,

these were accompanied with other posters and signs which could create some confusion for people living with dementia. We fed this back to the registered manager who told us they had already identified this and had plans for redecoration of the corridors along with a signage review.

● People told us they felt truly at home. A person proudly showed us around the garden said, "This is all part of me, and I feel part of it. We are not at full capacity at the moment, so we are not showing you our house at it's best."

● The service was adapted to meet the needs of people. The lounges and dining room were spacious, and doorways and lifts were wide for ease of wheelchair access. People could freely use the garden which had seating and tables set up, ready for use. In Gwynne House, people's bedroom doors were painted different bright colours to help people identify their bedrooms.

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

● People's needs were assessed before they moved into the service. Preadmission assessments were completed with people and, where appropriate their relatives to inform staff of their health conditions, wishes, and preferences. A relative told us, "Koinonia came in and completed an assessment. The questions were appropriate, they asked me and mum."

● The registered manager obtained medical summaries from people's GPs to get a clear picture of people's health needs. Oral health assessments were completed which included when people had last seen a dentist.

● Staff used nationally recognised tools to assess people's needs. For example, the malnutrition universal screening tool (MUST), to ascertain unexpected weight loss. The registered manager had oversight of weight loss. Where required, referrals were made to GPs and dieticians for supplements, catering staff were aware to introduce additional calories to people's diet by adding cream and butter to their meals.

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

● People had access to healthcare agencies and support. Staff worked with healthcare professionals, such as, the community matrons and GPs to provide good outcomes for people. The registered manager gave examples of when health care professional intervention had prevented hospital admissions for people. A visiting health care professional told us, "[Registered manager] and I are in email contact, they will ask my advice and I raise things if needed. I feel we have good working relationships now."

● Referrals were made for people to healthcare professionals. Staff monitored people and re-referred where appropriate. For example, a person's health had deteriorated, staff were concerned about the person's ability to swallow and contacted the SaLT team for an additional review.

● Records confirmed people had access to other healthcare services, including, opticians, audiology and chiropody. People were supported to attend appointments, such as, to the diabetic eye screening clinic. A person said, "The doctor and dentist are all arranged for us, and for our feet too."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- MCA assessments had been carried out in relation to people's care needs. Where people lacked mental capacity to make their own decisions, best interest decisions were made with them, their relatives and professionals.
- DoLS applications were made appropriately and where conditions were imposed on authorisations, we saw evidence they had been met. For example, conditions to some people's DoLS authorisations included regular reviews of certain medicines; these had been completed.
- Some people required their medicines to be administered covertly (without their knowledge). Staff had liaised with GPs, pharmacists, and people's relatives to ensure this was in the person's best interests and lawfully completed. A relative told us, "They [staff] do consult me with decisions, I have LPA (lasting power of attorney). They have the courtesy to contact me."

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.

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; respecting equality and diversity

- People were supported by staff who received equality, diversity and inclusion training which was reflected in their practice. There was a range of equipment available for people depending on their abilities and preferences. Staff told us how they helped a person with their mobility and described how they supported them to walk short distances safely, ensuring a wheelchair was behind them in case they tired.
- The service had a policy and had trained staff in a support model called 'the way we care.' The intention was to ensure people's physical, mental, emotional and spiritual needs were met. Staff were taught to 'care with' people and encouraged people to take active role in their care and support. A relative commented, "The general ethos of the place is to treat them [people] as a family."
- People were involved in their support and actively expressed their preferences. For example, a person enjoyed a singer, staff assisted them to watch music videos and concerts online. Care records stated whether people had a preference to male or female care staff.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Where possible, people were supported to make decisions to have control over their lives. Where people lived with advancing dementia, their relatives were asked to contribute to decisions.
- People's privacy and dignity was respected. We observed staff knocking and waiting for permission before entering people's bedrooms. A person was observed to require a stand-aid to help them whilst in a communal space; staff retrieved a screen to protect the person's dignity during the transfer.
- Staff used 'care in progress' signs whilst supporting people in their bedrooms, this ensured others did not enter the room to protect their dignity. Some people had requested for no-one to enter their rooms if they were not there, we saw signage to advise others of this and staff respecting their wishes.
- Staff gave examples of how they promoted independence. A staff member told us, "If I was to assist someone with a meal I try to support with a hand to hand techniques and encourage them to eat their meal and let my hand go, I would monitor them and if they need assistance I will help them."
- Adapted crockery and cutlery were available to support people's independence when eating. For example, some people were able to eat independently with a plate guard in place.

Good

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.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs were mostly assessed and contained in their care plans to guide staff to their preferred method of communication. Care plans included communication aids for people, such as, glasses and hearing aids. However, where people were unable to use words to communicate, there was little information detailed in their care plans to support communication, for example, to use pictorial cards or objects of reference. Staff told us they used pictures and wipe boards with some people who were unable to verbally express their wishes.
● The registered manager described how the service met the Accessible Information Standards. Documents were available in larger print formats, and head office could produce easy read documents or translated correspondence within 5 days.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People's care plans contained their choices and wishes and contained person-centred information. People had documented life stories to give staff an insight to their lives and wishes. People had choice and control of what they wished to do. A person commented, "In the garden we can pot up the potato plants, which makes it feel homely, it's up to me when I go out there." We observed people going out to the town independently.
● Personalised care was planned around people's preferences and where required, their reactions. For example, a person living with dementia had a sensor mat to alert staff if they required assistance. The person continued to unplug the sensor mat indicating they did not wish for it to remain in place. The use of the sensor mat was reviewed and other equipment was put in place to mitigate their risk of injury but respect their wishes.
● People and their relatives were involved in the care planning process. Where people were unable to recall their life histories, staff would collate information from their family members.
● Staff understood what person-centred care meant. We observed staff speaking and interacting with people differently to suit their preferred manner. Staff described what was important to individuals and demonstrated how they ensured their needs were met. When speaking about a person, a staff member told us, "[Person] is quiet, when we speak with them as they can't hear much, I think they are worried about

shouting so [person] speaks quietly. We just listen carefully, make sure the music or TV is down so they can hear us and we can hear them."

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 were supported to maintain relationships with their loved ones. Visitors were welcomed to the service and people could go out with them. People were encouraged to join in with organised activities.

● Activity staff were deployed within the service. Their roles included promoting people's well-being and spending meaningful time with them. People responded well to the activity staff, a person who did not use words to communicate was read to daily, either their favourite story book or letters from relatives, this had a positive impact on the person and they started to use occasional words. People told us they enjoyed the activities within the service. A person commented, "We have all sorts of dos in the garden, birthday parties, and the like and coffee mornings for the community too."

● Where people preferred to spend time in quieter areas, activity staff were observed to spend 1 to 1 time with them, talking and colouring. The activity schedule was displayed in the dining room and contained a mixture of social, faith-based and physical activities.

● The service was Christian faith-based, services and bible readings were regularly held for people. People told us having the chance to practice their faith was important to them. A person told us, "We have daily services, and a really lovely one yesterday."

Improving care quality in response to complaints or concerns

● The registered manager improved the quality of care and the service provided following any complaints received at the service. Themes and trends identified where further learning and changes to the systems could be improved. For example, the registered manager introduced thorough inventories after a trend of personal items being misplaced had been established. This reduced the complaints received about this issue.

● The complaints procedure was accessible and displayed for people in a large print. People and their relatives told us they were happy with the service but would speak with staff or the management if they were unhappy. A person told us, "I'd tell the staff if I had a complaint."

A relative said, "Regarding complaints, I have none at all. I do think over the time [registered manager] has been in charge, the care has become better. There has been more of a hierarchy caring for mum."

End of life care and support

● People were supported when at the end of their lives. People and their relatives contributed towards end of life advanced care planning. Care plans included people's wishes, music they enjoyed and visitors they may want.

● A senior staff member had trained to become the end of life lead, they received additional training from the local end of life care hub. The end of life lead shared their knowledge with other staff which included nutrition and hydration when at the end of life. A staff member told us, "As years have gone by, this home has tried to accommodate those with palliative care or with advanced dementia. We have had more training to be able to do this."

● People at the end of life were kept comfortable with appropriate equipment, such as, air flow mattresses. Staff engaged with professionals to ensure the right medicines and equipment were in place for people to remain relaxed, pain free and able to pass away with dignity.

● The registered manager provided emotional support to people and staff after others had passed away. Thanksgiving services were held as a mark of respect and in remembrance of people.

Requires Improvement

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Managers were mostly clear about risks and regulatory requirements. Some quality monitoring processes were not always effective in identifying inconstancies and inaccuracies in people's care records.
- Quality assurance processes did not always ensure people's dietary needs were robustly recorded. Speech and language therapists (SaLT) advice had been sought for people at risk of choking. SaLT advice had been documented in people's care plans, however, not consistently throughout the care plan and cascaded to catering staff. We raised our concerns with the registered manager who updated people's records during our inspection. The registered manager shared plans to ensure modified meals were continually monitored and in line with people's assessed needs.
- Audits and checks of people's care records had not identified inaccuracies which been carried over at each care plan review. For example, a person's record stated they had Parkinson's disease, they had been in residence for 18 months. The care record for a person who lived at the service for 6 years stated they had a learning disability. Neither person had a care plan in place for these conditions, the registered manager confirmed these were mistakes in the care plans, neither person lived with the conditions stated. These errors had not been identified and addressed through quality assurance checks.
- Senior care staff were upskilled to become leads in areas of their interest. This provided support for other care staff. Lead roles included a continence lead, a medicine lead, and a dignity lead. A staff member told us how this had benefitted themselves and the people they supported and said, "I feel like I make a big difference, I feel empowered and I feel like I have a lot of training there which I haven't had elsewhere. I have gained a lot of experience."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were given opportunities to express their views in group setting and individually, the registered manager held regular meetings for people. Meetings gave people the chance to give their views on the food, activities and to make specific requests, for example, a person requested smaller water jugs for their bedroom.
- People and their relatives, where appropriate, were asked their views about their support. Senior staff were responsible for updating people's care records to understand people in depth and review all aspects of health, emotional and social care needs. A relative told us, "They have [staff member] who is mum's head carer, they ring me every 3 months unless I see them at the home. [Staff member] updates me on mum and

checks if I want to say anything. Basically, an update and a review, a chance to ask anything."
● People's relatives were given opportunities to receive updates and give feedback about the service. Relatives could attend meetings in person or online to suit them. A relative commented, "I have been to the meetings, we can ask any questions, it's not a problem. I have never had a problem talking with the management, I can say what I want without fear of retribution, I have never felt that would happen."
● Staff surveys were distributed; results were shared at staff meetings which could be attended in person or online. Staff were invited to openly discuss matters, a staff member told us, "We have staff meetings, I am able to speak up, everyone is given the chance to speak. It's good for updates, [registered manager] goes to all the staff name by name, even those online."
● Staff told us they felt well supported by the registered manager, they were able to make suggestions and were listened to. Staff gave examples of suggestions made to the registered manager. A staff member told us, "I have got on really well since I have been here, it feels like a family. I am very supported by [registered manager]."

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 demonstrated a full awareness of the duty of candour. The duty of candour was considered for any incidents, safeguarding matters and complaints.
● The registered manager understood their regulatory requirements, they were knowledgeable on legislation and regulations. The registered manger understood their duty to notify CQC of events in the service, records confirmed this had been done appropriately.

Continuous learning and improving care
● The registered manager and the management team were keen to continually learn to improve people's experience of care. The provider developed a policy, training course for staff and audits to improve people's well-being. Action plans were developed based on people's feedback and observations. Responsibilities and timescales were included in the actions plans, for example, staff were being trained to understand communication needs of people living with dementia who may not express their wishes verbally.
● Audits included reviews of people's mealtimes experience, where improvement were identified they were addressed. It was identified a noise reduction in the dining room could benefit people. The dishwasher was no longer used during service and staff used silicone utensils to scrape plates. We observed mealtimes to be calm, allowing people to speak with others. One visiting professional told us, "The care provided that we have witnessed is kind, compassionate & appropriate. We see evidence of residents being encouraged out of their rooms as far as is possible for them to join others at mealtimes."

Working in partnership with others
● The service worked in partnership with health and social care agencies. People received external professional involvement including, GPs, SaLT, chiropodists and opticians.
● Visiting professionals spoke highly of the service. One visiting social care professional told us, "You get a feel for a place and there a lot places I wouldn't place my mum in, but I would consider it there." A health care professional said, "Management support has come into help support [registered manager] and I have personally met 2 or 3 permanent new management staff. I have been very impressed by their openness & willingness to work with us as a team for the benefit of the residents."
● The registered manager attended meetings with other managers of the provider's services to enable them to contribute and share mutual support. Where lessons had been learned in other services, the registered manager applied the lessons to the service to ensure good care.
● The registered manager and management team were keen to engage with the wider community. Coffee mornings had been held within the service and local churches, nurseries and schools were invited to the

service.