

Avante Care and Support Limited

Northbourne Court

Inspection report

Harland Avenue
Sidcup
Kent
DA15 7NU

Tel: 02082699840
Website: www.avantepartnership.org.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Northbourne Court is a residential care home that provides accommodation across four separate units, each of which has separate adapted facilities for up to 120 older people, some living with dementia. At the time of this inspection 105 people were using the service.

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

There were safeguarding procedures in place and the registered manager staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work at the home. There were enough staff deployed to meet people's needs. There were procedures in place to reduce the risk of infections. There were effective systems in place for monitoring, investigating, and learning from incidents and accidents. People's medicines were managed safely.

We have made a recommendation about the management of waste medicines.

People's care and support needs were assessed when they moved into the home. Risks to people had been assessed to ensure their needs were met safely. Staff were supported through induction, training, and regular supervision. Staff had the skills and experience to support people with their care needs. People were supported to maintain a healthy balanced diet and they had access to health care professionals when they needed them. The design of the premises was meeting people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives had been consulted about their care and support needs. People were provided with a range of activities to support their need for social interaction and stimulation. Staff understood the importance of working within the principles of the Equality Act and supported people in meeting their diverse needs. There was a complaints procedure in place. People had access to end-of-life care and support when it was required.

The registered manager and staff worked in partnership with health and social care providers to plan and deliver an effective service. The provider took people, their relatives, and staffs views into account through surveys and meetings. There were effective systems in place to monitor the quality and safety of the service and any learning was identified and acted on. Staff told us they enjoyed working at the home and received good support from the registered manager and deputy manager.

Rating at last inspection. The last rating for this service was good (published 28 April 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this 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.

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

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Northbourne Court

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.

Inspection team

This inspection took place on 5 and 11 October 2023 and was unannounced. The inspection team on the first day consisted of 3 inspectors, a specialist adviser, 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. One inspector attended the home on the second day of the inspection.

Service and service type

Northbourne Court 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. Northbourne Court 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.

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (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.

During the inspection

We spoke with 3 people who used the service and 7 relatives about their experience of the care provided. We spoke with 3 visiting health care professionals. We also spoke with 16 care staff, 2 kitchen staff, the deputy manager, the registered manager, and the regional support manager. We reviewed a range of records. This included 19 people's care records and medication records. We looked at staff files in relation to recruitment and staff training. We also reviewed a variety of records relating to the management of the service including quality monitoring checks and audits and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good: This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed. Medicines were administered at set times of the day using a paper-based system which supported staff to follow the prescriber's instructions.
- Medicines care plans and risk assessments were detailed, and person centred. There was information to support staff to care for people in a way that met their individual needs.
- When required, (PRN) medicines, protocols were detailed, and person centred and supported staff to know when to administer these medicines and what to do if the medicine was not effective.
- Staff responsible for administering medicines had completed appropriate medicines training and their competency to administer medicines had been assessed by senior staff.
- The service carried out regular audits of medicines and identified errors and areas for improvement. Actions from these audits were implemented and the required improvements made.
- Staff were not following correct waste medicines management processes. Waste medicines were not being returned in a timely manner or handled in line with legislation. This was rectified by the provider and the prescribing pharmacist during the inspection.

We recommend the provider consider the current guidance and legislation on medicines waste management.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were protected from abuse. People using the service and their relatives told us they felt safe at the home.
- There were safeguarding adult's procedures in place. The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns to the local authority and CQC.
- Staff understood how to keep people safe from abuse and neglect. Staff received safeguarding training about how to identify different types of abuse and they were confident the management team would act on any concerns they reported. A staff member commented, "The registered manager tells us that we can report our concerns above her and to CQC if we feel our concerns were not being properly managed by her."
- The provider acted when things went wrong. They used an electronic system for of reporting, recording, and monitoring accidents and incidents. The registered manager told us they used the system to analyse information, learn lessons and take appropriate actions. For example, analysis of people falling at the home identified that most falls were occurring in the mornings. Action taken included making referrals for these people to the falls prevention team and introducing additional staff to support them in the morning. As a result of these actions the frequency of falls had reduced.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Risk assessments provided staff with clear information about how to protect people from risks associated with their health conditions, for example reduced mobility and fragile skin. Risk management guidance included detailed information for staff about the potential outcomes for people if they were not protected from their identified risks, such as the occurrence of falls, sore skin, and possible hospital admissions.
- Staff had a good understanding of people's needs in relation to risk. We observed staff supporting people to eat and drink safely and using safe moving and handling methods to support people to move around their home.
- People had individual emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely.
- We saw records confirming the fire alarm system was tested each week and regularly serviced by external engineers. Training records confirmed that staff had received training in fire safety.

Staffing and recruitment

- There were enough staff available to meet people's needs. A person using the service told us, "There is always plenty of staff." A relative commented, "There are always plenty of staff when I come here. If my loved one calls them, they come quickly to help." Another relative said, "The staff are very busy. Mostly there are enough staff but occasionally we must wait a long time for their attention."
- During the inspection we observed staff had time to provide care in a calm and supportive way, for example chat to people as they walked with them in the communal areas. A staff member told us, "We used to be short of staff, but we have additional new staff which makes things a lot easier."
- The registered manager told us they had recruited a significant number of staff since the beginning of the year and the home no longer needed to use agency staff. They told us people using the service had asked for more staff, so they added an additional staff member on each unit. There were also 5 supernumerary staff tasked with updating care plans and supporting people during busy periods throughout the day.
- Appropriate recruitment procedures were in place. Recruitment records included application forms with employment references, proof of identification and evidence that a Disclosure and Barring Service (DBS) check had been carried out. 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: Visiting in care homes

- People were protected from the risk of infection. Staff wore gloves and aprons whilst providing people with personal care.
- We observed that the home was clean and hygienic throughout. A person using the service told us, "The home is cleaned very well. I see cleaners here every day. It is very hygienic."
- The provider had appropriate procedures in place for admitting people safely to the service.
- There were no restrictions on visitors to the home. A relative told us they were very happy with the visiting arrangements as they could come after work and watch TV with their loved one.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Peoples needs were assessed when they started using the service. Assessments were carried out to consider if the service could meet people's needs safely. The assessments covered aspects of their care and support needs such as medicines, communication, moving and handling, oral health, eating and drinking and well-being. The information gained from the assessment was used to draw-up care plans and risk assessments.
- People, their relatives and health and social care professionals contributed to these assessments to ensure the person's individual needs were considered and addressed. We saw care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Records confirmed that staff had completed an induction and training the provider considered mandatory. This included training in areas such as fire safety, food hygiene, oral health awareness, infection control, moving and handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff also received training relevant to peoples care and support needs, for example equality and diversity and dementia awareness.
- A staff member told us, "They (the provider) teach you a lot, they open your eyes to what care is all about, the training was very good, they are passionate about training. The management are closely involved in the induction." Another staff member said, "I recently had training on oral hygiene, moving and handling, health and safety, food hygiene and safeguarding. The training was very good, and I learnt a lot from it."
- We observed a staff member training other staff on the use of the pain chart on an online system. The staff member was explaining the identification of non-verbal signs of pain and did some role playing. Staff were attentive and appeared to take this learning on board.
- We saw records confirming staff received regular supervision and support from their line managers.

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

- People received support to maintain a balanced diet. A person using the service said, "The food is good, I like it." A relative commented, "My loved one eats all the food and enjoys it. There is plenty of choice." Another relative told us, "My loved one enjoys the food and has a healthy appetite." A health care professional told us, "The food's good, there's always plenty of choice. People are always hydrated; they get tea and coffee whenever they want."
- Where people needed support with their dietary needs, we saw this was recorded in their care plans. For example, we saw that a person's care plan recorded that they liked to have food from their country of origin and included the arrangements that were in place to make sure this happened.

- Kitchen staff showed us people's individual dietary needs forms that included information for care staff. These recorded where people had meals that met their medical or cultural and religious needs. We also saw an information board detailing the names of people that required modified textured diets where they were at risk of choking.
- We saw minutes from recent resident's meetings where the registered manager and people using the service discussed the introduction of a new menu covering intercontinental, Afro-Caribbean, and traditional foods. The registered manager told us people would be able to try out new food options. We also saw food and mealtime audits were carried out in order to gain people's views of the food provided and their mealtimes experiences.
- We observed how people were supported at lunch time. The atmosphere in the dining areas was calm and pleasant and staff were very attentive to people's needs. Where staff supported people to eat and drink, they were not rushed, people were assisted in the way they wanted.
- The home had been awarded a Food Hygiene rating of 5 January 2022.

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

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. A relative told us, "The home arranges all my loved one's external appointments. We are always informed about them."
- Staff told us they were able to obtain guidance and support from external specialists to enable them to meet the needs of people with behaviours due to their cognitive decline and mental health conditions. This included visits from community psychiatric nurses and other professionals within the community mental health team. The input from these professionals was used to develop and update people's care plans so that staff could follow current specialist advice and provide appropriate care.
- A health care professional told us, "I have no concerns about this home. There are handheld tablets on each of the units at the home where staff can contact the GP practice for advice. They can get straight through to a GP if the matter is urgent. We have good communication with the registered manager, she is very proactive, and we work well together."
- Another health care professional told us, "We're in here every day, the staff don't know when we're coming so we see what's going on. I have no worries. The staff are good at picking up skin issues and they order equipment promptly when it is necessary." A third health care professional told us, "It's nice here, always clean...there is good communication with residents here. They seem happy, they'll tell you when they're not. If a resident is reluctant to have treatment, the staff help, they can persuade people because of the good communication."

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

- People's rooms were decorated and personalised to their needs. One person told us, "I like my room. It is comfortable and nicely decorated." A relative told us, "We were allowed to paint our loved one's walls and change the curtains to the one's our loved one liked."
- The design of the premises and its selection of facilities enabled people to enjoy a comfortable living experience. The home had adapted bathrooms, dining rooms, quiet lounges with suitable furniture to support people with limited mobility where required. We observed people gathered with staff in the spacious and attractive first floor activities area to take part in musical and film sessions. We observed one person was happy sitting on her own in the quiet lounge listening to music on their headphones. Staff brought them an 'elevenses' drink and snack.
- There was a well-kept easy to access garden with comfortable furniture for people to use if they so wished.
- We pointed out to the registered manager that the dementia units lacked any interesting artwork or anything to trigger reminiscence or to aid with people's orientation. The registered manager told us they

had plans to improve dementia care provision. Dementia friendly signage, pictures and sensory areas would be located on the home's dementia units. On the second day of the inspection, we saw the registered manager had begun to purchase pictures and equipment and had placed these in the dementia units.

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.

- Where people lacked the capacity to make important decisions about their care needs the provider had involved them, their relatives, and professionals.
- We saw decision specific capacity assessments, best interest records and DoLS applications and authorisations retained in people's care files. Records confirmed that conditions relating to these authorisations were being followed.
- We saw a log detailing the dates of individual DoLS authorisations, new applications and follow ups with the local authority DoLS team.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 that treated them with kindness and compassion. A person using the service told us, "The staff are kind and caring, I cannot fault them." Another person said, "I always feel valued here." A third person commented. "The staff are amazing, fabulous and wonderful."
- Staff spoke positively about their relationships with people who lived at the service. One staff member said, "We have enough staff and enough time to talk to people. They love to reminisce about the past and it is fun for the staff to listen."
- Staff told us they had received equality and diversity training, and they spoke positively about supporting people to meet their individual needs and wishes. For example, one staff member told us they supported people to attend religious services and adhere to any dietary requirements in line with their religious beliefs. Another staff member chatted to a person in their first language which enabled the person to maintain their cultural identity and interests.

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

- People and their relatives where appropriate, were consulted and involved in making decisions and choices about their care and support. Care records included evidence that staff considered people's preferences and promoted choice. For example, the preferred gender of care givers and what food and drink and activities they liked.
- A relative told us, "My loved one has a care plan. One of the senior staff carried out an assessment at our loved one's home before they came here. They made sure our loved one had a personal alarm, and all their medical conditions were considered. They keep me up to date if there are any changes." Another relative commented, "My loved one had significant mobility issues when they came here. They have a care plan in place. I have seen my loved one improve a lot. It was a good move to come here."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and independence. Staff were attentive to people's care and support needs. We observed positive interactions between people using the service and staff. It was evident that people and staff were comfortable in each other's company. One person told us, "The staff are kind and treat all of us with respect."
- Staff told us they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. A staff member told us when they were providing people with personal care, they closed their windows and doors. They explained to the person what tasks they were doing, and they didn't rush people. They prompted people to do what they could manage for

themselves, for example to brush their teeth or to choose what clothes they wanted to wear.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good: This meant people's needs were met through good organisation and delivery.

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

- The provider used an electronic system for assessing people's needs and developing, monitoring, and reviewing care plans and risk assessments.
- People's individual health and social care needs and wishes were recorded in their care plans, which were clearly written and kept under regular review. For example, one person's care plan explained that it was important for them to choose their clothes and assemble their daily outfit. A care plan for another person included a valuable level of information about their social interests, and we noted they had been encouraged by staff to regularly participate in a wide range of social activities.
- Care records included evidence that staff had considered people's preferences and promoted choice. Relatives told us they had been consulted about their loved one's care and support needs. We saw in one person's notes that their family had been contacted by phone when the person was 'resident of the day'. This recorded that the relative was satisfied with her loved one's care .
- Staff had a very good understanding of people's needs. A member of staff told us how they supported people with eating and drinking and how they supervised people at risk of falls.

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 assessed and included in their care records.
- The registered manager told us most people could understand the information the service provided. However, if people required information in large print, a different language, audio, or visual aids this would be made available to 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 take part in activities that were socially and culturally relevant to them. The home offered a range of activities to support people's need for social interaction and stimulation. We saw an activities programme that included boxercise, music for health sessions, Black History Month, a coffee morning every Friday for people and staff, balloon sculpting, church service, chair yoga and visits from entertainers. Singers were booked in for an evening entertainment with alcoholic and non-alcoholic drinks served to the audience.

- On one unit we observed people watching the Sound of Music on a large screen, they were provided refreshments, including hot and cold drinks, biscuits, and servings of soft fresh fruit. On another unit we observed staff playing their favourite songs and explaining to people why the song was special to them. People were asked about their favourite songs and staff played it.
- A relative told us, "My loved one is well stimulated. The staff are always involving the residents with activities on my loved one's unit. All the activities are very good. We even bring our dog to see our loved one. The other residents love seeing the dog too." Another relative commented, "My loved one has their nails and hair done regularly which they love. They go to sing-along, dancing, quiz and bingo."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. Complaints records showed that when complaints had been raised, these were investigated and responded to appropriately.
- A relative told us, "My daughter would contact the home via email or phone on behalf of the whole family. We have every confidence the registered manager would resolve any outstanding issues." Another relative commented, "My daughter resolves any complaint we have. We have not made any serious complaints."
- We noted that the providers complaints procedure was not displayed conspicuously around the home. During the inspection the registered manager updated formal complaints procedure to make it more apparent to visitors and relatives, they displayed the procedure around the home.

End of life care and support

- The registered manager told us they worked with people's relatives, the GP and other appropriate health care professionals to provide people with end-of-life care and support when it was required.
- Where people had made advanced decisions about their end-of-life care needs this was recorded in their care records.

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 our last inspection we rated this key question good. The rating for this key question has remained good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 home had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They were aware of the types of significant events which they were required to notify CQC about and records showed the service had submitted notifications to CQC where needed.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.
- Staff told us they felt well supported by the management team. One staff member told us, "Although I am still new here, I feel that I am part of the team. The registered manager is supportive, she made me feel welcomed and valued." Another staff member said, "I like the management, the registered manager is a lovely person, I can approach her easily. The deputy manager is good too, they always listen to what we have to say. That is what I love most about this place." A third staff member commented, "Teamwork is very good, we have new staff. I feel positive for the future, the new staff are doing well."
- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always honest and transparent with family members and professionals and took responsibility when things went wrong.

Continuous learning and improving care

- The provider had effective systems in place to assess and monitor the quality of service that people received. We saw that regular audits had been carried out at the home in areas such as infection control, medication, falls, health and safety, incidents and accidents, care files, staff training, safeguarding and concerns and complaints.
- The registered manager told us they received regular 1-1 support from the regional support manager. We saw a report from a recent service check carried out by the regional support manager. This report included learning and actions required and actions completed. For example, falls analysis had been used in deciding to add additional staff to the units.
- The provider had a service improvement plan in place. This covered areas such as medicines management, activities, staff training, staff well-being, care planning, food and mealtime audits, falls and infection control. A quality manager had been appointed to the home to oversee the required improvements identified in the service improvement plan.

- Regular safety checks were being carried out on portable appliances, gas and water safety. Equipment such as hoists, wheelchairs, and the call bell system were serviced and checked regularly to ensure they were safe for use.
- Regular unannounced spot checks carried out at the home. The registered manager said these checks were carried out to make sure the home was meeting people's care and support needs.

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

- The provider sought people and their relative's views about the home through surveys and residents and relatives' meetings. We saw a report following the last satisfaction survey. The report confirmed that people using the service and their relatives were mostly happy with the service provided to them. A relative commented, "They regularly ask how things are going and if I am happy with mum's care. I have filled out questionnaires before." Another relative told us, "I attend online meetings occasionally. That is how I give my feedback." A third relative said, "I have given feedback regularly, we are asked all the time."
- Systems were in place to provide staff with support and guidance. Staff told us they had regular individual supervision sessions with their line manager, and they also attended meetings for their units and the whole care home. One staff member told us they were in the process of supporting a person with a complex issue and had been advised by the registered manager about how to carry out this task in a sensitive and effective way. Another staff member said, "At meetings we talk about how to make the residents happy and keep them safe, and we are asked if we are happy to come to work."
- The registered manager told us they had recently appointed staff as champions in areas such as oral health care, infection control, safeguarding, medicines, falls and mental well-being. These staff would be receiving additional training to support them in these roles. They had also introduced an employee of the month award with incentives and certificates.

Working in partnership with others

- Records seen confirmed that the registered manager and staff worked in partnership with other agencies, including the local authority and health and social care professionals to ensure people received safe and effective care.
- The registered manager attended provider forums run by the local authority where they learned about and shared good practice. They told us the forums had facilitated sessions, for example on fire safety. The fire team advised them to review people's individual emergency evacuation plans (PEEPs), to separate medicines charts from the emergency folder as these could get lost in a fire. The registered manager told us they now had a red bag for people's medicines records.