

Z & M Care Limited

Z & M Care Limited - 4-10

Lyndhurst Road

Inspection report

4-10 Lyndhurst Road
Hove
East Sussex
BN3 6FA

Tel: 01273323814

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11 September 2019

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

Z&M Care Limited, 4-10 Lyndhurst Road is a care home. It provides accommodation with personal care and support for up to 37 people, some of whom were living with varying stages of dementia, along with healthcare needs such as diabetes, sensory impairment or a learning disability. On the day of our inspection, there were 36 people living at the service.

The care home accommodates people in one adapted building, accommodation was arranged over three floors.

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

People told us they felt cared for by staff, a person told us, "They are all nice people who work here. We're well looked after." We observed friendly interactions between staff and people. Genuine relationships had developed between people and staff, for example one person regularly went to football matches to support their local team with two members of staff of their choosing. People were treated with respect. People's privacy was upheld, and their dignity was maintained.

Care plans described people's needs and preferences and they were encouraged to be as independent as possible. Care plans guided staff about people's needs and how to meet them, for example communication, emotional wellbeing and health conditions such as diabetes. People chose how to spend their day and they took part in activities in the service and were supported to access the community, a person told us, "It's all freedom here. If you want to go out, they'll take you."

We observed people were relaxed and comfortable in the presence of staff. People continued to feel safe and there were enough staff to support them, a person told us, "They (staff) do everything in their power to keep you safe." Recruitment processes continued to be robust, checks were carried out and references were collected to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place. Accidents and incidents were recorded, and steps continued to be taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment were managed. Staff knew how to keep people safe in an emergency such as a fire.

People were encouraged to maintain relationships that were important to them. This was recorded within people's care plans. Family and friends were able to visit freely without restriction.

Medicines continued to be managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

Staff continued to receive essential training and there were opportunities for additional training specific to

the needs of people such as. Staff continued to tell us they felt supported, records showed they had regular supervision and annual appraisals.

People had enough to eat and drink and continued to have choice in what they ate and drank. Staff accommodated any specific dietary requirements, such as for diabetes, or preferences such as being vegetarian or religious requirements were met. Health and social care were accessible for people and appointments were made for regular check-ups as needed. External professionals we spoke with gave positive feedback about how staff liaised with them.

Staff and people told us they were able to give their views on the service. Staff told us they felt supported. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

People were being supported to make decisions in their best interests and to be included in making decisions affecting their care such as developing their care plan with staff. The staff had received training in the Mental Capacity Act 2005 (MCA). People were supported to access independent advocates. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and relatives knew how to make a complaint and people felt confident that their feedback was listened to and acted upon.

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

Rating at last inspection

The last rating for this service was Good (published 25 July 2016).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Z&M Care Limited, 4-10 Lyndhurst Road on our website at www.cqc.org.uk.

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?

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 ●

Z & M Care Limited - 4-10 Lyndhurst Road

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

One inspector and an expert by experience undertook this inspection on 15 August 2019. 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

4-10 Lyndhurst Road 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.

4-10 Lyndhurst Road is registered to provide personal care and support for up to 37 people. The service provides long term and respite care. People who lived at the home had varied needs associated with old age and frailty, some people were living with varying stages of dementia or a learning disability or sensory impairment, some people had health needs such as diabetes or and mobility needs. At the time of our inspection there were 36 people living at the service.

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

A comprehensive inspection took place on 15 August 2019 and was unannounced, which meant the provider and staff were not aware that we were coming.

What we did before the inspection

Prior to the inspection the provider completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the provider, operations manager, care manager, a senior care worker, three care workers, the activities coordinator and the chef. We spoke with a visiting chiropodist and a church visitor; both visiting professionals gave us permission to quote them in this report.

We observed the lunchtime experience and observed staff and people interacting during our visit.

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

After the inspection:

We spoke with a commissioner by email who gave us permission to share their feedback in this report.

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.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person told us, "They (staff) do everything in their power to keep you safe." Another person said, "It's quite safe. There's a very good manager."
- Staff had completed training in safeguarding and knew how to recognise the signs of potential abuse. Staff knew what actions to take if they had concerns. A care worker said, "Safeguarding is wide ranging. If I'm concerned a resident is being mistreated I would go to care manager and if I continue to have concerns I know I can go to the local authority or to CQC." The care worker continued to say, "The manager listens. I've never raised a concern or complaint that hasn't been dealt with."
- Staff made a safe environment for people. Since the last inspection, a new updated call bell system had been installed. The provider told us this helped them to monitor call bell response times.

Assessing risk, safety monitoring and management

- People told us that the staff helped them feel safe and we observed that people were comfortable in the presence of staff. When asked what it is that helps them feel safe, a person said, "Yes, because of the staff. If you need anything, they'll get it." Another person told us, "Yes. The staff are nice, and they help you."
- A care worker said, "We make sure the person is safe and have a safe environment. If I have any concerns I report to a senior straightaway, we record incidents in the person's care plan and complete an incident form."
- Staff knew how to keep people safe in the event of an emergency such as a fire. Staff are trained in fire safety and in using equipment to keep people safe.
- People's risks had been identified and assessed. People had a range of risk assessments including eating, mobility and money management. Staff supported people to balance and minimise risks in the least restrictive way, for example people had smoking risk assessments if they smoked and road safety assessments.
- Premises and equipment were serviced and managed safely. Internal environmental checks were completed.

Staffing and recruitment

- People told us they were enough staff to meet their needs, our observations and records such as rotas confirmed this. A person told us, "There's always staff walking about. You can tell staff if anything happens." Another person said, "They (staff) never seem to be in a rush."
- Staffing levels was assessed based on people's support needs and included providing extra staff to

accompany people on activities in the community or health appointments. A care worker said, "I think there are enough staff, we work as a team, and we manage and plan well, of course unexpected things happen but there's help there in emergencies like the kitchen staff and the managers."

- The provider used feedback from staff and observations to adjust staffing levels when people's needs change. For example, staff requested more support with laundry tasks and the provider responded by appointing a laundry person. A person moved in to the home who liked to go to bed later and needed two members of staff to help them to bed, the provider added a member of staff on the rota later in the evening to support the person going to bed when they wanted to.
- Robust recruitment systems ensured that new staff were safe to work in a social care setting. Staff files showed that checks had been made with the Disclosure and Barring Service which considered the person's character to provide care. A person told us, "There's not a bad member of staff here."

Using medicines safely

- People told us they received help they needed with their medicines. A person told us, "I could do that (manage my own medicines), but I don't want to. They make sure I take it; I've got a terrible memory." Another person said, "They come round with it (my medicines). I like that."
- Senior care staff were trained in the administration of medicines by the local authority, training from a pharmacy and their competency was checked annually. A care worker told us, "After you've done training everything is assessed, medicines is assessed here and when we do medicines training through the local authority that also now includes an assessment there as part of the course."
- Medicines were managed safely. Records showed that medicines were ordered, stored, administered and disposed of as required including medicines that needed special storage arrangements. Staff checked medicine administration records and temperature checks. Where people had as and when needed (PRN) medicine staff understood how to support this person with their as and when needed medicine.

Preventing and controlling infection

- The home was clean, fresh smelling and well presented. People told us that the home was kept clean. A person said, "Oh, yes. It's very clean here, very." And another person told us "They're always cleaning."
- Staff were trained in infection control and we observed staff using appropriate personal protection equipment and washing their hands. A care worker told us, "We make sure people are safe and make sure the home itself is safe, such as keeping things clean with good infection control and ensuring a safe environment."

Learning lessons when things go wrong

- The provider invested in external pharmacy audits to check the system for medicine administration worked effectively. External audits were used to identify any issues to address as well as internal medicines audits and stock checks carried out by senior staff.
- Incidents and accidents were recorded and monitored. Records showed that help from health professionals had been sought immediately where needed.

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.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us that staff were trained and knowledgeable to meet their needs. A person said, "They get a lot of training."
- Staff told us they received training considered mandatory by the provider. Staff were encouraged to study for vocational qualifications in health and social care. New staff followed the Care Certificate, a work-based, vocational qualification for staff who had no previous experience in the care sector. Staff were also supported to continue their professional development by doing further qualifications.
- Senior staff were supported to become train the trainers in moving and handling and staff who administered medication did internal and external courses.
- Staff had access to training that was specific to people needs such as additional training in dementia, dementia medicines and diabetes. A care worker said, "I did a dementia awareness day course as part of my induction and now I'm doing additional qualifications in dementia." Another care worker said, "I want to do the job to the best of my ability, we get lots of training and there's opportunities always to do more, I want to make sure that the people have the care they deserve."
- A visiting chiropodist told us that staff were knowledgeable, they told us, "I always speak to duty staff, they are vigilant and know they can bring things up. Staff follow my advice and use my notes for their records and staff always call if they need any clarifications on what's needed."
- Staff told us they had frequent supervision, worked well as a team and felt well supported by managers including having annual appraisals. A care worker said, "[Care manager] explains things and reassures me. If any of the managers see you upset, they will come up to you and ask if you're ok."

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

- People told us they enjoyed the food, had sufficient to eat and drink and that they had choices. Our observations confirmed this, for example, we saw the activities coordinator asking people for their menu choices and we observed one person enjoyed a beer with their lunch and people were offered a range of soft drinks. When asked if they are able to ask for something else for their meal a person said, "They're very good, they will get you something else." Another person told us, "I love my food. I like home cooked food and that's what they have here. You get to choose, someone comes round and asks."
- We observed the lunchtime experience. People were supported to eat where they preferred such as the lounge, their room or dining room. We observed that people had access to equipment such as plate guards and adapted cutlery which helped them maintain their independence in eating. Staff checked if people needed support discreetly and prompted people when needed.

- Staff knew of people's allergies, dietary needs and preferences and how the kitchen staff accommodated these needs. Where people were assessed by a Speech and Language Therapist (SALT), the guidance from this assessment was well recorded, and the kitchen staff knew each person's needs such as the need for soft and moist food or thickened fluids. The chef had up to date records for individuals that had dietary requirements such as fortified diets, allergies or preferences. For example, where a person had a dietary need due to their religious preference or if they were vegetarian this was accommodated.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by having access to a wide range of health and social care professionals, for example speech and language therapists, opticians and physiotherapists. This was supported by our observations of people being visited by professionals or being supported to go out to appointments. Records also confirmed this. People told us they could see the doctor if they wanted to. A person told us, "I see the physiotherapist in here once a week."

Supporting people to live healthier lives, access healthcare services and support

- People told us they received the care and treatment they needed. A person told us, "When I had a heart attack last week they (staff) moved very quickly and got me to hospital." And another person said, "Yes, I fell out of bed. The staff helped. I didn't have to go to hospital."
- Records showed that staff liaised with other agencies such as social services and health professionals.
- Care records included a 'My Hospital Care Passport' which provided information in an accessible format about people's care needs, likes, dislikes and preferences.
- People's care plans reflected any needs such as diabetes. For example, a person's diabetes care plan guided staff to offer a healthy diet and to support the person to be visited daily by the district nurse for their insulin injection. The care plan included guidance for signs and symptoms to look out for and action to be taken should staff be concerned. The person had access to diabetic eye screening and their weight was monitored and recorded with the person's consent.

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

- People had access to equipment for their mobility or pressure care needs for example on the day of our visit a person was having a new profile bed delivered. People had access to a range of mobility aids.
- We observed that people enjoyed the garden, the garden was well maintained and had different areas for smoking, sitting and a corner shop that the activities coordinator ran once a week.

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

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.

- Staff were aware if any people's authorisations had conditions and how these were met, where relevant this was also recorded in people's DoLS care plan. People had access to independent advocates and paid relevant person's representatives from the local authority.
- People told us they were asked for consent before any personal care took place. A person said, "They explain then they say, 'Can we do this or that?'"
- People's capacity had been assessed to make particular decisions such as care and support or use of bed rails. Where people were assessed to not have capacity to make particular decisions best interest meetings were held involving staff that knew the person well, the appropriate relative and relevant professionals, these discussed options to find the least restrictive and safest option for the person. This was also reflected in risk assessments such as for smoking or road safety.
- People told us they were involved in developing their care plan. A person said, "Yes, a little while ago. I was fully involved. If I didn't agree, I'd say so." And another person said, "When I was in hospital the manager came. My sister asked if I could come here. They listened to what we wanted." The care manager told us, "We use the assessment information we collect to let staff know how to support the person before they move in, we then like to write the full care plan after we've got to spend time with them and got to know the person."

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.

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 overwhelming told us that staff were kind and caring. A person said, "The staff are lovely. They're very nice people." Another person told us, "They are all nice people who work here. We're well looked after."
- Questionnaires from relatives had comments such as, "the care is first class", "<staff member> has gone above and beyond to provide help and support to both mum and to us." and "a big thank you to the team from all of us. Mum is very lucky to be in such good hands."
- People were supported to maintain relationships that were important to them. We observed that relatives and visitors were welcome to visit and were free from restrictions. A person said, "My sister gets on well with the staff." And another person told us, "Yes. My son comes when he wants to." We observed one person who was collected by their family member so that they could stay overnight at the family home, records showed that this was important for the person.
- A visiting chiropodist told us, "Staff are excellent, they know people really well. Staff are dedicated and very caring towards people."
- Staff celebrated people's diversity, for example, identifying as lesbian, gay, bisexual or transgender or having a religious belief. Staff were aware of their responsibilities in how to protect people from any type of discrimination. For example, a Pride party was held for everyone at the home and a staff member accompanied a person to attend the local Pride parade. People were supported to pursue any religious, belief or spiritual preference. Church representatives visited the home weekly to deliver a service. People were supported to visit their place of worship or to have visitors from their place of worship visiting the home.

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

- Records showed that people and appropriate relatives were involved in informing the person's care plan and in making decisions about their care.
- People told us they were supported to make choices and decisions. A care worker said, "I never assume that I know what a person wants, I always give them choices and listen to them. I treat people how I would want to be treated."
- A church visitor told us, "They (staff) treat everyone as individuals, they talk and listen to them. If people don't want to stay (for the church visit) staff support them to make that choice and respect people's choice if they change their mind."

Respecting and promoting people's privacy, dignity and independence

- People told us their independence was maintained by staff. A person told us, "I can do things for myself. I'm an independent person, but I need a bit of help." And another person said, "I love it here. I would hate to go back to my flat now. It's all the freedom here. If you want to go out, they'll take you." A care worker said, "People pick their own clothes, choose what they would like to eat, when giving personal care such as helping a person to wash I'll encourage them to do what they can and only help where needed to keep that independence."
- People's privacy and dignity were upheld. A care worker told us, "If I'm giving personal care I always keep things private, I'll make sure no one else is in the room, close the curtains and check that their door is shut, I'll ask the person what help they want." A visiting chiropodist said, "Staff are quick to deal with things and are always upholding people's dignity, for example if a person has an accident they deal with it quickly, discreetly and with dignity."
- People's confidential information was kept secure by staff. Staff had locked cabinets and offices where they could keep information safe.

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 Good. At this inspection this key question has remained the same.

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

- People were supported by staff that knew them well including their needs, preferences and interests.
- People were supported to pursue their hobbies and interests. A person said, "I do a bit of gardening if I want to." We later saw this person enjoying watering plants in the garden and staff being nearby if the person needed support. Another person told us they go to football matches to support their local team with two of their favourite staff that also like football. Another person was supported to go out to a local café weekly and to a graveyard weekly to visit their loved one's grave.
- People told us they were supported to go on holiday. Records showed that three people had been supported to go on holiday and that staff gave them as much support as they needed.
- Staff supported people to access the community, one person who loved singing went to a choir weekly and another person with a learning disability went to a day centre weekly run by a charity specialising in supporting people living with a learning disability. On the day of our visit a group of people were visiting a 'Posh club' which had a meal, cabaret and dancing, a person told us, "I'm going to Posh Club today. There's dancing."
- A structured activities programme was available to people including external entertainers, a daily 'posh restaurant' experience, therapy dog with high school volunteers, regular afternoon tea party, reminiscence activities, exercise games such as hula and target games. People enjoyed arts and crafts sessions and took pride in the work produced. The art was displayed in a 'gallery' in the home and was sold as cards to raise funds for activities and was made in to wall art, or in to the tablecloth used in the dining room. A person told us, "They have bingo and various games. I join in. I like bingo. I join in with the singing when the church people come. I don't have any religious faith, but I like singing."
- Staff held special events such as Macmillan Coffee mornings, Christmas parties, a Hawaiian summer party, reminiscence activities for dementia day, Halloween celebration and a vintage tea party for dignity day. The building had spaces to create different environments for people to experience in the home, the building had a garden space, summer room, lounge and a space that was used as a café or pub.
- We spoke with the activities coordinator, they told us they had been supported to pursue specific activities training and attended an activity forum every six weeks to meet other activities coordinators and share ideas.
- A care worker told us how they learn about people when they first move in, a care worker said, "I'll read the care plan and I'll sit down with the person and talk to them, when I learn something new about people I share that with other staff."
- Care plans were person centred, they included information about the person's social and employment

background, their current needs, their likes and dislikes. Care plans recorded what was important to people such as how to uphold their self-esteem, hobbies and relationships or people that were important to them. Care plans were reviewed monthly. People's needs were assessed before coming to live at the home. These assessments included health and emotional wellbeing needs and was inclusive of protected characteristics such as disability or religious needs.

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.

- People's communication needs were assessed and met in a way that met the criteria of the standard. This included recording people's communication needs in their care plans.
- The building had signage with pictures to help people navigate around the home.
- People were matched with staff that spoke their language or staff used translation technology on devices to support communication. For one person a translator visited at mealtimes or family members would visit to translate.
- Staff had historically supported people with a visual impairment. Staff supported people to have access to audiobooks and gave people the time they needed to orientate themselves around the home, for example one person had full support when they first moved to the home which reduced as they got to know the layout of the home.

Improving care quality in response to complaints or concerns

- People consistently told us they felt listened to and that the manager asked for their feedback. People told us they would speak to the manager or to a member of staff if they had any concerns or complaints. A person said, "I would speak to [care manager]. He acts on it quickly."
- No complaints were received since the last inspection.

End of life care and support

- At the time of the inspection, one person was receiving end of life care after a recent assessment. We saw compliments from a family of a person who lived at the home, an example said, "Staff provided a level of medical care, comfort and aid that allowed my mother to die in a peaceful and dignified manner. Staff were so supportive and kind to me during those difficult weeks."

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.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us that the home had a friendly and nice atmosphere, this was confirmed by our observations. A person said, "It's brilliant. People are friendly." People gave positive feedback in annual questionnaires; some examples of feedback were: "I can live my own life"; "I do what I want to do".
- Staff demonstrated pride and enjoyment in their roles. A care worker said, "I love it here, I love taking care of people, helping people and watching people grow. One person who had a stroke is becoming more mobile, seeing people improve is great." Another care worker told us, "I love my job – it's a really good place to work."

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

- People told us they participated in meetings held by the manager to get their feedback, a person told us, "They talk in the dining room. They listen to your views and they change things. They don't ignore you." Another person said, "There's a booklet for feedback. They put down what people are thinking."
- We saw questionnaires completed by relatives. Comments said, "I am kept informed of all issues surrounding her care. Staff are cheerful, welcoming and supportive." And "During her time there, I have seen such a change in her, she is cleaner, happier and so well settled." Family meetings were held, minutes we saw confirmed this.
- Staff told us they felt listened to and were given different opportunities to give feedback. A care worker told us, "We get staff questionnaires annually about the home as a whole and we also get questionnaires about evaluating training too." This was confirmed in staff survey forms we saw from 2019 and staff meeting minutes which shared learning and updates. The operations director told us, "If staff have an issue they will come to me or call me at the weekend to speak to me – all concerns are taken seriously, listened to and addressed, we want our staff to be happy, supported and motivated."
- Staff told us that the management were considerate and proactive in meeting the needs of staff with protected characteristics such as a disability. The operations manager told us, "We value our staff." Staff meeting minutes showed that bullying and harassment in the workplace was discussed and reflected on.

Continuous learning and improving care

- Quality assurance systems monitored the quality of service being delivered and the running of the service,

for example medicine audits. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development.

- In addition to internal audits the provider invested in external consultants to carry out audits. Learning from external audits were actioned or integrated into the internal audit programme. For example, a recent external audit suggested a care plan audit to identify where more information could be added to care plans about consent, best interest decisions and capacity through a new template the provider was implementing. The provider had started to address this by commencing a care plan audit.

- A commissioner told us, "The service continues to engage with forums and provider groups." The operations manager took part in forums and managers meetings to share and learn new ideas. For example, the operations manager participated in forums and shared learning in a staff communications book where staff shared best practice and new information. The operations manager had arranged for the in-reach dementia team to visit and deliver training about sexuality and intimacy in dementia following the participation in a forum.

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

- All managerial staff understood the regulatory requirements that needed to be met to achieve compliance. For example, notifications that the registered manager was required to send to CQC by law had been completed.

- Where appropriate the provider ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.

- People knew who the managerial staff were. People consistently told us that the manager was approachable and present in the home. A person said, "It's a quite well-run place."

Working in partnership with others

- External professionals gave positive feedback about how staff worked with them. A church visitor told us, "Managers are involved and really care and love people. If we see something we are concerned by, we can get staff very quickly. Staff chat with residents, it's a particularly lovely home. Staff are lovely, friendly and helpful for us as visitors."