

Hummingbird Care

Hummingbird Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hummingbird Care is a care home providing personal care to a maximum of 18 older people. They provide care and support for frail older people and those people living with dementia. It does not provide nursing care. The home is a detached recently refurbished house in the village of Churchinford, seven miles east of the town of Wellington in the Blackdown hills in Somerset. There were 15 people living at the service during this inspection.

The provider also operates a domiciliary care agency which provides personal care to people living in their own homes in the community, within a five-mile radius of the care home. Not everyone using the domiciliary service receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there were 13 people receiving personal care in their own homes.

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

The service had improved since the last inspection, the provider had checks and audits in place to identifying shortfalls in the record keeping and identifying possible risks to people. The provider had informed the Commission of notifiable incidents in line with their legal responsibilities.

People lived in a service that kept them safe. The home was well maintained, modern and homely in appearance, with a relaxed, welcoming atmosphere. Staff had been recruited safely and had received training on how to recognise and report abuse. Medicines were safely managed. There was appropriate control of infection processes in place which meant people lived in a home which was clean.

People at Hummingbird Care were valued as individuals and treated with kindness and compassion. Staff knew each person well and were attentive, caring and they engaged with people with kindness and understanding. Staff knew how to communicate with people, so people understood the options available to them.

People received personalised care to meet their needs. The registered manager and staff were very passionate about ensuring people's social needs were met. People enjoyed a variety of social activities which included in house activities, trips out, local events, social events and family visits.

People were very positive about the staff and the management team and said they were treated with dignity and respect. People's care plans were in a new format and were personalised and included information for staff about the support people required to meet their needs.

Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken.

People's and relatives' views were sought, and opportunities were taken to improve the service. Staff were supervised, supported and were clear about their roles and responsibilities. People were cared for by staff who received regular training that was tailored to meet the needs of the people living in the service and to their specific roles.

People's needs and preferences regarding food and drink were known and respected. People were positive about the food they received. Comments included, "A good variety of food."

People were supported to access healthcare services. Staff worked closely with health professionals, including the GP and community nurses and referred people promptly. They held a three monthly review for people at the home to review their presentation and health 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. Staff ensured people living with dementia had given consent or received care in their best interests in line with current legislation.

People knew how to make a complaint if necessary. They said if they had a concern or complaint they would feel happy to raise it.

Procedures were in place for people to identify their wishes for their end-of-life care. This included any wishes they had for receiving future treatment or being resuscitated.

More information is in the full report.

Rating at last inspection and update: The last rating for this service was requires improvement (published 22 November 201) and there were two breaches of regulations. The provider completed an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. Following this inspection, the ratings for the service has improved and is now good.

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

Hummingbird 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 Care Act 2014.

Inspection team

This inspection was carried out by an inspector 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

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

The provider also has a domiciliary care agency operating from the home. It provides personal care to people living in their own homes. The agency provides care to adults, including people with dementia, physical disabilities, sensory impairments or mental health issues.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We had not requested a provider information return from the provider. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed

notifications. Notifications are specific events registered people must tell us about by law. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people, four relatives and ten members of staff. This included the registered manager who is also the owner, deputy manager, quality compliance advocate, senior care co-ordinator of the domiciliary agency, senior care workers, care staff, the cook and housekeeping staff.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment, training and induction. We also reviewed a variety of records relating to the management of the service, including policies and procedures, complaints, quality assurance and quality monitoring.

Throughout the inspection we were able to observe staff interactions with people in the communal areas to see how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed the lunchtime meal time experiences and used the SOFI to observe how staff interacted and cared for people.

After the inspection

We sought feedback from a local GP and the community nurse team who supports the home.

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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care records contained individual risk assessments for falls, nutrition monitoring and skin integrity.
- Environmental risk assessments for each person's home highlighted any potential hazards and staff received training in health and safety.
- The provider had checks and audits in place to protect people from the risks of unsafe and unsuitable premises. For example, an environmental risk assessment and health and safety risk assessment.
- Staff recorded maintenance issues they identified in the handover which was monitored by the management team and action was taken.
- External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and lift maintenance.
- A legionella test and a risk assessment had been completed.
- Fire checks and drills were carried out in accordance with fire regulations.
- People had personal emergency evacuation procedures in place (PEEPs) which detailed how staff needed to support individuals in the event of an emergency to keep them safe. This meant emergency services would be able to access people's information in the event of an emergency evacuation.
- In March 2018 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.
- Staff had a good understanding of how to keep people safe and about their responsibilities for reporting accidents, incidents or concerns. The management team monitored accidents and incidents at the home and to look for patterns and trends.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt the service was safe. Comments included, "Yes, I have always found it alright."
- People were protected from the risk of abuse and avoidable harm. Staff had received training in relation to safeguarding adults and understood their responsibility to report any concerns to the management team.
- The management team understood their safeguarding responsibilities and had reported concerns when necessary.

Staffing and recruitment

- The provider carried out the necessary recruitment checks before staff commenced employment. Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Staff files showed that appropriate records including checks from the disclosure and barring

service (DBS) and references were in place.

- People, relatives and staff said there were enough staff to meet their needs. Comments included, "Yes, at least two on a shift. I feel part of the team. I help out. I feel supported, very caring to me. I think its lovely here. He couldn't be anywhere better" and "Always someone around. There are volunteers that come in. All staff chip in if they need to."
- The agency had sufficient staff to meet people's needs. People were supported by a small team of staff they knew and trusted.
- We observed that there was always a staff member with people in the lounge area where there was a wood burner, which was in use. The provider had completed a risk assessment regarding the wood burner to put in measures to keep people safe.

Using medicines safely

- Medicines were safely managed. People and relatives were happy with how medicines were managed. Comments included, "Her (person) medication was reviewed, and it has made a big difference to mum" and "Staff sort it out, so it's not a problem."
- The pharmacist providing medicines to the home had undertaken a review in June 2019 and had not identified any issues.
- There were suitable arrangements for receiving, storing and disposal of medicines, including medicines requiring extra security.
- Staff administering medicines had received the necessary training to support their responsibilities in dispensing medicines.
- Staff administering medicines wore a red tabard advising staff not to disturb them to minimise risk of errors.

Preventing and controlling infection

- People lived in a home which was clean. People and relatives complimented the cleanliness of the home. Comments included, "Excellent. Never smell odours", "Amazingly clean. No odours...doesn't smell like an institution" and "Spotless."
- Housekeeping staff undertook regular cleaning of people's rooms and communal areas. Audits were completed to monitor the cleanliness of the home.
- Bathrooms and toilets were bright, clean and fresh. The home was well stocked with gloves, aprons, soap, and hand towels.
- Staff used the correct protective equipment, such as gloves and aprons when providing personal care. This helped to protect people from the spread of infections.
- Staff had received infection control training. The provider's infection control policy had been reviewed and was in line with current best practice.

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 requires improvements because people's needs were not always fully assessed and their ability to consent to areas of their care and support was not always considered. At this inspection this key question has now improved to 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

- People's individual health needs were assessed before they used the service. Assessments were completed, and people's individual care and support needs were regularly reviewed and updated. The provider offered a day care service, so some people had become familiar with the home before moving in. One relative said, "He used to love it here for day-care and wanted to come here permanently."
- People had their care needs reviewed on a regular basis. Staff involved family members appropriately to help ensure the care received was appropriate. Families said they were kept informed about their relatives and involved in decision making.
- Staff updated people's care records when changes occurred. This meant people's support was up to date to ensure they received the right care and support.

Staff support: induction, training, skills and experience

- People were cared for by staff who received regular training that was tailored to meet the needs of the people living in the service. This included the provider's mandatory training and more specific training such as, humanities and administration of insulin.
- People and relatives had confidence in the staff's abilities. Comments included, "Very impressive. Good at their jobs and enjoy it" and "skills and knowledge of staff are excellent. They do all they can for him."
- Staff completed the provider's induction when they started working at the home and worked alongside experienced staff to get to know people. Staff new to care completed the care certificate
- Staff had regular individual supervision sessions and appraisals, where they could highlight any learning needs. Staff said they felt supported.

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

- People were supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated.
- There was a four-week menu with a main meal and dessert choices using fresh foods with alternatives available. Meals looked appetising and well presented. Where people had special dietary requirements these were catered for, for example vegetarian diet.
- People and relatives said they liked the food and could make choices about what they had to eat. Comments included, "Good choice", "A good variety of food. Always alternatives" and "Dad looks well nourished. No doubt its good. He never mentions he doesn't like it."
- People's dietary needs and preferences were known by the cooks and staff.

- People were regularly weighed and in the event of weight loss, action was taken to consult with the person's GP.
- Where staff supported people with meal preparation in their own homes, they were aware of people's likes and dislikes and any dietary restrictions.

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

- Where people required support from external healthcare services this was arranged, and staff followed guidance provided by those professionals. Staff worked closely with health professionals, including the GP and community nurses and referred people promptly. They held a three monthly review for people at the home to review their presentation and health needs. Health professionals confirmed staff contacted them promptly if they identified concerns. One professional commented, "The staff maintain a very good balance of calling us when required but not using us inappropriately. They always follow guidance."
- People and relatives were happy they had access to health professionals when required. Comments included, "I have no doubt staff would contact any other professional if he needed it", "Communication is good between the home and the surgery" and "Mums settled here and that's due to the staff and CPN team."
- People's changing needs were monitored to make sure their health needs were responded to. Records confirmed people had access to a GP, dentist, an optician, dentist and a chiropodist when required.

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

- The home was well maintained, modern and homely in appearance. There was a relaxed, welcoming atmosphere which people and relatives said was special about the home. Comments included, "Lovely atmosphere", "Busy, happy, positive atmosphere" and "Good, brilliant when I bring my children in." There were two lounge areas either side of the dining room. Outside areas were accessible to all and was well maintained, with slatted decking, grass, shrubs and raised beds to the side.
- The registered manager explained they had further plans to extend the home to include a new dining area. We discussed with the management team that there was limited signage to guide people around the home. They said they would review the signage at the home.
- People's rooms were individualised with pictures, paintings and small items of furniture.
- There was a suitable range of equipment and access adaptations to support the needs of people using the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments were completed appropriately. Where restrictions, such as covert medicines had been needed, a mental capacity assessment and best interest decisions had been made in consultation with the person's GP, family and pharmacist.
- The management team had a clear understanding of their responsibilities in relation to DoLS. Appropriate

DoLS applications had been put in place for people having their liberties restricted.

- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- 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.

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 as 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

- Staff were attentive, caring and they engaged with people with kindness and compassion. The staff spoke kindly to people, and were appropriately tactile, giving people a gentle reassuring pat on the arm or a hug.
- Staff were observed being very patient with people, not rushing them. They used appropriate gentle persuasion to encourage people to eat and drink and engaged people in conversations.
- People and relatives said staff were kind to them. Comments included, "Absolutely outstanding. I feel they really care", "A big happy family. Very caring...all staff smiley" and "Staff very caring."
- Staff showed respect and regard for people's wellbeing and comfort. Staff were continually in and around the communal areas checking on people, they were asking people if they required anything. For example, "How are you today", "It's lunchtime can I help you" and discreetly asking a person "Do you want the toilet before lunch?"
- People had an allocated companion (keyworker) a named staff member to support them. On the back of people's bedroom door was a poster identifying their companion and a list of things they would help with. For example, they will know 'who is important to me...know my level of understanding, how I communicate, my sexuality, preferences, likes and dislikes.'
- The provider had some restrictions on visiting times. In particular protected times such as mealtimes. People and relatives had been consulted about the visiting restriction and confirmed there was flexibility when needed. One relative explained they could visit outside the allocated times if arranged. Another relative said it was individualised to what was best for her dad. "Too early and he wasn't up, too many visitors he finds upsetting."
- Relatives said they were made to feel welcome when they visited. One relative said they had brought their children in to see Grandad, they were made to feel welcome and watched children's television in the lounge. A good experience for them.
- Relatives said they felt very supported by the management team and staff. Comments included, "I feel very supported here. Staff will give me a hug; all the girls support us", "Staff are friends to me" and "I feel part of them. It's an extension to my home. I feel useful."
- Staff ensured people's rights were upheld and ensured they were not discriminated against in any way.

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

- People were encouraged to make decisions about their day to day care and routines where possible. Staff asked people for their consent before any care was delivered. For example, where they ate, bedroom or

dining room, where they sat, if they wanted to join in activities.

- Staff asked people's permission before providing them with support. This was carried out in a gentle and unrushed manner and care was taken to ensure people understood as much as they were able to.
- People with close family, friends or those with the legal authority were consulted to make decisions on behalf of people if required.
- Staff knew people's individual likes and dislikes. Relatives said, "They all know his likes and dislikes", "They do all they can for him" and "Mum has a routine and it works well." A health professional said, "I have never been to a residential home where the staff are so caring and seem to know all their residents likes and dislikes so well."

Respecting and promoting people's privacy, dignity and independence

- People's wishes to spend time in their rooms was respected by staff. People were moving freely around all areas of the ground floor. People who chose to remain in their rooms were regularly checked.
- People were supported to be as independent as possible. The provider had an area referred to as 'the living kitchen' This was an area where people and relatives could make a hot drink and people's independence was promoted. One person liked to wash up dishes. The area was also used by people to sit and read the paper or look out into the garden.
- People were treated with dignity and respect and their privacy was supported by staff. Staff offered people assistance in a discreet and dignified manner. People said staff respected their needs and wishes and their privacy and dignity. Staff knocked on people's doors before entering their rooms.
- Relatives confirmed they felt people were treated with dignity and respect. Comments included, "Definitely treated properly" and "No reason to think otherwise."

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People benefited from personalised care that valued them as individuals. People's needs were assessed before they began to use the service and were reviewed regularly thereafter. Their support was planned in partnership with them and their families in a way that suited them. One relative said, "When I brought mum to view the home, I gave them all the information they needed, and they answered all my questions. Regular reviews. Two-way conversations. I can ring any time."
- Staff understood the importance of getting to know people, so they could provide care and support in their preferred way. Relatives comments confirmed this, their comments included, "I was living (overseas) at the time and sent lots of info over and I have to say staff have worked hard to settle him. E.g., they would take him for a walk the same way everyday showing him the name of the road. I have regular updates" and "They all know his likes and dislikes". A health care professional said, "I have rarely been to a residential home where there is such a personal service, the residents seem so well looked after and the staff care so much for the residents."
- Information about people's individual care and support needs were recorded in people's new care plans and gave staff guidance to meet people's required outcomes. They were individualised to people's needs and asked the question 'what care and support needs do I currently have, what are my desired outcomes, how do I want staff to support me to achieve my desired outcomes'?
- Staff communicated well. They were aware of any changes and regularly interacted throughout the day to share information.
- The registered manager and staff were very passionate about ensuring people's social needs were met. All staff undertook activities with people as well as external entertainers and therapists. They worked with people to ensure they had meaningful activities to aid both their physical and emotional well-being.
- People and relatives were complimentary about the activities in the home. Comments included, 'I like to join in with singing and music. If I am not in the mood, I don't join in', "Always something going on. One to ones, staff come in and talk to him", "Level of activity is good. Know what people want. A good selection." One relative said how 'The manager actually sits and watch's DVD'S with dad. Much more stimulation than at home. He's engaging with staff.'
- The provider produced a monthly newsletter which included feedback about activities which had been enjoyed and upcoming activities. These included an art therapy group in the local village hall, morning prayers, a gentleman's club, mindful music and feedback about local preschool children visiting and attending an arts and craft exhibition. We observed people enjoying a music session and a person celebrating their birthday with a pianist playing and everybody enjoying a birthday cake. We were shown art work people had produced at a newly set up art class in the village which people had attended. The registered manager said the art work was going to be displayed in the main foyer for everyone to enjoy.

- The registered manager wanted the home to be a central hub in the local community and put on events for local people to attend. They also regularly enabled people to attend events and activities in the local community.
- People regularly undertook trips to local places of interest and in the provider's vehicle.

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 had been assessed and details of any specific needs were recorded. For example, information about the use of glasses and hearing aids, which enhanced communication, was recorded. We saw staff supporting people to use these aids.
- Relatives were complimentary about how staff ensured people were able to communicate their needs. Comments included, "Staff really know him. He can't verbally communicate consent to care, but staff know his ways ...if he smiles or how he uses his eyes" and "Staff have got to know mum. They recognise her moods and use distraction."

Improving care quality in response to complaints or concerns

- People and relatives said they were happy they could make a complaint if they needed to. Comments included, "Plenty of people I could speak to. Any of the staff. I would talk to the manager...", "No problems there. I have lovely chats with management. I could always just pick up the phone. Exceptional" and "Tell manager or deputy manager all very approachable. Communication so good, no call for complaint."
- There had been no formal complaints raised since our last inspection. Where there were niggles, the management team addressed these promptly to prevent the concern becoming a complaint.
- The provider had a complaints policy which was available to people and visitors.

End of life care and support

- Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.
- It was evident that staff worked closely with local health professionals and together they ensured appropriate medicines were available for people nearing the end of their life, to manage their pain and promote their dignity.

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 requires improvements because the provider's quality monitoring systems had not always been robust and effective in identifying shortfalls in the record keeping and identifying possible risks to people. We also identified that the provider had not informed the Care Quality Commission of the death of a person. At this inspection this key question has now improved to 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

- The service had a manager registered with the Care Quality Commission (CQC) they were also one of the owners of the service. 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.
- There were clear management structures in place. The registered manager was supported by the deputy manager, care lead and quality compliance advocate. Staff were aware of their responsibilities and the reporting arrangements in place.
- The management team undertook day to day management of the home and ongoing issues or concerns.
- People knew the registered manager and deputy manager as they regularly worked on the floor with staff. The management team had an open-door policy and people; relatives and staff were confident about approaching them. Comments included, "Definitely. Leads from the top. High standards. No miserable staff", "Absolutely, very well led at the top. Nice homely feel. I had a good feel for it. Lovely big family home" and "Excellent. Feels like home."
- Staff worked well as a team. During the inspection they appeared happy and engaging.
- Staff said they felt well supported. Comments included, "It's a very good place to work. Can't fault it. Nice people to work for."

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

- The provider was meeting their legal obligations such as submitting statutory notifications when certain events, such as a death or injury to a person occurred.
- People and their relatives were involved in decisions about the care and support delivered. People were happy with the level of support they received and praised the staff team. Comments included, "Staff enjoy it here", "Always smiley", "They will always muck in" and "Staff are happy working here. They have a laugh and a joke."

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 management team promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- Relatives described good communication with the service and confirmed they were informed of any incidents or accidents.

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

- Resident and family meetings took throughout the year. A relative said she had approached management about starting a support group for relatives. She said management had been very enthusiastic about the idea.
- The registered manager and deputy manager met with people regularly to hear their experience of the service and kept them informed face to face and in an email.
- Regular staff meetings took place. These included specific meetings for senior care staff, kitchen staff, domiciliary team and whole team meetings. Meetings were used to keep staff informed about ongoing development, concerns and gather ideas from staff. For example, a team meeting held in September 2019 had discussed staff roles and responsibilities.

Continuous learning and improving care

- The management team had been very responsive following our last inspection. They had put in place systems to ensure the quality and safety of the service using a range of quality audits and reviews to drive improvement.
- The management team worked alongside staff, so they could monitor staff practice.
- The management team had developed an action plan which was regularly reviewed and updated and prioritised improvements.
- The service had a range of policies and procedures to ensure staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as, safeguarding, infection control and the safe management of medicines.

Working in partnership with others

- The staff team worked in partnership with health and social care professionals to promote people's health and wellbeing. Every three months a review was held at the home with the GP for each person.
- The provider had sponsored art classes in the village with Creative Innovation Centre CIC an organization linked to a local art centre with community at its heart. This was available for people living in the community and at the home.