

The Boltons Care Home Ltd

# The Boltons

## 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

The Bolttons is a residential care home providing personal care to 20 people aged 65 and over at the time of the inspection. The service can support up to 27 people. Some people supported by the service are living with dementia or a mental health condition.

The premises are two interconnected houses and people live across three separate floors. There are single bedrooms, most of which have their own ensuite toilet and bathroom. There are some communal bathrooms, two communal dining rooms and a communal lounge. There is a large garden to the rear of the building.

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

Improvements were made to medicines management since the last inspection. People were protected from abuse, neglect and discrimination. There were satisfactory risk assessments for people's care. Premises risks were assessed and managed. There were enough staff deployed to meet people's needs. Infection prevention and control was satisfactory.

People's likes, preferences and dislikes were considered. Staff had the necessary knowledge, skills and experience to support people. Staff had a good knowledge of people's needs. People received enough food and fluids to prevent malnutrition and dehydration. People's care was provided in conjunction with local and community-based health and social care professionals. The service was compliant with the provisions set out in the Mental Capacity Act 2005. The service was appropriately decorated and refurbished.

The staff were kind and caring. People and relatives were complimentary about support provided by the staff at The Bolttons. People's rights were respected, and their dignity and privacy maintained. People's independence was promoted. People were involved, as far as possible, in their care planning and reviews.

Care plans were individualised. The daily notes were satisfactory. Some improvement in documenting people's emotional and psychological health was required. The service worked to prevent social isolation during the pandemic and lockdowns. There was a satisfactory complaints mechanism in place. There was good planning for people's end of life care.

The management team had correctly notified us of incidents required by the regulations. Improvements were made to the governance of the service. Audits and other quality assurance processes were better used to gauge, monitor and report on the quality and safety of care. Appropriate actions were taken when issues were identified. There was a positive workplace environment. The management team were knowledgeable, skilled and experienced and were able to lead the service well. The service showed transparency and accountability in reporting matters when things went wrong. We made a recommendation about reviewing the duty of candour process.

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 did not support this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 31 January 2020). There were three breaches of the regulations. The provider completed an action plan after the last inspection 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.

#### Why we inspected

This was a planned inspection based on the previous rating.

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

#### Follow up

We will continue to monitor information we receive about the service 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 ●

# The Boltons

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one 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

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held and had received about the service since its registration. We sought feedback from the local authority and other professionals who work with the service. We requested information from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We checked information

held by Companies House, the Food Standards Agency, the Information Commissioner's office and the fire brigade. We looked at relevant websites and social media. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and 12 relatives about their experience of the care provided. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the registered manager and two deputy managers (the 'management team'). We wrote to 15 staff members and received three responses. We received written feedback from the local authority. We completed observations of communal areas during our site visit.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and duty of candour information.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At the last inspection we found the registered person did not ensure safe care and treatment. The management of medicines was not safe. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Actions were taken to make improvements to the management of medicines.
- There were protocols in place for medicines administered on an 'as needed' basis, in line with best practice guidance.
- People who received medicines for behaviours that challenge had care notes which detailed what steps to take before the medicine was administered. This ensured sedative medicines were used as a last resort only.
- People received their medicines safely and in the right way. Time-sensitive medicines were given at the correct intervals.
- The nominated individual was a pharmacist and had commenced auditing medicines management to ensure the safety of people.
- Staff were appropriately trained in medicines administration. Staff were required to have competency checks of their ability to administer medicines safely. The deputy managers were responsible and took oversight for the service's overall medicines safety.
- Medicines records were properly completed. They included people's pictures and allergies, to reduce the risk of any errors with medicines.
- All medicines incidents were recorded and reviewed, to prevent any recurrence of issues. If needed, staff were given additional training in medicines management.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, neglect and discrimination. Their human rights were upheld.
- During induction, staff were trained in protecting vulnerable people at risk of abuse. They were required to repeat the training at regular intervals to ensure their knowledge was up to date.
- There was an appropriate safeguarding policy in place.
- The service ensured they reported any allegations of abuse to the local authority. The local authority confirmed a good working relationship with the service in managing these enquiries.

### Assessing risk, safety monitoring and management

- We observed people receiving safe care from the staff. Relatives comments included, "He (the person) has a frame but needs an escort...the staff are always nice and polite", "The person needs to be hoisted but is quite safe" and "(The person) is blind but can get around with a frame and a carer. She is safe with them."
- There were appropriate risk assessments in place regarding the premises and equipment.
- Safety checks were completed by contractors for fire safety, Legionella and moving and handling equipment. Recommendations to reduce risks and remedial actions taken were listed in the reports. The registered manager agreed to have a new fire risk assessment completed after our inspection.
- Pre-admission assessments were completed before people were accepted for admission. Brief details were recorded about previous medical history, life history, eating and drinking and personal hygiene. The service used information provided to them by the commissioner (for example, local authority).
- Other aspects of people's life assessed included behaviour and emotions and specific medical needs. Risk assessments were completed about people's everyday care needs; these included the risk of dehydration and malnutrition and moving and handling.
- The service had a business continuity plan for extreme events. This included the management of COVID-19.

#### Staffing and recruitment

- Sufficient staff were deployed to meet people's needs. Recruitment checks were undertaken to ensure that only 'fit and proper' persons were employed who could provide safe support to people.
- Staffing levels were based on people's dependency levels. Additional staffing hours were provided to enable people to have an active social life and restart involvement in the community.
- At the time of the inspection, two care workers were completing their induction. They were considered as additional staff, and not included in the usual number of staff. They shadowed experienced staff members.
- Personnel files showed that the management team checked staff's criminal history, proof of conduct in prior roles and existing qualifications.

#### Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reported to ensure that harm to people was appropriately documented and reviewed. There was transparency in reporting matters to external agencies.
- Relatives reported they were informed about incidents. One stated, "The person does wander and has had



a couple of falls. They've had the paramedics out to check her over at times."

- There was evidence that the management team investigated incidents and accidents appropriately.
- The service analysed themes and trends in the accident and incident reports. This ensured they could put measures in place to reduce the likelihood of repeat events.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, psychological, emotional and social needs were assessed, and their care, treatment and support were delivered in line with legislation and standards. This supported people to achieve effective health outcomes.
- People's needs, likes and preferences were assessed and documented appropriately. This meant care was tailored to their individual needs.
- Regular reviews of care plans and risk assessments were completed to ensure they accurately reflected people's needs. The process was difficult during the pandemic, but some relatives confirmed they were contacted regarding reviews. One stated, "We've had many conversations about the care plan with various people not just from the home."
- Special days were celebrated. One relative commented, "They (staff) make a good effort with birthdays and Christmas, even during lockdown."
- Daily notes of people's care were satisfactory. We noted that emotional and psychological welfare were not routinely recorded. The management team accepted our finding and the deputy managers agreed to address this with care workers.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to provide effective care to people.
- Staff completed a mandatory induction and set of standards specific to the location. This included the Care Certificate which is a set of nationally agreed training modules for staff working in adult social care.
- Staff undertook regular supervision sessions with one of the management team or their line manager. They also completed performance appraisals to set and review objectives for their own development.
- Some staff had completed additional qualifications in health and social care. At the time of the inspection, staff including the managers were also enrolled in and studying content related to their roles.

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

- People received enough food and drinks to prevent malnutrition and dehydration. One relative stated, "The meals were always very nice, fresh and hot, seconds were available too."
- There were satisfactory risk assessments and care plans in place for people's eating and drinking.
- We noted people were not asked about their preferred breakfast on the day of our site visit. Drinks were also not provided by staff until the end of the meal. We addressed this with the management team, who agreed to complete unannounced visits to monitor the meal service.
- Snacks and drinks were offered throughout the day to ensure a healthy diet.

- People were provided with assistance from staff to eat and drink, when required. This ensured that they received enough food and drink throughout the day.
- Most people attended the communal dining room for their meals. They liked to sit with others who lived at the service and talk with each other during their meals.

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

- The service worked in partnership with other health and social care professionals to ensure people remained healthy. For example, the specialist nurse visited people living with diabetes to ensure their condition was well-managed.
- Other professionals involved in people's welfare included the GP, district nurses, speech and language therapists, dietitians, podiatrist and mental health services and other specialist services.
- The service ensured that staff received appropriate education and information to maintain the care recommended by the community professionals.
- People's oral care and hygiene was monitored and maintained, and they had access to routine and emergency dental care.

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

- The service was appropriately decorated and furnished for people who lived there. There were both private and communal spaces for people.
- Each person had their own bedroom which they could decorate as they liked. This included furniture, ornaments and sentimental items that they liked.
- The decoration and layout was suitable for people living with dementia. This included the consideration of colours, patterns, lighting, seating and flooring for people who walked around.
- There was extensive pictures, ornaments and memorabilia throughout the premises. These were used as a talking point between staff and people, and could trigger conversation.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were trained in the MCA so that they understood the underlying principles for ensuring consent. Consent was obtained verbally and recorded electronically. Mental capacity assessments were completed to assess some people's ability to provide valid consent.
- Where a person could not provide consent for a decision themselves, then best-interest decision making occurred to find the least restrictive option.
- The service kept information on file for some people who had a lasting power of attorney in place. Although efforts were made to gain copies of the documents, some were not obtained. We signposted the

management team to the Office of the Public Guardian.

- DoLS applications were made to local authorities when required. Authorisations were received, and all associated documentation was on file. The service notifies us when DoLS authorisations were received.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, relatives and community professionals told us that the service was caring.
- Relatives stated, "The staff are friendly...", "We adore The Bolttons. They have been very supportive to the whole family. If something is wrong they sort it out, we've never had to complain...the care is very good", "Brilliant...we have no concerns or worries, there's nothing negative to say" and, "The staff are good, polite and decent. (The person) has never expressed any negativity about her care".
- Five people we spoke with felt care was kind and they were well-treated. One person said, "Yes, I like living here. They (staff) are kind to me."
- We observed conversations and interactions between staff and people. They were relaxed and casual, staff spoke appropriately with people and listened to what they had to say.
- When needed, staff provided reassurance and answers to any questions that people had.

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

- People were involved in the support planning and reviews. There was evidence of people's involvement in care planning and review. The service used a computer-based care documentation system which showed the frequency of reviews.
- Some relatives commented that they were unable to be involved in face-to-face care plan reviews because of the pandemic. Government restrictions had not permitted routine visiting for any reason. This was eased prior to our inspection, but guidance still prevented frequent visits and limited the number of visitors. The care home had used technology to keep in touch during the lockdowns.
- Care was organised so that people's preferred times for support were facilitated. Some people liked to stay in bed, have a shower or bath at a particular time and the service supported and respected these decisions.
- We observed staff listening to people during the provision of personal care and respected their views or decisions.

Respecting and promoting people's privacy, dignity and independence

- Most people at the service had good levels of independence. They were encouraged by staff to complete as much of their own personal care as they could. Staff only intervened when a person could not complete a task without assistance.
- People were neatly groomed and smartly dressed. One person we spoke with told us about a unique piece of clothing they were wearing. They said staff had encouraged them to wear it that day. Another person commented on how staff had assisted her to put her makeup on.

- Staff knocked on people's bedroom doors before entering and closed the door during personal care support.
- Where it was safe to do so, people could come and go from the building as they wished (following COVID-19 requirements). Appropriate risk assessments were in place which addressed people going into the community independently. One person told us they liked to go to a small shop each day to purchase things.

# 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. 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

- Care was individualised. Both documentation and observed support provided to people confirmed this.
- There were a satisfactory range of care plans, individually tailored to a person's health and social needs. Support plans included those related to personal care such as eating and drinking, as well as those for health conditions. This showed specific information about the people's needs and what staff could do to provide the right care.
- A relative said, "(The person) is diabetic. They (staff) check her (glucose) levels daily and don't delay in calling the diabetic nurse if levels change too much."
- The staff were responsive to changes in people's health. A relative stated, "They (staff) are spot on identifying what's not right. (The person) bruises easily and they (staff) always tell us when that happens." Another relative commented, "If (the person) gets focused on one carer (and the carer isn't on shift) then that can trigger a reaction. The new (deputy) manager has introduced more positive changes to help with this, so a different carer looks after her each day so she doesn't get focused on an individual."

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 and any impairments were assessed and recorded in the care system.
- Staff knew people's communication abilities and ways they could communicate with them effectively. This meant staff were knowledgeable about the right way to meaningfully communicate with people.
- Staff communicated with people both verbally and non-verbally. Even when people did not respond, staff continued to engage them.
- There was suitable easy read-signage, symbols and pictures throughout the building. This provided people living with dementia a better way of understanding the service and personal care.
- A relative stated, "The person is blind but still likes to join in and chat, so the staff make sure she has her meals at a table with others that like a chat."

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 usually had an active social life, regardless of whether they could go into the community independently or if they had any mobility issues.
- It was acknowledged that the pandemic led to more restriction in social activities outside the building,

although at the time of inspection restrictions were starting to be relaxed and people visited the park opposite the service.

- The service responded proactively during the pandemic. Care workers led various daily activities during the lockdowns. This included the use of differing activities such as art, music and quizzes.
- For people unable to leave their room, staff interacted with them on a one-to-one basis.
- People were able to communicate with those important to them by phone, video calls and messaging. Restricted visiting in line with government guidance remained in place. The management team were knowledgeable about the government guidance regarding care home visits.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint if needed.
- There was a satisfactory complaints procedure and management system in place. The service's policy for complaints was appropriately followed.
- Appropriate documentation and investigations were on file which showed how each complaint was handled and local resolutions were reached.
- Relatives commented, "The care is very good and mum is very happy there...never has any complaints about how (care is) done", "Can't fault it" and, "I've never had anything to be worried or to complain about."

End of life care and support

- No one received end of life care at the time of our inspection.
- The management team explained a recent example of end of life care. They told us how they allowed visitors to see the person in their final hours of their life, and how they followed COVID-19 guidance.
- People's preferences for end of life were recorded in the care records.
- Do not resuscitate directive were on file for some people. There was evidence that the person (where possible), their relatives and other health or social care professionals were consulted before the document was completed.
- A relative mentioned the support a person received when they were extremely unwell. They said, "We thought that we were going to lose (the person)...but they (staff) got the GP involved and she has now turned a corner and is lively and happy. It's a wonderful change."



# 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 improvement. 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

At the last inspection we found the registered person failed to notify the Care Quality Commission (CQC) of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The management team have sent the necessary notifications to the CQC since the last inspection.
- The management understood their legal responsibility to report notifiable events to the CQC 'without delay'.

At the last inspection we found the registered person had not always operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the 'fundamental standards'. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The management team continued to implement a quality assurance system which included different audits, so they could assess and monitor the service delivered.
- The registered manager had delegated the task of auditing to the two deputy managers. Results of the audits and checks were then communicated to the registered manager and nominated individual.
- Where improvement was required, findings from the audits were added to a continuous improvement plan. The management team focused on completing actions in the plan. For example, we saw one bathroom which required repairs. This was listed in the action plan and steps for resolving the issue were listed.
- The management team had the necessary skills, experience and qualifications to effectively manage the service. They had completed additional learning at managerial learning to support them with carrying out their respective roles.

- Staff spoke highly of the management team. One wrote, "(The) management are very supportive in all we do." Another commented, "(The) management have always been very supportive during my time here."
- Relatives also praised the management team. Feedback included, "The managers are very approachable", "The (deputy managers) are very nice", "I have spoken to the manager on the phone. They have been very accommodating" and, "(The managers) respect (the person). They have done a marvellous job during COVID-19."
- There was a statement of purpose which set out the aims and objectives of care at the service. Further details were required in the document. We informed the registered manager who sent an update after the inspection.

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

- There was a positive culture for people and staff. We observed during the inspection that people and staff were happy, smiling, laughing and enjoying living and working at The Boltons.
- Staff confirmed the positive workplace atmosphere. They stated, "Working at The Boltons has been an enjoyable experience for me. One of the best thing about my position here is that I have a lot of interactions with the service users, which is what this job is all about", "I will have been working at The Boltons for 4 years...I have enjoyed my working time with all staff I feel we work well as a team together" and, "I would love to mention my feedback about working at The Boltons. It's been four years since I have been employed there. Working there has been very good so far. Everyone is very supportive from the staff to the management."

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 demonstrated transparency when things went wrong.
- One of the deputy managers was able to clearly explain the duty of candour requirement. They stated the steps they were legally required to undertake for a 'notifiable safety incident'.
- There was evidence that the service documented relevant safety incidents and the steps taken during and after them. However, the management team had not always sent outcomes in writing to the 'relevant person'.
- We spoke with the management team about this during the inspection. We asked them to send is more evidence that they had fully complied with the relevant regulation. We received the information after the inspection and were satisfied the service had taken action to ensure they completed all the necessary steps in the process.

We recommend that the management team reviews the effectiveness of the duty of candour process used at the service.

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

- People, relatives and staff had a say in how the service was operated and how care was best provided.
- Meetings were held with people. Minutes showed that people were supportive of the service. There was inclusion of everyone who attended the meeting. People commented on various topics, including the food. One person expressed they would like some 'fast food'. The nominated individual said she was organising to facilitate the person's wish.

Continuous learning and improving care

- The service sought out feedback from people, relatives and staff using surveys and questionnaires at

regular intervals.

- Positive feedback about what the service did well included, "Communication with relatives. Flexibility when family members are very unwell. Caring for our relatives and keeping them safe. I always feel reassured that (the person) is in safe hands and being cared for by lovely people", "Doing a lovely job looking after my mother", "Easy to call and arrange a visit. Staff friendly and approachable. Grandma is well-fed", "Excellent standard of care. Good resident knowledge. Creating a homely and comfortable environment. Polite, helpful, kind and friendly staff."
- There were regular team meetings between staff and the management. However, most communication and feedback between them was less formal and occurred on a day-to-day basis. The management team worked with care workers to provide support to people, for example by assisting with personal care or administering medicines.

Working in partnership with others

- The service worked in partnership with various other organisations to ensure good care for people.
- Care documents demonstrated joint working with many health and social care professionals, mainly with community-based staff. This included during the pandemic and associated lockdowns.
- The local authority commented, "In March 2020, when the COVID-19 pandemic first started, the home managed really well in such awful circumstances. I am aware that (the council) and other local services, for example the care home support team, ensured the home had sufficient personal protective equipment and support. Similar to other care homes in (the local are), the home did as best as they (could)."