

Hampshire County Council

Bickerley Green Care Home with Nursing

Inspection report

Kingsbury Lane
Ringwood
Hampshire
BH24 1EL

Tel: 01425473312

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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

Bickerley Green care Home with Nursing is a care home which currently provides personal and nursing care to 57 people aged 65 and over. The service can support up to 60 people, including people admitted for short stay and reablement and those living with dementia.

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

People felt safe. Staff had received training in safeguarding and understood the actions they needed to take if they identified any concerns.

Systems were in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. A range of healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

Risks were assessed, and actions taken to minimise these while promoting people's independence as far as possible.

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 were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people in a patient and friendly manner.

Staff developed caring relationships with people and were sensitive to their individual choices and treated them with dignity and respect.

People were encouraged and supported to be as socially active as they wished. In addition to group activities, one to one activities were provided. The service had good links with the local community.

There was some inconsistency in the quality of people's care plans. Some were clear and person-centred, whereas some people's care plans were not detailed enough, and this could compromise the care and support they required and received.

People and when appropriate their families or other representatives were involved in discussions about their care planning. People were encouraged to provide feedback on the service provided both informally

and through an annual questionnaire.

The provider and registered manager kept records of actions taken in response to complaints, investigations undertaken and the feedback given to complainants, in line with the complaints procedure.

The quality of the care and treatment people experienced was monitored and action taken to promote people's safety and welfare. The registered manager and staff were committed to continually improving the service and what they could offer people living there. There was a strong person-centred culture which reflected the provider's values.

The provider had a programme of ongoing investment to improve the environment. This included investing in technology and systems to improve both the environment and people's experiences of care.

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 3 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 well-Led findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our well-Led findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our well-Led 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 ●

Bickerley Green Care Home with Nursing

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

The inspection was carried out by one inspector accompanied by a Specialist Advisor and an Expert by Experience. The Specialist Advisor had clinical and practical experience and knowledge of best practice relating to the care of older people and those living with dementia. 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

Bickerley Green Care Home with Nursing 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 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 had received about the service since the last inspection. We used the

information the provider sent us in the provider information return. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, registered nurses, assistant practitioners, care workers, and activities staff.

We reviewed a range of records. This included eight people's care records and multiple medication 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 quality and safety assurance records. We received feedback from six professionals who had regular contact with the service.

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

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe living in the home. Their comments included: "I like it here, it is a safe place for me to be. The staff are lovely, and they are there for me if I need them" and "This is a safe place for my husband to be in, very good. The staff are very patient with him, he is never rushed".
- Policies and procedures were in place in relation to safeguarding and whistleblowing and these were accessible to all staff. Records showed, and staff confirmed, they had received training in safeguarding adults and this was regularly updated.
- Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.
- A social care professional told us the service dealt with any issues promptly and appropriately.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing had been identified, assessed and actions had been taken to minimise the risks, such as the risks of people falling, becoming malnourished or developing pressure sores. This information was recorded in each person's care records and updated regularly with any changes to the level of risk or changes to health.
- Where care plans stated that people would be repositioned at certain times, there was evidence available that demonstrated this happened. Pressure relieving equipment was available to people who needed it. Where in use, air mattresses were set to the correct weight of the individual.
- For people with wounds in the home there was evidence that complex wounds were referred to the Tissue Viability Nurse for further advice and support. There was also evidence that staff ensured pain was assessed at each dressing change. There were consistent records available that included photographs and measurements so that staff could see progress or deterioration of the wound. However, this could be further enhanced by containing a clear dressing plan detailing dressings to use and frequency of review.
- One person had a care plan and risk assessment for the use of oxygen, which included the need to be aware of the use of creams that could be flammable. There was clear signage in place to alert people that oxygen was in use in the person's room.
- A first aid box was kept in the reception area, clearly labelled with expiry dates detailed and correct contents of stock in place ready to go. The home also had a defibrillator in the ground floor nurses' station, which was checked every day to ensure it was ready for use and functioning. This equipment demonstrated that the service could respond in the event of a medical incident/emergency.
- There was a heatwave risk assessment in place visible to all staff that clearly recorded the action staff must take to support people during the summer period.
- A range of systems and processes were in place to identify and manage environmental risks. This included

maintenance checks of the home and equipment and regular health and safety audits.

- Service contingency plans were in place that provided guidance for staff on what to do in the event of an emergency.

Staffing and recruitment

- People were supported by sufficient staff with the right skills and knowledge to meet their needs. People confirmed that staff were available when they needed care and support.
- Staffing levels were monitored and reviewed according to people's changing needs.
- Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

Using medicines safely

- On the first day of the inspection an air conditioning unit was being fitted in the clinical room. Medicines trolleys were temporarily placed in a locked unoccupied bedroom next door to the clinical room.
- There was a system in place where staff were responsible for checking medicines administration record (MAR) records before leaving their shift to ensure there were no gaps and that there was a running stock check of boxed medication. This was done every day and on every shift. However, work was still needed to ensure all staff consistently completed this.
- There was a front sheet at the beginning of the MAR file that detailed each person's allergies.
- There was a signature list of staff who were responsible for medicines management.
- Where homely remedies were used a record was signed and dated by a GP. Homely remedies were stock checked by staff and this check included checking of expiry dates. Records demonstrated people were not having extended doses of homely remedies, which should only be used for short periods of time before staff refer people to the GP.
- Where people declined to take prescribed medicines, this was recorded correctly in the MAR and the medicines disposal book.
- Locked drawer facilities were available in bedrooms for people who wished to self-manage their medicines.
- Medicine fridges were locked and used to contain medicinal products only, which were dated on opening. The home used a separate specimen fridge, which is good practice.
- Where topical creams were in use, these were clearly recorded within the MAR held in the person's care file.
- 'As required' (PRN) protocols were in place for people who had PRN medicines prescribed.
- People had their pain assessed at every medicines round and this was evidenced on an assessment tool held in the MAR.
- We saw good practice in relation to highlighting risk areas during medicines administration, such as the use of alert systems where two or more people used the same insulin.
- Controlled drugs (CDs) when in use were recorded correctly within the CD book. Weekly stock checks were carried out and there was no evidence of overstocking of medicines.

Preventing and controlling infection

- People told us, "It is nice and clean here, they are always cleaning", "It is very clean here, they look after the place very well."
- There were enough supplies of personal protective equipment (PPE) available for staff to access.
- Segregated laundry trolleys were used to transfer soiled laundry around the home.
- Cleaning charts were in place and completed for equipment such as medical aids.
- Toilets and bathrooms were clean and tidy.

Learning lessons when things go wrong

- Incidents and accidents were recorded electronically from written incident forms. The records showed appropriate action was taken. Protocols were in place to ensure staff monitored people for any health concerns for 24 hours following any accidents or incidents.
- The system in place for recording incidents would raise a flag, for instance if someone had a fall more than three times in three months, they would then be monitored more closely. The incidents were also reviewed by the providers' care governance team on a monthly basis.
- Where medicines errors were identified these were well managed. The most recent error had occurred in June 2019. Appropriate processes were followed that included completion of an incident form, contacting the GP, a referral to safeguarding, discussion with the family, an investigation by the registered manager and a review to ensure all actions had been completed.

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

- Whenever possible, people had assessments of their needs completed before admission, which allowed the service to prepare accordingly for the admission.
- People had individual care plans in place based on initial and on-going assessments. These were updated regularly, and review dates set after each care plan had been agreed. Changes in people's health and well-being that required different levels of support or assistance were recorded and shared with staff.
- From the daily notes it was evident that people were provided with good quality care and support, which was individual and personalised. From the initial assessments, through to the delivery of care, steps had been taken to ensure that each person's preferences and needs were understood.

Staff support: induction, training, skills and experience

- People felt confident that staff had the necessary knowledge and skills. A relative said, "The staff are well trained and care for my husband very well."
- The provider's induction programme for new staff involved eight days of essential training during the first four weeks, complemented by shadowing experienced staff to help ensure that the training could be applied in practice. There was also an onsite induction which introduced staff to their role and responsibilities, which included health and safety and fire safety training.
- Staff were further required to complete mandatory training in dementia care, emergency first aid, safeguarding, moving and handling, infection control, the safe use of medicines and food safety. The service had recently rolled out awareness training on how to support management of contractures. An online system was in place to track the training that each member of staff attended.
- An annual appraisal and staff supervision structure was in place that included observation and monitoring of care practices to ensure these were in line with the providers values and best practice.
- An assistant practitioner explained that they were trained in writing care plans, administering medicines and doing observations. Any extended skills were learnt 'on the job' such as testing blood glucose levels for people with diabetes.
- A health care professional told us, "I have had the opportunity to give the staff some training... This was supported very well by the management, allowing their staff to attend. All the staff appeared enthusiastic during these sessions, and I have witnessed the staff implementing the information that has been given."
- A social care professional praised the "high quality of training seen in practice, for example the dignity and respect agenda." For instance, staff "treat it like they are going to work in a resident's home." They mentioned a person who "potters about and moves things" in the home, and how this was accepted.

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

- People told us they enjoyed their meals and that "drinks and snacks are always available". Comments included: "The food is very nice here and they ask you to choose from a menu the day before", "The food is good here and they will make an omelette or something if you prefer" and "Snacks and drinks come round during the day, drinks are always in his room".
- We observed lunch being served. The dining areas were well lit, and tables were laid with table mats, cutlery and salt and pepper pots. The food arrived from the kitchen in a heated trolley and looked well presented. Several staff were on hand to help with serving the food and attending to those people requiring support with their meals. The atmosphere was calm and there was a good rapport between people and the staff supporting them.
- Staff were clear on which people required the use of a modified diet or fluids due to a risk of choking. There were also clear instructions held in people's bedrooms and their care plans. We observed a person who required modified fluids being supported in accordance with the written directions. Drinks thickener products were stored in the wardrobe and appropriately labelled in relation to each person.
- The service used an appropriate assessment tool to monitor for risk of malnutrition.
- Where healthcare professionals prescribed supplements, the MAR demonstrated these had been administered as prescribed.
- Notices were placed in people's bedrooms to alert staff to any risk and how to support people. For example, positioning during eating, and reporting to the nurse in charge if the person missed a meal.

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

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

- We saw plenty of evidence that the service supported people to access other health care professionals and services including GP, community nurse, and speech and language therapist.
- A health care professional said, "I feel that the residents are being cared to a high standard. If any of the staff are concerned regarding any resident's health, they are very quick to act, informing the relevant professions such as GP's or community nurses."
- A healthcare professional told us there were weekly GP visits at the home, which ran well. They said, "Improvements such as Wifi access and us being able to access our IT systems from within the home has made a great deal of difference to patient care, efficiency and safety...The staff were well prepared...with a list of patients, and (staff name) was particularly helpful in highlighting concerns and making helpful suggestions for treatment given that he knows the patients well."
- A health care professional who visited the home regularly to review people's health if required told us, "There is usually a nurse on both floors and often they will endeavour to make sure that there is a member of staff that is well known to the patient if they have any concerns when I am reviewing them" and "They will also call me in the week with regards to any other patients if needed."

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

- The design and layout of the home was appropriate for people's needs and there was a programme of ongoing improvements to the environment. The building was set over two levels and divided into small units, with a combination of bedrooms, lounges and dining rooms. There was also a hairdressing salon. Lounges were bright and cheerful with good natural light and fitted out with comfortable armchairs and large TV sets.
- Each person had their room which they could individualise with their own personal belongings.
- The corridors around the building were well lit and fitted with handrails. Specialist or adaptive aids and equipment were available and there were plenty of communal bathrooms and toilets.
- The outside grounds were secure and well set out with level access for people using wheelchairs and other mobility aids. The garden had plenty of seating areas with large umbrellas to protect people from the sun.

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.

- People confirmed staff asked for their consent before providing care. A person said, "The Staff do seek my consent, they knock on my door before coming in and ask if it is ok to treat me in some way."
- The provider and staff understood the importance of seeking peoples' consent and supporting them in the least restrictive ways.
- Staff had received training in MCA and we observed staff asking people's consent before providing care and support.
- Applications for DoLS had been submitted where appropriate and there was a clear tracking system in place to monitor the dates these were authorised or needed to be reapplied for.
- Where people had family members or others involved as Lasting Power of Attorney, appropriate documents were obtained to evidence this. There was some lack of clarity in one person's records, which was brought to the attention of the registered manager and they acted on this immediately.

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 said, "I am well looked after. The staff are very caring and patient towards me", "The staff are very kind, and I am never rushed", "This is a happy place and the staff get on well together I feel" and "It's a nice happy home to live in, all very pleasant."
- A social care professional told us, "Staff seem very friendly when I have visited the home and have been observed to engage well with the residents. Residents appear well cared for." Another social care professional said people who were their clients were "very settled and happy" living at the home. They told us they saw, "A lot of positive and warm interactions" and "Staff know people well."
- A health care professional who had worked together with the service for a number of years told us, "Throughout that time, I have always felt that staff are very caring towards all the patients. They support them not with just their physical needs but also with their psychological ones as well. They are very good with the patients with dementia and spend time when needed with both the patients and their relatives."
- We observed people appeared to be settled in the home and staff were calm and confident and not rushing to support people. Call bells we heard were not obtrusive. Interactions we saw between staff and people living in the home were positive.

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

- People told us the service involved them in making decisions about their care. Comments included: "The Staff know how I like things done and they do it that way for me", "The Staff are very caring towards him...I am involved in my husband's care plan, it does meet his needs", "I was involved in his care plan and I am kept up to date with any changes" and "The care plan for my husband is reviewed regularly here."
- A health care professional said, "Staff will often encourage patient's relatives to be there and include them in the patients care."
- A social care professional said people's choices were respected, for example getting up times.

Respecting and promoting people's privacy, dignity and independence

- People told us, "The staff are very respectful to me and others here", "They do encourage me to be more independent", "The staff are very caring and respectful towards me, they are very careful to protect my dignity."
- A health and social care professional had written to the registered manager and staff, thanking them for their hard work "encouraging and prompting the clients to do as much as they can for themselves, so they can achieve appropriate independence to return home." They mentioned recent positive outcomes for two people, "who fully regained independence and they were discharged home with minimal support required."

This would have not been achievable without the staff involvement, engagement and being part of the reablement team."

- Care plans and records were written in a way that promoted dignity and respect. The plans described the elements of people's care and support they were able to manage independently and those they needed support with.

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

- There was some inconsistency in the quality of people's care plans. Some were clear and person-centred, whereas some people's care plans were not detailed enough, and this could compromise the care and support they required and received.
- For example, where one person was doubly incontinent and had a history of urinary tract infection (UTI) the plan did not identify action staff should take such as how often to change incontinence aids.
- Care plans for people living with diabetes provided a good insight into their current condition, however, there was no reference detailing the action staff should take in the event of a hypo or hyperglycaemic event. The registered manager informed us a specific diabetes care plan was kept with the medicines administration record (MAR) charts.
- While these inconsistencies in the care plans meant there was a risk that people's needs would not always be met, the risks were mitigated by staff knowing the people well. The inconsistencies were fed back to staff during the inspection.
- The registered manager told us the deputy manager completed a team brief prior to new people being admitted in order to discuss individual needs.
- Where people had allergies, these were highlighted within the care planning records and the MAR. An incident record showed staff had responded appropriately to a person being prescribed the incorrect antibiotic, which they were allergic to, and prevented that person receiving any of that medication.
- Other care plans were very detailed and considered the varying abilities of the person. For example: 'Please encourage me to walk to my bathroom every morning and have a wash there, however, when I feel tired and sleepy, I may choose to stay in bed for the day and to have a wash on the bed', and, 'I like to look nice and presentable and to do so I would need a little help to choose my clothes but in the same time I would like you to ask what I think of my outfit'.
- Where required, people had their own blood glucose monitoring system and there was no communal use of testing equipment. There was evidence that these were calibrated weekly to ensure they were well maintained and accurate.
- We observed a meeting between assistant practitioners and nurses, which were held daily to communicate what was happening within the home. The agenda included; staffing, incidents, safeguarding, infections, admissions/discharges and daily tasks. During the meeting staff discussed the monthly tasks (such as weights/body maps/observations) as well as ensuring one person received snacks ready for a hospital visit later.

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.

- Each person had their communication needs assessed and documented as part of their care plan and was supported accordingly.
- The provider had a communications team that could provide information in other languages and formats, such as large print and braille. There was also access to sign language services.
- The home was introducing speaking buttons that provided information on the time, daily menu and daily activities.

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 told us, "They do have activities here, lots of different things to do. I like the choir here and I do get involved", "I am in a wheelchair, but I do get involved in the activities. I like animals that visit here, and the home has a cat and a dog" and "They have garden parties in the summer." Relatives said, "They sometimes take him out in a minibus or to have a haircut" and "The staff keep me informed of my husband's wellbeing. They do encourage visitors here."
- A social care professional said people were generally well occupied with the activities on offer and that the home facilitated trips out when possible. They told us the home offered a variety of activities that were "becoming more bespoke and progressive". For example, people had been able to take part in a choir and community group, "unlocking memories through music and art. Also, normal things like ordering a takeaway." They told us the service "really engage with people" and "make the most of what they have."

Improving care quality in response to complaints or concerns

- During the inspection we did not hear of any concerns from people or relatives about the care people received. People told us they would speak to a nurse or the registered manager if they had any problems or worries.
- A complaints process was available, and the policy included details about the various timescales and steps to take, as well as contact details for the Local Government Ombudsman and CQC. Information about how to make a complaint was displayed within the home and a copy given to each person on admission.
- The provider and registered manager kept records of actions taken in response to complaints, investigations undertaken and the feedback given to complainants, in line with the complaints procedure.

End of life care and support

- People's end of life care wishes, where they had agreed to discuss these, and any advance decisions were documented in their care plans and kept under review. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.
- Where end of life care was needed, the service sought advice from specialist palliative care nurses. People's family, friends and staff were involved, listened to and supported in the last days of a person's life.
- The service had commenced with the Six Steps end of life reflective account. This is a discussion with staff following a person passing away, which takes into account what happened, any issues, what was positive, what was negative and any learning as a result. The registered manager told us staff found this very beneficial.

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. 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, "The staff get on well with each other and the residents, nice atmosphere. This home runs very well" and "Everyone gets on well together here, staff and residents. This place is well managed I think."
- A social care professional told us they were, "particularly impressed, given the level of resources" about how "person-centred" the service was. They said the registered manager had a "positive, dynamic approach" that had a "positive impact on the team" and "communications are great."
- A health care professional told us, "The staff have always been very friendly but professional with all the residents when I have visited, and I feel that we have a very good and supporting relationship." Another healthcare professional remarked, "The team in reception always seem very cheerful and welcoming."
- One health and social care professional had written to the registered manager and staff, thanking them "for the support and for the caring care you provided for the clients in the reablement unit...and for their effort for making everything possible to support our clients in a holistic and person-centred way."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were clear about their legal responsibilities and notified the commission appropriately.
- Where issues were brought to their attention, the registered manager and provider investigated these and informed relevant parties as needed.

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

- The service was well organised and supported by a motivated staff team. A robust system of regular audits of the quality and safety of the service took place. The use of daily, weekly, monthly regular completion of clinical auditing systems and acting swiftly to address any identified issues showed management had a robust oversight of care provision, service quality and everyone's safety.
- There were clear lines of accountability within the service. The provider had a clear vision and values that were shared and discussed within services.
- Registered managers' meetings were held regularly and were used as an opportunity to share good practice.
- The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's

registration. The rating from the previous inspection report was displayed in the home and on the provider's website.

- A health care professional commented, "It does appear to be a safe, happy environment on my visits to the home."

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

- Records of team meetings showed, and staff confirmed, that they were asked for their input in developing and improving the service.
- The service had implemented a 'your opinion matters' questionnaire and feedback form encouraging suggestions for improvement. The registered manager had collated responses from staff and provided answers to any questions or concerns that had arisen. For example, in order to further improve communication, a daily 10.30am nurses and assistant practitioner meeting had been introduced on the nursing wing of the home. This was now being introduced on the residential unit also.
- Some staff had requested more training on mental health awareness. This was already part of the provider's training programme that staff could book themselves onto, however the registered manager had been looking into the possibility of a trainer delivering a shorter session at the home.
- Other recent developments included staff drop-in sessions with the registered manager and a service newsletter that provided news, updates and other information including forthcoming events.
- The service encouraged and supported people to engage with the wider community. Some people were able to go out independently.
- Residents meetings took place and people's comments were taken on board. A person told us, "They do get us together for meetings and the manager does listen to our views."
- The home had developed positive relationships with the local community including a supermarket, library, opticians, and a dementia friendly café. Staff from the local supermarket had chosen to help transform the gardens and cook a BBQ as part of a community project.
- The home undertook charitable events. For example, a Silver Sunday afternoon tea with entertainment was scheduled for October and staff had been in contact with local groups to identify older people who may be lonely. A Macmillan coffee morning was planned for September. Local businesses were invited to set up their stalls for free at events such as these, which promoted mutually supportive relationships.
- The registered manager had received positive feedback about the reablement service and the outcomes this achieved for people. The home also took emergency admissions when responding to crisis in the community, where someone was at risk of admission to hospital or would be at risk if not admitted to the home.

Continuous learning and improving care

- An end of year summary report for 2018 showed, amongst other things, any themes arising from audits and actions taken in response, the results and actions arising from an annual friends and family quality assurance survey, and a summary of complaints and compliments received by the service.
- A 2019/21 service plan linked to the provider's core values, with a focus on continually improving services and engaging more with people, their families and staff. In addition, more lead roles were being created for staff in areas such as LGBT, mental capacity, falls, end of life care and dementia, to ensure staff had opportunities to widen their knowledge.
- The provider, managers and staff had invested time and resources in on-going improvements to create an environment that met people's needs and enhanced their wellbeing.
- Care had been taken over the design, for example, some areas were decorated with artistic themed designs, which stimulated memories and mental engagement. The service had involved people in choosing furniture and décor, sometimes using photographs and a 'mood board' to communicate with people and

help them to express a preference. We observed people discussing the colour scheme of a dining area with the registered manager.

- The provider had invested in new IT and upgrading WIFI throughout the building, as part of a move toward electronic care planning, which would be a more efficient and secure way of managing people's personal information and care.
- The service had introduced a Namaste programme, which benefitted people, particularly those with end stage dementia, as it increases stimulation through various 'spa' type treatments and provides meaningful and life enhancing interactions. The service had adapted Namaste sessions to suit people's needs and abilities. For those people who were confined to bed, there was a Namaste trolley that could be taken into their rooms. The trolley was stocked with things such as aromatherapy oils, battery operated candles, lights and relaxing music.

Working in partnership with others

- We received lots of feedback demonstrating the service worked in partnership with other agencies to support people's needs and promote good practice.
- A health care professional who had worked together with the service for a number of years told us, "Over the time I have gained a warm and trustworthy relationship with all the permanent staff and the management team."
- A social care professional told us, "My experience of Bickerley Green has been positive. The home are willing to assist quickly when there is an emergency within the community and act proactively."