Care Quality Commission

Birchgrove HealthCare (Sussex) Limited

Birch Grove Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

About the service
Birch Grove Nursing Home was providing nursing and/or personal care to 46 older people at the time of our inspection. The service can accommodate and support up to 50 people in a single five-storey building, each floor with their own separate unit with suitably adapted facilities. Most people using the service were living with dementia. The service also supports people with a range of other care and support needs, including those associated with complex health conditions and mental ill health.

People's experience of using this service
At our last inspection we found the provider had failed to ensure people were helped to move and transfer safely. We recommended at the time the provider seek advice and guidance from a reputable source about how to move and transfer people with mobility needs safely. At this inspection we found staff followed relevant national guidelines in relation to supporting people with mobility needs to move and transfer.

We also observed at our last inspection people who required assistance to eat and drink were not always supported to do so in a dignified or respectful manner. At this inspection we observed staff who were assisting people to eat and drink did so in a dignified, patient and respectful manner.

At this inspection it was clear staff had received most of the training they needed to effectively perform their working roles and responsibilities. However, we found some gaps in staff's knowledge and skills. We have made a recommendation about staff training on the subject of positive support for people whose behaviour might challenge the service at times, to help staff prevent or manage such incidents more effectively.

Staff had opportunities to reflect on their working practices and professional development through regular individual supervision meetings with their line manager. However, records showed staff had not had their overall work performance appraised for well over 12 months. We discussed this issue with the manager who agreed to ensure all staff had their work performance routinely appraised. Progress made by the provider to achieve these stated aims will be assessed at their next inspection.

People lived in a reasonably well decorated care home that met their needs. However, we saw the service's environment was not particularly 'dementia friendly' and most communal areas lacked any easy to understand pictorial signage. We discussed this matter with the manager who agreed to make the care homes communal areas more suitable for people living with dementia. Progress made by the provider to achieve these stated aims will be assessed at their next inspection.

Most people told us they remained happy with the standard of care and supported they received at this care home.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. People received their medicines safely and as prescribed. Staff continued to undergo all the relevant pre-

employment checks to ensure their suitability and fitness for the role. The premises remained clean and staff followed relevant national guidelines regarding the prevention and control of infection.

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 offered well-balanced meals that meet their dietary needs and wishes and were supported to stay healthy and well.

People were treated equally and had their human rights, diversity and privacy respected. People were encouraged to make decisions about the care and support they received. People were supported to be as independent as they could and wanted to be.

People had their own individual care plans for staff to follow. People's communication needs and preferences continued to be respected and met. People were aware of the providers' complaints policy and how to raise any concerns or complaints they might have. When people were nearing the end of their life, they continued to receive compassionate and supportive palliative care.

People, their relatives and staff all spoke positively about the leadership approach of the relatively new management team. The manager demonstrated a good understanding of the importance of quality monitoring and analysing and learning lessons when things went wrong in order to continuously improve the care home. The managers and staff involved people and staff in the running of the care home. They also worked in close partnership with community professionals and groups.

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

Rating at the last inspection
The last rating for this service was good (published 26 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Birch Grove Nursing Home on our website at www.cqc.org.uk.

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 not always effective. Details are in our effective findings below.	**Requires Improvement**
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**

Care Quality Commission

Birch Grove Nursing Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
An inspector and an Expert by Experience carried out this inspection on both days. 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
Birch Grove Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC. The former registered manager had resigned in January 2019 and a new manager was immediately appointed who had remained in day-to day-charge of the care home since. The new manager is in the process of applying to be registered with us. This means they will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This two-day inspection was unannounced on the first day. Inspection activity started on 7 January 2020 and ended on 13 January 2020.

What we did
Before our inspection, we reviewed all the key information providers are required to send us about their service, including statutory notifications and our 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 spoke with 10 people who lived at the care home and two visiting relatives who were able to tell us about their experiences of the service provided. We also talked with various managers and staff, including the relatively new manager, the deputy manager, two nurses, seven care workers, two activities coordinators, the cook, two domiciliary workers and the maintenance person. In addition, we observed the way staff interacted with people using the service throughout out the inspection, including at mealtimes. Records we looked at included six people's care plans and multiple samples of medication administration records, staff recruitment, training and supervision files, and various other records relating to the management of the service.

Good

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 remained safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
At our last inspection we found staff sometimes failed to ensure people with mobility needs were assisted to move and transfer safely. We recommended at the time the provider sought seek advice and guidance from a reputable source, about how to move and transfer people safely.

At this inspection we found moving and handling practices had significantly improved.
● Staff followed relevant national guidelines in relation to supporting people with mobility needs to move and transfer safely. For example, we observed staff correctly working in pairs on six separate occasions when using a mobile hoist and slings to support people to transfer in a safe and dignified manner.
● Staff demonstrated a good understanding of the risks people with mobility needs and a history of falls might face when supporting them to move and transfer and knew how to use mobile and overhead ceiling hoists correctly. Staff had received up to date moving and handling training, which was refreshed annually.
● Each person's care plan contained detailed moving and handling risk assessments and associated management plans, which enabled staff to meet people's individual mobility needs and wishes.
● There was clear guidance for staff to follow to help them deal with emergencies. For example, in relation to fire safety we saw personal emergency evacuation plans were in place for everyone who lived in the care home. These set out the support they would need to safely evacuate the building in an emergency. Staff demonstrated a good understanding of their fire safety roles and responsibilities and confirmed they routinely participated in fire evacuation drills of the premises.

Systems and processes to safeguard people from the risk of abuse
● People were protected against the risk of avoidable harm and abuse. Most people told us they felt safe living at this care home. One person said, "Yes, I feel absolutely safe here", while a visiting relative remarked, "I do think my [family member] is safe at the home".
● The provider had clear safeguarding and staff whistle blowing policies and procedures in place. Staff had received up to date safeguarding adults training and knew how to recognise and report abuse. One member of staff told us, "I wouldn't hesitate to blow that whistle if I saw anyone being abused in the home."
● Staff were supported to understand how to keep people safe and to raise concerns if abuse or neglect occurred.
● The provider had notified the relevant authorities without delay when it was suspected people using the service had been abused. At the time of our inspection there were no safeguarding incidents under investigation.

Using medicines safely
● Medicines systems were well organised and people received their prescribed medicines when they should.

One person told us, "Staff make sure I get all my medication at the right time."
● Staff followed clear protocols for the safe receipt, storage, administration and disposal of medicines. Records showed staff received on-going training in medicines management and yearly competency assessments. ● People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. No recording errors or omissions were found on completed medicines administration records [MARs] we looked at. Managers and nurses routinely carried out checks and audits on staff medicines handling practices, medicines records and supplies. This helped ensure any medicines errors or incidents that occurred were identified and acted upon quickly.

Staffing and recruitment
● People were kept safe by receiving care and support from adequate numbers of staff whose 'suitability' and 'fitness' to work with older people with nursing and/or personal care needs had been properly assessed.

● Staff were visibly present throughout the care home during our two-day inspection. For example, we observed staff respond quickly to people using their call bell or verbally requesting assistance. One person told us, "There are excellent numbers of staff…When I call them, someone always responds fairly quickly."
● The provider used a dependency tool to calculate the number of staff that needed to be on duty at any one time in order to meet people's needs.
● Staff underwent robust pre-employment checks to ensure their suitability for the role. Records confirmed staff files contained a proof of identity and right to work in the UK, full employment history and health check, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services (DBS) check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.

Preventing and controlling infection
● People were protected against the risk of cross contamination as the provider had clear infection control procedures in place to keep people safe.
● The service looked and smelt clean. A visiting relative told us, "The home is clean and there's rarely any bad smells…Staff are very good at making sure my [family members] bedroom is cleaned regularly."
● Staff had access to personal protective equipment and knew how to prevent the spread of infection. The provider had been awarded the top rating of five stars in November 2019 by the Food Standards Agency for their food hygiene practices.
● Records showed staff received on-going infection control and food hygiene training.

Learning lessons when things go wrong
● The provider learnt lessons when things went wrong.
● The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.

Requires Improvement

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 improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet
At our last inspection we found people who required assistance from staff to eat and drink were not always supported to in a particularly dignified or respectful manner. We discussed this issue with the provider at the time of their last inspection and they agreed to improve people's experiences at mealtimes.

At this inspection we found people's mealtime experiences had improved.
● We observed staff who were assisting people to eat their lunchtime meal do so in a dignified, patient and respectful way. Staff achieved this by sitting next to people they were assisting which ensured they would be in the person's line of sight. We also saw staff continuously ask people if they were enjoying their meal, needed a break or required a drink.
● Pureed meals for people on soft diets were presented in an appetising way. For example, the catering staff had prepared a range of soft, pureed and fortified (high calorie) meals for people with specific nutritional needs, which were all well-presented on a plate to ensure the food looked appetising.
● People continued to be supported to access food and drink that met their dietary needs and requirements.
● People told us they were happy with the quality and choice of the meals they were offered at the care home. One person told us, "Today there were four meals on the menus I could choose to eat….you can choose where you eat as well." A second person remarked, "If I don't like the dishes from the menu, they [staff] get me something different…The food is normally fine." Staff demonstrated a good understanding of people's dietary needs and preferences.

Staff support: induction, training, skills and experience
● Staff had received most of the training they needed to effectively perform their working roles and responsibilities. For example, all new staff had completed a comprehensive induction and awareness training in supporting people living with dementia. Staff demonstrated a good understanding of their working roles and responsibilities. People told us staff performed their roles well. One person said, "Staff seem well-trained", while a relative commented, "Most of the staff here do a good job, so that's why I think their training must be okay".

However, we found some gaps in staff's knowledge and skills. For example, no staff had completed any positive behavioural support training in relation to preventing or appropriately managing behaviours considered challenging. Most staff told us they did not have all the right knowledge, skills and experience to prevent or effectively manage behaviours a few people using the service, which might be perceived as

challenging. One member of staff said, "One hundred percent yes, I think we could all do with some training on how best to manage challenging behaviour." A second member of staff remarked, "Are training is good, but I would like to have some better challenging behaviour training to give me more confidence to deal with such incidents".

Although we found no evidence that people had been harmed, there clearly remained gaps in staffs knowledge and skills. This meant staff might not be able to prevent or effectively manage behaviours considered challenging. We therefore recommend the provider finds out more about positive support training for staff, based on current best practice, in relation to meeting the specialist needs of people whose behaviour could be considered challenging at times. We will follow this up at the next planned inspection.

● Staff had opportunities to reflect on their working practices and professional development through regular individual supervision meetings with their line manager and group meetings with their fellow co-workers. Staff told us they felt supported by the services relatively new management and senior nursing team. One member of staff said, "We often have individual or group supervisions with the managers to talk about how things are going."

However, records showed staff had not had their overall work performance appraised for well over 12 months. This ran contrary to the provider's own staff appraisal policy, which clearly stated all staff should have their work performance appraised at least annually or more frequently if required. This meant staff were at risk of not receiving all the support they needed to carry out their roles.

Although we found no evidence that the lack of staffs work performance in the last year had adversely impacted on the standard of care and support they provided people using the service, there clearly remained gaps in the support staff we meant to be receiving from their line managers. We discussed this issue with the manager during our inspection who acknowledged there had been a failure to ensure staff overall work performance was routinely appraised. They told us they would develop and implement an action plan to address this issue within the next three months. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

Adapting service, design, decoration to meet people's needs
● People lived in a suitably adapted and reasonably well decorated care home that met their needs.
● We saw the premises were kept free of obstacles and hazards which enabled people to move freely around the care home. Several people told us the care home was a "comfortable" place to live. One person said, "I like the way the place looks. It feels cosy here and you can bring some of your own furniture to make your bedroom homelier."
● However, we saw the environment was not particularly 'dementia friendly' and most communal areas lacked any easy to understand pictorial signage, colour contrasting doors and walls or memory boxes near people's bedroom doors for people living with dementia. A memory box is a container placed outside a person's bedroom that holds special objects that are important to a person, such as photographs or ornaments. The introduction of the visual clues described above would benefit people living with dementia in the care home as it would help them orientate themselves and identify rooms that were important to them.

We discussed this matter with the manager who agreed the home's communal areas could be made far more suitable for people living with dementia. They have agreed to display easy to understand pictorial signage throughout the care home and install memory boxes near people's bedrooms for anyone who wished to have one. Progress made by the provider to achieve these stated aims will be assessed at their next inspection.

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.
● People consented to the care and support they received from staff.
● Staff were aware of their duties and responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). For example, several staff confirmed they always asked for people's consent before commencing any personal care tasks.
● Care plans detailed people's capacity to make their own decisions.
● There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests in order to keep them safe.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's care and risk management plans were based on people's pre-admission assessments. These were carried out prior to people using the service, to ascertain people's dependency and care needs.
●This helped ensure people continued to receive care and support that was planned and delivered in line with their identified needs and wishes.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to stay healthy and well.
● People's care plans detailed their health care needs and conditions, and how staff should manage them. For example, we saw people's oral health care was assessed on admission to the care home and delivered by staff as part of an individual's care plan.
● Records showed staff ensured people routinely attended scheduled health care appointments and had regular check-ups with their GP, various consultants overseeing people's specialist physical health care needs, community psychiatric nurses, occupational therapists, dentists, speech and language therapists, chiropodists and opticians. People told us they got to see their GP whenever they needed. One person said, "They [staff] get the doctor without question whenever I need to see them."

Good

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 continued to be 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 looked at ease and comfortable in the presence of staff. Conversations between people and staff were characterised by respect and warmth. People typically described staff as "caring" and "friendly". One person told us, "The carers are very good…They often come and talk to me in my room." A second person said, "They [staff] do take time out to come and have a chat with us….most of the staff are super friendly."
● Records showed staff had received equality and diversity training. Staff demonstrated good awareness of people's diverse cultural heritage and spiritual needs and how to protect them from discriminatory behaviours and practices.
● People's care plans contained detailed information about their spiritual and cultural needs and wishes.

Respecting and promoting people's privacy, dignity and independence
● People had their privacy and dignity respected. We observed several instances of staff knocking on people's bedroom doors and asking the occupants permission to enter before doing so. We also witnessed staff calling people by their preferred name. A person told us, "Staff do give me the respect and dignity us older folk deserve…I like staff to call me by my nickname, which they do."
● People were supported to be as independent as they could and wanted to be. For example, at mealtimes we observed staff encourage people to hold their cutlery. One person gave us an example of how staff helped them retain their independence by allowing them to travel independently in the wider community. This person said, "I often go out on my own to meet up with an old friend and have coffee with them in a local café."
● Care plans reflected this enabling approach and set out clearly people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional support with.

Supporting people to express their views and be involved in making decisions about their care
● People were encouraged to make decisions about the care and support they received and have their decisions respected.
● This was confirmed by several people who told us staff listened to them and acted upon what they had to say. One person said, "Yes, I do feel involved with planning my care and staff do respect my wishes." A relative remarked, "They [staff] do talk to me and my [family member] about my [family member's] care needs."
● People had regular opportunities to express their views about the care and support they or their loved ones received at regular care plan reviews and residents/relatives' meetings. People's care plans identified how people expressed themselves, which enabled staff to support people to make informed decisions.

Good

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 meet people's needs, preferences, interests and give them choice and control

- People received care and support according to their individual assessed needs and preferences. Staff told us people's care plans and risk assessments gave them sufficiently detailed guidance about how to meet people's needs and wishes. One person said, "The staff make sure I get all the help when I want and need it", while a second person remarked, "This place is right for me and what I need…Staff are very good at meeting my needs".
- People's care plans were personalised and contained detailed information about people's strengths, likes and dislikes, and how they preferred staff to meet their personal, social and health care needs. We also saw care plans included information about people's life histories. This ensured staff knew, for example, what jobs people had done, where they had lived and who remained important in their life. People's care plans were reviewed and updated at least annually or when a person's needs and wishes had changed.
- Staff gave people choice and control over their lives. For example, we observed catering staff on both days of our inspection ask people in the morning to choose which of the three main meal options displayed on the daily menu they wanted to have for their lunch that day. We also saw an activities coordinator invite people who had attended a gentle exercise class one morning what other leisure activities they would like to participate in the coming days. Two people asked to do more walking, which care staff agreed to arrange for them later in the week.

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

- The service employed two activities coordinators who were responsible for delivering social and leisure activities for people.
- During our inspection these coordinators arranged a variety of individual and group activities in the communal areas and people's bedrooms. This included, a gentle exercise class, a quiz, card games and an animal petting session. We saw a wide range of up to date daily newspapers were available throughout the care home for people to read. One person said, "The entertainment is very good here…The visiting musicians and singers we sometimes come and see us are all marvellous." A relative told us, "There are enough activities to keep my [family member] occupied."
- Care plans reflected people's social interests and needs.
- The service took appropriate action to protect people from social isolation. For example, throughout our inspection we saw several instances of various staff, including care, activities and catering staff, spend time socialising and chatting with people in their bedroom, either because they were confined to bed or they chose to stay in their bedroom.

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 preferences had been assessed, were clearly recorded in their care plan and met by staff working in the care home.
● Managers and staff understood and worked within the principles of the AIS. Useful information people might like to know about the care home, such as daily meal choices on the menus and the social activity timetable, were presented in various different formats to meet people's specific communication needs. For example, we saw the menus were available in both easy to read large print and photographic versions.
● People's communication needs, including people's preferred language or method of communication, were clearly identified in their care plan.
● Staff understood the AIS and communicated well with people. For example, throughout our inspection we observed staff take their time to speak clearly to people and repeat words if necessary to ensure what they were saying was understood.

Improving care quality in response to complaints or concerns
● The provider had a robust system in place to receive, record and respond to complaints. The complaints policy detailed how people could raise their concerns if they were dissatisfied with the service they received and the process for dealing with any issues they had.
● People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have. For example, one person told us, "I have no reason to complain, but I know I could and definitely would if I needed to."
● The provider had a formal process in place to record any concerns or complaints they had received about the service, including the outcome of any investigations carried out and actions taken as a result.
● Records showed in the last 12 months people had been satisfied with the way managers had dealt with their concerns or formal complaints they had raised.

End of life care and support
● When people were nearing the end of their life, they received compassionate and supportive care.
● The provider had an end of life procedure in place and people's care plans had a section where they could record their end of life care and support needs and wishes.
● It was clear from comments we received from staff they had honoured the dying wishes of people who had recently passed away at the care home. Staff had received end of life care training.
● The manager told us they regularly liaised with GP's and other health care professionals, including community palliative care nurses and a local hospice, to ensure people experienced a dignified and comfortable end of life care that reflected their dying wishes.

Good

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 continued to be 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 not had a manager registered with the CQC for the past 12 months. The former registered manager had resigned in January 2019 and a new manager appointed the same month. The new manager has been in day-to-day charge ever since and is in the process of applying to be registered with us.
- There were clear management and staffing structures in place. The manager was supported in the day-to-day running of the service by a deputy manager and other senior nursing staff. People using the service, their relatives and staff spoke positively about the way the service was managed. A relative told us, "They [the managers] seem to do an alright job managing this place between them".
- Managers understood their responsibilities with regard to the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected the care home and the people who lived there.
- We saw the service's previous CQC inspection report and ratings were clearly displayed in the care home and were easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
- People received personalised care from staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well.
- The provider had a clear vision and person-centred culture that was shared by managers and staff. The manager told us they routinely used group and individual supervision meetings to remind staff about the provider's underlying core values and principles.
- The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment.

Continuous learning and improving care
- The provider recognised the importance of continuous learning and improvement. For example, the service was inspected at least annually by a manager who ran another of the provider's care homes. They would produce a report following their inspection that would identify what actions the service needed to take to improve.
- Managers and senior nurses who worked in the care home were also responsible for conducting their own

internal monitoring checks on staff working practices and the premises. For example, records showed people's care and risk management plans, how complaints and safeguarding alerts were dealt with, and how medicines, infection control, food hygiene and fire safety were managed, were routinely audited. Furthermore, the managers used a range of electronic systems to monitor the quality of the service they provided. For example, electronic information technology was used to alert managers when staff employment checks, training and supervision needed refreshing or updating.
● The manager told us they analysed the findings of all these monitoring checks, to identify trends, and learn lessons about how they could improve the service. For example, we saw several time-specific action plans the manager had developed in response to issues identified during monitoring visits.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider used a range of methods to gather people's views about what the care home did well or might do better. For example, people had regular opportunities to share their views about quality of care. This was done through regular contact with people using the service, more formal individual and group meetings and satisfaction questionnaires. A relative said, "There's lots of residents' and relatives' meetings we can attend if we want", while a second relative remarked, "They do send out questionnaires to find out what we think about the place".
● The provider also valued and listened to the views of staff. Staff had regular opportunities to contribute their ideas and suggestions about the care home. A member of staff told us, "I think the managers do ask for our opinion and listen to what we have to say. We told the manager people had asked us to have a takeaway once a week which has started happening."

Working in partnership with others
● The provider worked closely with various local authorities and community health and social care professionals including GP's, district and community psychiatric nurses, social workers, occupational therapists and hospital discharge staff.
● The manager told us they regularly communicated with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff team.