

Verulam Health Care Limited

Verulam House Nursing Home

Inspection report

Verulam House
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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

Verulam House is a nursing home. It provided accommodation and nursing care to 43 people aged 65 and over at the time of the inspection. The service can support up to 50 people.

Verulam House offers accommodation to people over three floors. A lift and stairs provide access to all floors and communal areas. People had access to a landscaped garden with patio and seating areas as well as other communal areas where they could spend time and socialise with others in the home.

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

People felt safe and happy with the way staff supported them. Staff knew how to keep people safe and how to report their concerns internally and externally to local safeguarding authorities if there was a need for it.

Everyone told us they were happy living in Verulam House because staff were kind and all their needs were met.

People told us staff helped them re-gain or maintain their independence. Staff were kind and caring when supporting people with daily living activities.

Staff promoted people's privacy and dignity. Care and support were delivered in a personalised way by staff who knew people's likes, dislikes and preferences, however this was not always evidenced in care plans.

Risks to people's well-being and health were well managed and regularly reviewed to ensure they were safe and protected from the risk of harm. Staff received training and had their competencies assessed to ensure they were skilled and knowledgeable to meet people's needs effectively.

The environment was homely, clean and welcoming. Staff used effective infection control measures to protect people from the risk of infections. Appropriate equipment was in place where needed for people to receive support in a safe way.

People had opportunities to take part in organised group activities or pursue their hobbies and interests. Staff had a genuine interest to keep people involved and occupied.

People and relatives told us there were enough staff in the home to meet people's needs.

Everyone we spoke with praised the management team for being approachable, supportive and placing people in the centre of the care and support they delivered.

Complaints and feedback were used in a constructive way and lessons were learned to ensure improvements were made.

The registered manager and the provider used a range of effective audits and governance systems to check the quality and safety of the care people received.

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`s consent to the care and support they received was sought by staff before they delivered any care, however care plans were at times signed by relatives and some decisions were taken without involving people who were deemed to have capacity.

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 (last report published [date?]).

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 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 ●

Verulam House 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. 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 two inspectors 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

Verulam House 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. 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.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 10 people who used the service and three relatives about their experience of the care provided. We spoke with six care staff members, a nurse, the chef, the general manager and the registered manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from 10 professionals who regularly visit the service, and the local authority`s commissioners shared their last contract monitoring visit report with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. One person said, "Yes, I feel safe. There is plenty of security. It's the atmosphere which makes me feel safe."
- Staff told us they had regular safeguarding training and were knowledgeable about the signs and symptoms of possible abuse. They told us they observed people if their behaviour changed and looked for signs of physical injuries when supporting people with their personal care. Staff told us they knew how to report their concerns internally and externally to local safeguarding authority or CQC.
- Health professionals visiting the service told us that staff practices were safe and protected people from the risk of harm. One health professional said, "I have always found the staff to be extremely attentive to the resident`s needs, providing safe care and always working around their schedules to make sure they get the best level of care."

Assessing risk, safety monitoring and management

- Staff used a range of nationally recognised risk assessment tools to measure the level of risk to people`s health and well-being. Measures were in place to mitigate risks. For example, if people were assessed at high risk of developing pressure ulcers equipment was in place to help protect their skin.
- Risk assessments were developed for falls, mobility, skin integrity, nutrition and staff knew how to mitigate risk and encourage people to be independent. For example, staff encouraged people to exercise regularly. One person was admitted to the home with poor mobility. Staff encouraged them to exercise and walk short distances. Staff were pushing a wheelchair behind them so that the person felt safe and could sit down when they were tired. The person`s mobility improved significantly, and they regained their independence. Falls risk assessments were reviewed routinely, however for two people who had falls in the last month this was not included in the reviews they had. This was an area in need of improvement.
- Robust procedures were in place to ensure staff could deal with emergencies like fire. People had personal emergency evacuation plans (PEEP) in place so that staff were familiar how to assist people in case of an evacuation. However, the PEEPs instructed staff to hoist people in wheelchairs when evacuating which could delay an evacuation. Staff told us they would use the evacuation mats available to take people to safety.

Staffing and recruitment

- People and relatives told us they felt there were enough staff to meet people`s needs in a timely way. One person said, "There are lots of people around. If I ring my buzzer, they come quickly." On the day of the inspection we saw staff being quick to respond to people`s needs and call bells were answered promptly.

Staff told us, at times when not every staff turned up for their shift they felt the pressure of meeting every person`s needs in a timely way. They also told us that when this happened managers were always ready to help until the shift was covered. One staff member said, "It`s just enough [staff] but if anything happens it's hard. Management is very helpful to cover the shifts."

- Safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

Using medicines safely

- People's medicines were managed safely. We noted that the medicine administration was completed in accordance with good practice. Medicines records were completed accurately and the sample of medicines we counted tallied with the amount recorded. Staff had received training and they had their competencies checked before they administered medicines to people.

Preventing and controlling infection

- There were infection control procedures in place and regular cleaning in the home. The home was clean and there were no lingering malodours. Staff were seen to make use of personal protective equipment (PPE) and use it appropriately when delivering personal care to people. Handwashing posters were placed near the sinks in bathrooms and toilets to remind staff of the importance of hand washing.

Learning lessons when things go wrong

- Staff meetings and daily handovers were used as an opportunity to share the lessons learned when things went wrong. The registered manager told us, "Last year we had a safeguarding. I was on annual leave and it was reported that there was a concern, but staff weren't sure. When it was reported to me I reported it to safeguarding, but there was a concern in the delay of the reporting as it should have been reported straight away." As a result of this there were regular meetings talking about safeguarding and reminding staff about reporting procedures. Staff received additional safeguarding training and it was discussed in supervision sessions with all nursing staff and senior care staff.

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 remained the same Good.

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

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

- People had an assessment done before they moved to the home to look at their health needs, mobility, falls risk, skin integrity and required equipment, and to assess if they had capacity to understand and retain information to take decisions.
- National guidance and advice to improve health and social care issued by The National Institute for Health and Care Excellence (NICE) were imbedded in staff`s practice. For example, when administering people`s medicines, involving health and social care professionals in people`s care and when meeting people`s health care needs.
- People`s needs were reviewed on admission and regularly after so that any changes to their health and daily care needs could be identified and met.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, that they received appropriate training and support to carry out their roles effectively. People, relatives and health professionals confirmed this. One person said, "They understand my needs. They help me get up in the morning, but what is really good is that they encourage me to be independent."
- Staff received regular supervisions where they received feedback about their performance and any development needs were discussed. The registered manager was supporting and motivating staff to achieve the roles of champions in their areas of interest. Staff in champions roles were mentoring and coaching newly employed staff, and they were involved in developing strategies of how to effectively meet people`s needs in the home. One staff member told us, "I use [the knowledge from] the champion and the train the trainer courses to design training sessions for other staff to pass on my knowledge."
- Newly employed staff had an induction training at the end of which they achieved the nationally recognised `Care certificate`.

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

- People told us they liked the food. One person said, "It is everyday cooking. It is decent home cooked food."
- Meal times were a social event and people enjoyed spending time and eating in the dining room. The food served on the day of the inspection was home cooked. Home cooking smells filled the dining room and the home. Tables were laid ready for lunch with flowers, placemats, drinks and napkins. Condiments were available.

- Staff were checking if people were happy, if they wanted more food or a different choice. One staff member said, "We don't have soup at lunchtimes, but I can order you some soup if you want, or is there anything else you might like." One person said, "The food looks nice, I am hungry I'm going to enjoy that."
- People had enough, and a good choice of food and drinks were provided. Specialist diets were catered for and where people were identified at risk of malnutrition or dehydration their foods were fortified and were referred to their GP`s or dietician.
- The Chef was passionate about providing people with nutritious diets. They told us how a recent course they attended gave them confidence in trying new things and offering more choices. They told us, "My knowledge has improved, I feel more confident to try other things. I look at my notes from the course and try different things. I am more knowledgeable now about the MUST (malnutrition universal screening tool) and I can understand their [people`s] needs more. Because of the course, I am able to see how we can positively influence people`s health."

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

- Staff working at the home were long standing and knew people well. Staff told us, and we saw in care records that staff were able to promptly identify when people`s needs changed and seek professional advice.
- Health professionals told us they trusted staff to follow their instructions and they acted in a timely way to ensure people`s needs were met. One health professional said, "They [staff] are very prompt to seek help in a timely manner when there is a change in a resident's condition or they feel they need a review."
- Staff carefully planned and supported people to move back to their home if their health and well-being improved. This was coordinated with people, their relatives and other professionals involved in their care.
- Effective pressure care management was an area where staff provided excellent care to people. We heard from professionals who told us people`s pressure ulcers which they developed prior of moving to Verulam House healed shortly after admission.
- One professional told us, "They [staff] were able to show us documentation and evidence of the care that they had provided to their resident and this had been appropriate and was well documented with photographs as well to show progress of the wound. They were able to recognise their limitations with knowledge and skills and to seek help from us for further advice. Subsequent discussions with the home manager identified a member of staff that was very keen to learn [specific bandage therapy]. The home were able to facilitate university training for them. [Staff member] is always noted to be very good and consistent and the patient's wounds have been noted to heal with their care."
- This staff member was nominated by the link lecturer from the university for a nationwide pressure care award. They felt the staff member was dynamic, passionate, knowledgeable and the students practicing at Verulam House from the nursing university learned a lot about wound care and breakdown of the skin from them. The staff member got down to the last three candidates out of 1300 nominations.
- The home offered accommodation set out on three floors. Although not a purpose-built care home the corridors were wide enough for staff to manoeuvre equipment like hoist and wheelchairs. Handrails were fitted to help people mobilise safely. Communal sitting rooms, a dining room and lounge offered generous space for people to spend their time in each other's company.
- The garden was well maintained, fully enclosed by fencing and provided people with safe outside space.

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

- People had access to health professionals to help them live a healthier life. There were regular GP visits. We saw evidence of dietician and district nurse involvement in people`s care as well as physiotherapists, speech and language therapists and opticians. Information was shared with other agencies if people needed to access other services such as hospitals. One health professional told us, "The nursing staff, in general, are proactive in seeking appropriate services e.g. physio, dietician, SALT for the patients which in

turn does enhance the care that they receive."

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The process to assess people`s capacity was not always clearly followed. For example, a person whose care plan evidenced that they had capacity to take decisions had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) in place discussed with their relative but not with them. Staff told us the decision had been put in place when the person had been ill and could not participate in the discussion. The person was feeling better, however the DNACPR had not been re-visited to ensure the person was in full agreement with this.
- We observed 11 people sitting in wheelchairs throughout the day of the inspection. They all had lap belts on, however not everyone had an MCA and a Best Interest decision in place for the use of these. A risk assessment was completed, but it was not clear from the mental capacity assessment and best interest how consent had been sought. For example, the care plan for a person identified that a lap belt will be used only in the wheelchair. The Best Interest decision was signed only by a nurse and detailed that the belt was needed because the person was at risk of falls from leaning forward. However, there was no discussion recorded in the restraint record, overall assessment, or relative communication record about the use of lap belt. The wheelchair risk assessment had no mention of leaning forward or the use of the lap belt. A member of staff, when we asked them about the use of lap belts, told us, "People, if they sit in a normal chair, tend to slide off and bend over and we end up with head injuries hence the use of lap belts (and people sitting in wheelchairs)."

We recommended that the use of lap belts when people were sitting in wheelchairs are reviewed and there are clear processes in place to assess the reason these are needed when people are stationary. The registered manager started the process to review these on the day of the inspection.

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 remained the same good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People, their relatives and professionals told us staff showed respect and were kind and caring when they approached people. One person said, "I am undoubtedly treated with dignity and respect. They treat me with kindness and consideration." A relative said, "They absolutely treat them with respect at all times. They talk to [person] as an individual. They always ask for consent before giving care. The care is really person centred."
- Professionals visiting the service praised staff for the compassion and respect they showed to people. One professional told us, "I find the staff kind and caring towards the residents and again from what I have observed feel they maintain and respect privacy and dignity." Another professional said, "The staff always approach the residents with kindness and courtesy and respect and maintain their privacy."
- We saw very caring interactions between care staff and people in the home. Staff greeted people when they passed them in corridors, offering support and reassurance where necessary. During the day staff constantly stopped and chatted to people, they ensured people had enough drinks. All staff knew and used people`s names and made eye contact when talking to people.

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

- Staff knew how to communicate with people effectively, were patient and gave people time to respond so that people felt they mattered. Staff included people in activities and daily living tasks.
- Relationships were encouraged. People told us their visitors were made to feel welcome and had no restrictions on visiting times.

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

- People told us they knew about their care plan and they could decide what care and support they needed.
- Care plans detailed. Where people had capacity, they were involved in their care. Staff ensured choices were offered to people who were not as able to actively voice their needs.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "They treat me with dignity. I could not complain. They are very good indeed. They chat to me."
- Professionals told us staff always protected people`s dignity and privacy. One professional said, "Staff are generally kind hearted and caring with carrying out care of the residents. Staff have the residents needs as

priority and promote people's dignity and privacy."

- People were well-groomed and dressed appropriately for the weather. We saw staff supporting people with their needs discreetly to protect their privacy. Doors were closed when staff were giving personal care.
- The confidentiality of information held in records about people's medical and personal histories was kept secure and had been sufficiently maintained across all areas of the home in a way that preserved and maintained appropriate levels of privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good.

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received care and support in a personalised way and this changed their life. One person said, "When I came here I was severely paralysed, and had to be hoisted out of bed. Now I can get up and move around with help. The last six months have changed my life. The home bought me a mini exercise bike to help my rehabilitation. It's the carers who have made me mobile again."
- People were enabled to live independent fulfilling lives even when their prognosis when they were admitted to Verulam House was not favourable. For example, a person who was told by health professionals that they only had a few months to live was enabled to move to their own flat and live independently for years before they had to move back to the home. Another person who spent 18 months in bed was helped to regain independence and move back into the community.
- Health professionals told us staff were responsive to people`s needs and followed personalised therapy plans so that people could re-gain independence and have a better quality of life. A health professional told us, "There have been many residents who have maintained their mobility and those who have improved their walking independence through the regular interaction of carers encouraging walking instead of the quicker/easier option of a wheelchair."
- Care plans were personalised and reflected people`s personal preferences. For example, people were asked if they preferred male or female staff to help them with personal care, if people wanted a shower or a bath. However, some care plans needed further developing especially for people who had a diagnosis of dementia and how this affected their life.
- Activities were provided seven days a week and these varied to ensure they included enough choice for people to find something which interested them. There were regular art classes, yoga and exercise classes as well as one to one time spent with people who could not leave their bedrooms for health reasons. One person told us, "There are enough activities. They are lovely." Another person said, "The activities are good. I went to the garden centre, and the staff wheeled me around. I enjoyed it."
- People were involved in developing a 'tallest' sunflower growing competition in the garden. Outside visits included local garden centres, museums, and cinemas. People confirmed that that they had participated in such visits.
- Staff worked hard to ensure they fulfilled people`s wishes. For example, providing audio books for people who enjoyed reading but were no longer able, a boat trip was organised when a person requested, as well as a visit to a person`s favourite local woods.

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 care plans detailed what communication needs they had. We saw staff adapting their verbal communication to people`s ability and gave them time to respond if it was needed. For another person a white board was used so that they could communicate in writing. However, where people found it difficult to speak there was little detail on what other communication aids were available for people to make themselves understood. For example, records showed a person understood information given to them but found it hard to verbally respond and found the process slow. There was no detail if other aids were considered to ease communication.
- Following the inspection the registered manager told us about additional communication aids available. For example, word and picture cards. Staff could also use an app on their phones and also on Verulam house's electronic device called 'text hearing'. This recorded what was being said and type it up so the person with the hearing impairment could read what was said to them. Staff were trained by the Hearing Advisory Service to ensure that people`s hearing aids were kept in good working order. This prevented people having to attend to hospital.

Improving care quality in response to complaints or concerns

- People told us they had no complaints and were happy living in the home. One person said, "I have no concerns, but they always sort out any problems." Relatives told us they were confident that the management would sort out any concerns they may have had. One relative said, "I have never had to raise a concern, but I am sure they would be responsive if I did." Another relative said, "They have regular residents'/relatives' meetings. If you do face a problem, they deal with it."
- There were numerous compliments received by the home from people and relatives. This showed people were happy with the care and support they received from staff. Some of the compliments read, "I wanted to express my sincere thanks to both of you and all of the staff in the nursing home, who have looked after my [relative] and made their remaining years so enjoyable" and "Thank you for the amazing professional and loving care you have shown my [relative] over the past year, also your understanding of all the feelings that we feel as a family for no words can thank you enough."

End of life care and support

- The service provided end of life care for people. The staff had been prepared for this by ensuring people had their wishes documented in their care plans. Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes. Where people were nearing end of life action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.
- One health professional told us, "I have been very impressed with the advanced care planning that nursing staff have been doing. They fill out a 'thinking ahead form' which promotes discussions around advance care planning, end of life care and advanced decisions. It then makes these discussions much easier to be had later on by a GP. It also means that during acute illness, when a patient may not be able to communicate their wishes, we know what these wishes are."
- Relatives of people who were cared for by staff before they died wrote thank you letters. These said, "As a family, we cannot fault the palliative care [person] received. The sensitivity and gentleness we witnessed, not just towards [relative] but towards all family members, by all staff not just those nursing her, was second to none. The staff ensured that [relative] was able to die peacefully with dignity, and we thank them for that from the bottom of our hearts" and "I am so grateful that my [relative] was in your care for the last days of their life. The staff here are wonderful and so caring, they go above and beyond to make sure those in their

care are looked after, as well as their relatives and friends."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good.

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

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

- Everyone we spoke with told us that the home was well managed, and they would recommend the home to others. One person said, "The manager is really helpful. She makes you feel at home. I think it is all very good. I would recommend this service." A relative told us, "The manager is brilliant. This is an absolutely fabulous place."
- Professionals regularly visiting the service praised the management team for having people`s best interest at heart. One professional told us, "I think the service is led extremely well and has always been over the 10 years I have been visiting. Credit to the management team!" Another professional said, "I believe that the home is well led by matron and deputy matron and the management team. The management are transparent and approachable to staff, to residents and to relatives and actively deal with concerns raised."
- The management team and the provider created a no-blame culture in the home and operated an open-door policy for staff, people and visitors. This made staff feel valued and contributed to the development of a long-standing stable staff team. This meant that people received care and support from staff who knew them well and positives outcomes were achieved for people. For example, people`s quality of life improved by staff helping them to re-gain their mobility and improve their health.

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 closely monitored the quality and safety of the care provided to people. Accidents and incidents were analysed, and actions were taken to implement any measures needed to prevent reoccurrence. For example, the registered manager had a meeting with relatives of a person who had regular falls. They not only apologised that falls were occurring but discussed further actions they could take to mitigate the risks. Following the meeting staff tried new strategies with the person and they had not experienced any falls since March 2019.
- Audits of different aspects of the service were carried out at regular intervals. For example, call bell audits, medicine, care plan and environment audits. Any actions resulting from these were completed.

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

- There was an effective management system in place with clear roles and responsibilities for each member

of staff. Staff told us they were clear on their roles and accountable of their actions. One staff member told us, "I am responsible for organising the training. Induction training, fire training and induction for student nurses. I have done a sling audit today to check for wear and tear and check if the right slings are in place for people." Another staff member told us, "I organise the floors I work on, restock the rooms, make sure they [people] have their weekly shower or as many as they wish."

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

- Staff told us the management team was approachable and they felt confident to ask questions and help with anything. One staff member said, "I am 100% supported and listened to. In staff meetings we can speak up and they [management team] always listen and they give feedback about the concerns raised."
- There were residents' meetings for people to regularly feedback on the service they received as well as staff meetings to give staff the opportunity to give feedback. However, everyone told us they did not have to wait to give feedback in meetings as they could speak to the management team any time.

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Continuous learning and improving care

- Meetings and handover were used as an opportunity to share any learning across the staff team. We saw these were effective and as part of the lessons learnt, staff received additional training to gain more knowledge and skills.
- Staff were encouraged to take up more specialist training to build up a skilled workforce and meet people's needs in a timely and effective way. For example, two nurses started the gold standard accreditation, the head of departments were enrolled on leadership training and two staff [one nurse and one carer] attended physio facilitator training. This meant that after a physiotherapist's initial assessment these staff members could follow the support plan and carry out exercises with people.

Working in partnership with others

- The management team built a strong working relationship with health and social care professionals as well as universities and organisations who provided activities for people in the home. For example, the service worked in partnership with a local university and accepted student nurses on work placements.
- All the health professionals told us they could rely on staff to give them appropriate information about people and make their visits at the home a productive and effective one. One health professional said, "They [staff] are very prompt to seek help in a timely manner when there is a change in a resident's condition or they feel they need a review. The prompt action of the staff enables me to review and adjust medication."