

Lowmoor Nursing Home Limited

Lowmoor Carehome

Inspection report

Lowmoor Road
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Date of inspection visit:
09 October 2019
10 October 2019

Date of publication:
05 November 2019

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

Lowmoor Care Home is a care home providing personal and nursing care to 41 people at the time of the inspection.

The care home is purpose built and accommodates up to 42 people across three separate wings, each of which has separate adapted facilities. Two of the wings are single gender and specialise in supporting people who are living with dementia and have complex needs. The third wing is mixed gender and supports people who may require more intensive nursing care support.

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

People were safe at Lowmoor Care Home. The environment was safe, and people were protected from abuse, and serious harm, by the provider's improved incident reporting procedures and staff training. Incidents were reviewed, and action taken, to reduce the likelihood of recurrence. Staff understood how to safeguard people from potential abuse. End of life care arrangements were appropriate, and staff knew how to access details of people's end of life plans.

People were supported by staff who were appropriately trained. Enough staff were employed to meet the needs of the 41 people living at the care home at the time of the inspection. Risk assessments were carried out, and changes in people's risks were communicated to all staff so people could continue to be supported safely. Prescribed medicines were managed appropriately, and good arrangements were in place to keep the care home clean and reduce the potential for infections spreading.

People's care plans were comprehensive. Staff had enough information to support people effectively. Appropriate assessments were carried out so that people's support needs were identified. The care home was equipped and furnished to meet people's needs. This included dementia friendly decoration, and pictorial signage, to assist people who may sometimes become confused.

People were supported to eat and drink enough to maintain a balanced diet. Appropriate arrangements, and staff training, were in place to support people who required specialised diets. There was a variety of food available and people were able to choose what they ate.

People's healthcare needs were supported by the care home staff, and people also accessed support from local healthcare services. The care staff ensured people had oral healthcare assessments in place and had access to a community dentist if required.

People were supported by staff who treated them with kindness and compassion. Equality and diversity support needs were identified in people's care plans, and people were supported to be involved in planning their care; where they had the capacity to do so. Care staff treated people with dignity and respect when supporting with personal hygiene. Their privacy was maintained by care staff who understood people's individual needs.

People were supported to maintain contact with their families, where that was appropriate. The care home provided a diverse range of regular leisure, and social, activities that people could choose to take part in.

People received person centred support from a staff team that was positive about ensuring people received good care. The registered manager ensured families were notified about any issues that affected their relative; and encouraged relatives to give feedback on the care home and ways in which it could continue to improve.

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.

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

Rating at last inspection and update

The care home was previously inspected on 22/25 January 2019. The last rating for this service was inadequate (published 22 August 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lowmoor Carehome

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 team consisted of one inspector and a specialist nurse advisor.

Service and service type

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

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

Notice of inspection

The inspection visit took place on 9 October 2019 and was unannounced. We returned, announced, on 10 October 2019 to complete the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who had worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and four relatives about their experience of the care provided. We spoke with 19 members of staff including the provider, registered manager, deputy manager, nursing staff, care workers, catering staff, cleaning staff, laundry worker and maintenance worker. We observed staff interactions with people throughout the inspection.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from a community health care professional who had regular contact with the care home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to keep people safe. This was a continued breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- There were improved systems to review behavioural incidents at the care home. At the previous inspection there were inadequate incident review systems in place. Those improvements meant repeated incidents were now recognised, and action taken to try to prevent a recurrence. This helped keep people safe from the risk of abuse.
- Care staff reported incidents in a timely fashion. At the previous inspection we found delays in incident reports being given to the management team. Since the previous inspection, daily meetings had been introduced where incidents were discussed, and any further investigation initiated. Those improvements meant action was taken to reduce the likelihood of similar incidents happening again.
- People were protected from the risk of abuse. Staff had received safeguarding training, were aware of the safeguarding procedure, and knew how to use it. There were safeguarding adults' policies in place, which staff had access to.
- The registered manager understood their responsibilities for keeping people safe, including reporting safeguarding issues to the relevant authorities. These arrangements ensured people were protected from the risk of abuse.

Learning lessons when things go wrong

At the last inspection we found the provider failed to ensure that care was provided in a safe way. Specifically, in relation to moving and handling of people and ineffective 'Do not resuscitate' identifiers on bedroom doors. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Following our last inspection, the registered manager removed the DNACPR identifiers from people's bedroom doors. We had found that they were not always accurate and could potentially cause staff to be

confused. DNACPR means 'Do Not Attempt Cardio-Pulmonary Resuscitation' and is a document signed by a doctor. The form is designed to be easily recognised and verifiable, allowing medical professionals to make decisions quickly. On this inspection, we found DNACPR forms were easily accessible, in people's care plans where appropriate; and care staff knew how to find them. A care staff member told us, "I know who has a DNACPR in place, and the details are in the care plans."

- People were helped to mobilise safely. All staff had received moving and handling training. The provider had an in-house trainer who assessed staff competence regularly. This ensured people were kept safe, by staff, when supported to use hoists and other equipment.
- Incidents were reviewed, and action taken to reduce recurrence. For example, following incidents where some people had choked on food, the registered manager ensured all nursing, care, and kitchen staff received specialised diet training. Additionally, people who required specialised diets, and close supervision when eating, now had their meals before other people. That ensured care staff had time to provide the necessary support and reduced the likelihood of choking incidents.

Assessing risk, safety monitoring and management

- The provider had a fire risk assessment in place and carried out regular fire safety checks.
- All staff had received fire safety training and personal emergency evacuation plans were in place to guide staff, so people could be supported to exit the care home in an emergency.
- People's individual risks had been assessed and reviewed regularly by the registered manager and deputy manager. Changes in people's risk assessments were discussed at staff handovers. This helped to ensure people were protected from avoidable risks.
- Routine health and safety checks had been carried out, which helped to ensure the care home environment was kept safe.

Staffing and recruitment

- There were enough staff available to support the care needs of the 41 people who lived at the care home at the time of the inspection. The registered manager used a dependency assessment tool to calculate the numbers of care staff and nurses required to support people safely.
- The provider had an effective recruitment policy and procedure in place. Staff pre-employment checks had been carried out. However, not all staff records included a full work history. The registered manager told us they would obtain full employment history records for all staff.
- When agency nurses or care staff had been occasionally used, the provider ensured appropriate pre-employment checks had been carried out by the agency. Those details were then held on file at the care home. That helped to ensure nurses and care staff were safe to work with vulnerable people.

Using medicines safely

- Medicine management systems continued to be safe. The provider followed safe procedures for the receipt, storage, administration and disposal of medicines.
- Weekly medicine audits were carried out by the clinical lead nurse and deputy manager. Monthly medicine audits were carried out by the registered manager. This helped ensure medicine management was safe and the likelihood for error reduced.
- Prescribed medicine was administered, to people who required it, by registered nurses. The nursing staff were supported, by the provider, to maintain their professional registration with the Nursing and Midwifery Council. That helped to ensure that people's medicine and health care needs were met by appropriately qualified staff.
- The registered manager had changed arrangements for the administration of prescribed skin creams to those people who required them. A previous quality audit identified care staff did not always record when prescribed creams had been applied. The registered manager arranged for nursing staff to oversee that

process instead, and recording was now consistent as a result.

Preventing and controlling infection

- People's rooms, bathrooms and communal areas were clean, which reduced the risk of infections spreading.
- All staff had completed infection control training, which ensured staff understood how to prevent and control the spread of infections.
- MRSA care plans were in place where necessary. MRSA is a type of bacteria that's resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections. Care staff understood how to support people who had been identified as having that condition.
- The cleaning staff worked well as part of the wider care team. We observed cleaners check with care staff which person's bedroom they should clean first; based on people's activity plans and frame of mind. This meant bedrooms were cleaned in the order in which people were likely to want to return to them, reducing upset and potential conflict.
- Personal Protective Equipment, such as disposable gloves and aprons, was readily available throughout the service and used by care staff. This protects people, and care staff, from acquiring infections.

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

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff had adequate training. Specifically, in relation to moving and handling training. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- All care staff had received moving and handling training. The provider employed an in-house trainer to provide that training; and to carry out regular observations of care staff competency to complete moving and handling tasks safely. We saw care staff supporting people to mobilise safely.
- The provider had a training plan to identify care staff training needs, and arrangements were in place to ensure care staff were kept up to date with essential training.
- New care staff completed induction training, which included working alongside experienced care staff. Care staff told us they received the training needed to meet people's individual needs. We observed care staff using their skills to support people effectively and sensitively.
- Care staff told us they had regular handover sessions, team meetings and supervision meetings. That included a '10 minutes at 10am' daily meeting at which staff from the nursing, care, catering and maintenance teams discussed any issues that had arisen over the previous 24 hours and agreed actions. That meant there was effective communication within the care team.

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

- People's care plans were up to date and regularly reviewed. Care plans were thorough and comprehensive. The registered manager had also introduced one-page 'snap-shot' summaries, of key information about each person, so care staff had essential information at hand when supporting people in each of the three areas of the care home.
- Care plans used universally recognised assessment tools, so staff could support people effectively. For example, if a person was at risk of losing weight, their malnutrition risk was calculated and advice from a health care professional obtained. Care plans informed care staff about the person's favourite food and how to monitor their weight. Records showed that one person, who had been underweight, was supported to achieve a healthy weight again because of effective nutritional support.

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

- Care staff had a good knowledge of people's food preferences and the provider had appropriate systems in place to monitor people's weight.
- People were supported to eat and drink safely and maintain a balanced diet. For example, where the need for support had been identified to prevent potential choking, kitchen staff prepared food in the way advised by health care professionals. Kitchen and care staff had also received training on how to support people who required modified diets to reduce the risk of choking.
- People were offered a variety of food and drink they enjoyed. Picture menus on each table showed the meal choices available each day, and care staff gave people meaningful choices by taking both options to the person, so they could choose. Alternatives to the menu items were readily available if people preferred something else.

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

- People's care plans informed nursing and care staff about people's health care needs. This meant care staff had up to date information about how to support people.
- The service had links with GPs, district nurses and other primary health care professionals, and people were supported to improve their health. For example, a person was admitted to the care home with a pre-existing medical condition widely expected to eventually require a life changing surgical intervention. However, through effective nursing, care, and nutritional support, the condition had fully healed. That was a significant positive outcome for that person.
- Care plans contained oral health care assessments and the service had established a link with a domiciliary dentist who visited the care home. That ensured people, who were not able to attend mainstream dental practices, received the dental treatment they required.
- The service had established links with specialist dementia outreach services who regularly visited the care home to provide assessments, advice and support. Care plans were updated to reflect guidance received from specialist health care professionals.

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

- The care home was purpose built and the decoration, and other adaptations to the premises, met people's needs. For example, the provider had introduced a mini-shop where people could independently purchase toiletries and other small items.
- People had personalised their bedrooms. Bathrooms and toilets met the needs of the people living at the care home. Bedroom doors were decorated to resemble individual front doors; and some internal walls had been decorated with vinyl laminates to resemble 'views' and everyday objects. This helped people, who were living with dementia, to find their way around the building.
- People had access to a Bar in the care home which they, and their relatives, could access. The care home also had converted a room, on the male only wing, which had been decorated to resemble a potting shed, which people had access to. A person told us that they enjoyed being in the 'shed'.
- Staff responded appropriately to incidents and were vigilant at spotting when they might occur. For example, the registered manager had identified a higher number of incidents in part of the building where three corridors joined. Subsequently, a care staff member was always rostered to be stood at that location; to intervene and prevent potential conflict caused by people turning the corridor corner and suddenly meeting someone they had not seen. The provider had placed plastic bowling pins at that location so people would be distracted by them as they walked to the corridor junction. The number of incidents had reduced because of that improvement.

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. We found that it was.

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 requires improvement. At this inspection this key question has now improved to 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 were well treated by the care staff. During daily care tasks, staff treated people with compassion and care. Some people living at the service experienced confusion, we saw staff guided people who became confused in a compassionate way.
- People told us staff were caring. One relative told us, "If I sat here from now till Christmas, I couldn't tell you anything I think they need to improve on". Another relative told us, "The caring is magnificent here."
- All staff had received equality and diversity training. The provider's equality and diversity policy stated how the care home supported people, and staff, from diverse backgrounds.
- Peoples' disability support needs were met appropriately by the provider. The registered manager assessed people's equality and diversity support needs as part of the assessment carried out prior to people moving into the care home. This helped ensure a person's equality and diversity needs were considered when planning their support.

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

- People were involved in deciding their own care plans, where they had the capacity to do so. Best interest processes were in place where people lacked capacity to make those decisions.
- The registered manager carried out annual satisfaction surveys, which were sent to relatives of people living at the care home. Relatives' meetings happened regularly with the registered manager to discuss the menu, plans for leisure activities, and the decoration of the care home. Outcomes from those meetings were implemented by the registered manager. That enabled relatives to shape the support people received.
- Care staff supported people to make everyday choices about their care and support, for example about what clothes they wanted to wear and how they wanted to spend their time. This enabled people to be involved in making decisions about their care.
- Care plans described how people communicated. Staff had a good knowledge of people's communication needs and communicated appropriately with them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. When staff spoke to people, we saw they addressed them in the way the person preferred. For example, some people were more formally addressed by their title (Mr/Mrs) and surname, rather than by their first name, if they wished.
- People's privacy was protected. There were areas of the care home available for people to meet with relatives in private. Staff knocked on doors before entering people's private rooms.
- People were treated with dignity. Staff supported people to dress appropriately and supported them to

maintain their personal hygiene when required. A relative told us, "Nothing needs to improve, [person's] clothes are always clean, and everything is good here now." When people required personal care support we saw that it was provided in a timely and discreet way.

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 requires improvement. At this inspection this key question has now improved to 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's care plans contained personalised information. Care plans were comprehensive, regularly reviewed, and covered areas such as personal care, health care, nutritional needs and interests. Staff had access to care plans, and one page summaries, which provided guidance on how to support people who sometimes presented behaviours which were challenging. This meant care staff knew how to meet people's support needs.
- Staff had good knowledge of people's routines and preferences. Staff had taken time to get to know people's likes and dislikes. They had supported them to decorate their rooms in personalised ways.
- People received care and support which met their individual needs and preferences. For example, people choose whether to take part in activities in the care home, and some people chose to go out with relatives into the community. This meant people had choice and control.
- Staff were attentive to people's changing needs. Daily handover meetings took place during which changes in people's support needs were discussed. This meant support continued to meet people's needs.

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 were recorded in care plans. That meant care staff were aware of people's communication needs and preferences.
- Easy read activity posters, and other visual notices were present. That meant people's communication needs were met, and relevant information was also shared appropriately with people.

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 were supported to maintain contact with their relatives where appropriate. People contacted their relatives using the care home phone if they wished. Supporting people to maintain contact with their relatives is important and helps prevent social isolation.
- The provider encouraged relatives to join in with social activities with people if they wished. This enabled people to maintain their family links if they chose to.
- People took part in varied activities at the care home. The provider employed two activity co-ordinators and activities took place every day. People told us they enjoyed the music and karaoke sessions, and we

saw picture evidence of a range of other activities which had happened over the previous 12 months.

- People were able to follow their interests and take part in activities they enjoyed. The provider operated a social media page, so families could keep up to date with the activities which happened at the care home.
- People were supported to use technology to follow their interests. After the inspection visit, the registered manager notified us they had purchased a smart speaker for use in one of the care home wings. That meant people could access music and information on demand, instead of having to wait for care staff to do that for them.

Improving care quality in response to complaints or concerns

- The provider had a complaint policy in place and details of how to make a complaint, or give feedback on the service, were on display. A relative told us, "If I had any concerns I would just go and see [registered manager] and I know that it would get sorted out."
- Following our previous inspection, and subsequent quality audits carried out by the local authorities, the provider had acted to implement the necessary improvements. This meant the provider improved care quality in response to concerns that had been raised with them.

End of life care and support

- People were supported with dignity at the end of their life, although no-one was receiving end of life care and support at the time of the inspection. People's wishes for their end of life were included in their care plans. That meant staff had access to the necessary information to carry out the person's wishes when the time came.
- People's end of life care was effective. We saw a person had been admitted into the care home and it had been anticipated, by their GP, that they would quickly deteriorate and require the final stages of palliative care. However, the nursing and care support provided, by the care home team, meant the person gradually made a good recovery and no longer required end of life care and support.

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 inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to ensure that incidents were appropriately reviewed. This was a continuing breach of Regulation 17 (Good governance) Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had improved their review of incidents and had acted to identify trends, which were addressed, to reduce recurrence where possible. This helped to reduce risks for people.
- Incidents were reported promptly by staff. The provider had acted to ensure incidents were recorded appropriately; and that staff passed incident reports to the management team for review in a timely manner. That helped ensure incidents were addressed, and action taken to reduce risks for people.
- The registered manager had implemented enhanced quality monitoring processes which had resulted in improvements in the quality of the service provided. We found these improvements had been embedded into the provider's processes and had led to improvements in people's care. For example, improvements in the monitoring of staff training, and observed practice, regarding moving and handling; as well as the comprehensive reviews of incidents that now occurred weekly, from which improvement actions were identified.

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

At our last inspection the provider had failed to ensure the necessary notifications of incidents had been sent to the CQC. This is a legal requirement, so we can monitor the running of the service. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

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

- Notifications of incidents to the CQC had improved. The registered manager understood their

responsibility for reporting deaths, incidents, injuries and other matters that affected people using the service. Notifying the CQC of these events is important so that we are kept informed and can check that appropriate action had been taken.

- Care staff, nurses and senior management were aware of their different roles and responsibilities when caring for people, and the registered manager had a good understanding of regulatory requirements.
- An effective quality assurance system was in place to monitor the quality of the service.

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

- The registered manager supported the staff to provide person centred support which achieved good outcomes for people. For example, since moving into the care home, a person's health had improved to the point where they were no longer considered to require end of life care and support. That was a significant positive outcome for that person.
- The registered manager, deputy manager, clinical lead nurse, and all the staff we spoke with and observed, told us they were committed to providing person centred, high quality care. Staff we spoke with told us they felt supported by the management team, and things had greatly improved over the previous year.
- People had good outcomes because of the care they received. A staff member told us, "Helping the residents is the best bit. We want to give them the best life we can. We know it isn't always nice being stuck in the same place, so we try to have lots of parties and events to make life better for people." This demonstrated the staff were positively engaged in providing person centred support.

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 understood, and acted on, their duty of candour responsibility by contacting relatives, after incidents involving family members occurred. This ensured that relatives were notified of the incident and made aware of the causes and outcome.

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

- The provider asked relatives to contribute their views on the service through an annual satisfaction survey which the registered manager reviewed and acted on. The registered manager also obtained the views of people by talking with them while doing 'walk around' checks.
- People's equality and diversity characteristics were identified during the initial assessment process and recorded in each person's care plan. That was available to guide care staff and was supported by the provider's equality and diversity policy.

Working in partnership with others

- Care plans were informed by specialist advice from health care professionals. For example, the County Dementia Outreach team regularly visited the care home to carry out assessments and provide advice on meeting people's dementia support needs.
- The care home management team had engaged with the local authority and NHS clinical commissioning group by attending meetings and improvement forums.
- There was effective multi agency work occurring at the service. We saw that when people required access to a health care professional, that was arranged promptly.