2026

delphi care solutions

Shaw Healthcare: The Martlets

Mock Inspection Report

Date: 21 April 2026

Scope

Delphi Care Solutions was commissioned to complete an independent, evidence-based mock inspection of the Shaw Healthcare site The Martlets ('the service').

Delphi completed the mock inspection on 21 April 2026, with all work carried out on a face-to-face/on-site basis.

During the mock inspection we identified good practice and potential areas for improvement. Throughout the day, we shared high level feedback relating to these findings with the service manager and other senior staff.

This report provides comprehensive details of our findings and includes our recommendations. It is our opinion, if the Care Quality Commission (CQC) were to inspect on the days of our mock inspection, the ratings for the service would be as follows:

CQC KEY LINES OF ENQUIRY					
Safe 22/32 = 69%	**Effective** 16/24 = 67%	**Caring** 15/20 = 75%	**Responsive** 20/28= 71%	**Well-Led** 21/28 = 75%	**Overall Rating**
Good ●	**Good** ●	**Good** ●	**Good** ●	**Good** ●	**Good** ●

Rating

CQC Quality Statements scoring system:
4 = Evidence shows an exceptional standard.
3 = Evidence shows a good standard.
2 = Evidence shows some shortfalls.
1 = Evidence shows significant shortfalls.

We use these thresholds to convert percentages to scores:

- over 87% = **4**.
- 63% to 87% = **3**.
- 39% to 62% = **2**.
- 25% to 38% = **1**.

R/A/G Rating

The Red/Amber/Green (RAG) rating below provides a visual representation of the key areas to be focused on as part of the service's improvements.

Complaints	Accidents Incidents	Fire Safety	Safeguarding	Supervision
🟢	🟢	🟢	🟢	🟢
Training	**Staff Files**	**Staff Rotas**	**Medication**	**Audits and Governance**
🟢	🟢	🟢	🟢	🟢
H&S Audits	**Medication Audits**	**Infection Control**	**Environment**	**Care Planning**
🟢	🟢	🟡	🟢	🟡
Specific Assessments	**General Risk Assessment**	**Daily Notes**	**Quality Monitoring**	**MCA**
🟢	🟢	🟢	🟢	🟢
Activities	**Policy and Procedures**	**Whistleblowing**	**Culture**	**Person Centred Care**
🟢	🟢	🟢	🟢	🟡

SAFE: Score Range 1 – 4 per area (maximum Score 32)								Total score
Learning Culture **SCORE: 3**	Safe Systems, Pathways and Transitions **SCORE: 3**	Safeguarding **SCORE: 3**	Involving People to Manage Risks **SCORE: 2**	Safe Environments **SCORE: 3**	Safe and Effective Staffing **SCORE: 3**	Infection Prevention and Control **SCORE: 2**	Medicines Optimisation **SCORE: 3**	**22/32** **69%**
EFFECTIVE: Score Range 1 – 4 per area (maximum Score 24)								
Assessing Need **SCORE: 3**	Delivering Evidence Based Care and Treatment **SCORE: 3**	How Staff Teams and Services Work Together **SCORE: 2**	Supporting People to Live Healthier Lives **SCORE: 3**	Monitoring and Improving Outcomes **SCORE: 2**	Consent to Care and Treatment **SCORE: 2**			**15/24** **63%**
CARING: Score Range 1 – 4 per area (maximum Score 20)								
Kindness Compassion and Dignity **SCORE: 3**	Treating People as Individuals **SCORE: 3**	Independence Choice and Control **SCORE: 3**	Responding to Peoples Immediate Needs **SCORE: 3**	Workforce Wellbeing and Enablement **SCORE: 3**				**15/20** **75%**
RESPONSIVE: Score Range 1 – 4 per area (maximum Score 28)								
Person Centred Care **SCORE: 2**	Care Provision Integration and Continuity **SCORE: 3**	Providing Information **SCORE: 3**	Listening to and Involving People **SCORE: 3**	Equity in Access **SCORE: 3**	Equity in Experience and Outcomes **SCORE: 3**	Planning for the future **SCORE: 3**		**20/28** **71%**
WELL-LED: Score Range 1 – 4 per area (maximum Score 28)								
Shared Direction and Culture **SCORE: 3**	Capable Compassionate and Inclusive Leaders **SCORE: 3**	Freedom to Speak Up **SCORE: 3**	Workforce Equality Diversity and Inclusion **SCORE: 3**	Governance Management and Sustainability **SCORE: 3**	Partnership and Communities **SCORE: 3**	Learning Improvement and Innovation **SCORE: 3**	Environmental Sustainability/ Sustainable Development **N/A**	**21/28** **75%**

Overview

We carried out an announced on-site mock inspection The Martlets. The service was most recently inspected by the CQC in January 2022 where it received a rating of Requires Improvement.

The service is registered with the CQC to carry out the following legally regulated service for a maximum of 80 people: Accommodation for persons who require nursing or personal care.

At the time of our mock inspection there were 71 people living at the service. The service is set over three floors. The ground floor supported people with residential needs, the middle floor was dementia care, and the top floor was people who required nursing care. There were gardens surrounding the service which had different themes and seating areas.

Safe

Learning culture: Score 3

We found that the service had an integrated culture of continuous improvement, with an appropriate focus on safety, learning lessons, and staff development.

The service manager showed us how the provider's electronic platform Shaw Healthcare Business System (SHBS) was used to manage incidents, lessons learned, safeguarding, complaints, and other areas. This allowed the service and wider provider organisation to efficiently report, manage, investigate and learn from incidents and concerns. We saw that learning was shared across the provider's home sites.

There was a comprehensive approach to assessing and managing incidents and risks, with events used as opportunities to share learning across staff teams and with individual members of staff. We reviewed dedicated lessons learned logs which included examples which demonstrated proper consideration, communication, investigation, recording, and discussion and dissemination of findings and suggested improvements.

Managers shared and described examples from the last 12 months which clearly demonstrated where process improvements had been made. This included where fall sensor beams were not being reactivated properly during February 2026.

We saw that lessons learned were discussed in staff meetings, including where discussions, actions and outcomes had been suitably documented.

Comprehensive analysis of incidents was provided, leading to recommendations that we saw had been appropriately shared and carried out. Findings were used to drive staff training programmes and as part of staff supervision and appraisal, including where staff were identified as requiring specific and target training or coaching.

We saw that incidents had been monitored and overseen regularly by managers and senior provider staff, with findings shared immediately with staff to support safe care and to manage risks.

Safe systems, pathways, and transitions: Score 3

The service demonstrated a robust approach to safety and continuity of care. This involved ensuring that people saw specialist healthcare professionals or transferred to hospital as their needs required or health condition changed, staff were proactive in their observations and knew people well and would be able to alert management if they felt that people were becoming unwell.

There were safe systems and pathways throughout all aspects of the service. If someone required a referral through to a healthcare professional, this was carried out as soon as health needs dictated. We could see where referrals had been made, and people had been seen in a timely manner.

People had personal emergency evacuation plans (PEEPS) which meant that if they had to leave the service to stay in hospital or evacuated in an emergency situation, professionals could clearly see how they required their care to be met and any underlying health issues.

Safeguarding: Score 3

We found that people were kept safe at the service.
We reviewed staff training logs and found that all staff had received suitable safeguarding training appropriate to their roles.

We spoke with managers and staff at the service, and all were able to properly explain safeguarding principles, including how to recognise different types of abuse, how to report concerns, and how to use the service's whistleblowing procedures if necessary. Staff demonstrated a strong commitment to keeping people safe from abuse and/or neglect.

There was visual information throughout all floor of the service about raising concerns, whistleblowing, and processes to follow for reporting safeguarding concerns, including information aligned with local protocols and partners such as the Council and Police. The service manager and other senior staff told us they had strong, positive and supportive relationships and engagement with the local council's safeguarding team and we saw written documentation to substantiate this. The service operated a hard-copy signing in and out procedure for visitors, and had secure areas protected by numerical codes or locked doors.

The service had clear, comprehensive written safeguarding policies and procedures. These were consistent across the provider's sites, and we saw they had been suitably reviewed and updated on an annual basis, including during the last 12 months. Policies and procedures were available to all staff on the provider's electronic staff portal, and staff we spoke with could describe how they would access these.

We saw examples of where safeguarding incidents and risks had been correctly identified, properly reported, investigated, and the learning shared, including with the wider provider organisation and

with partners. We saw further evidence of where safeguarding concerns and risks had been discussed and properly documented with people living at the service, and with families.

The service maintained comprehensive digital records of safeguarding incidents detailing the concerns raised, investigations conducted, outcomes, and relevant dates. These incidents were suitably integrated with lessons learned processes using the provider's electronic platform. The service manager was able to demonstrate a comprehensive approach to monitoring and tracking safeguarding incidents at suitable stages and could evidence how this was shared with and actioned by the senior provider staff. We saw that safeguarding was discussed during service and wider provider meetings, and was considered as part of the provider's programmes of oversight, audit and governance.

Managers were able to discuss the importance of learning from incidents to support safe care and had appropriate oversight of safeguarding incidents and outcomes. We discussed examples where managers and staff were able to clearly identify risks and associated process improvements that they had subsequently implemented, for example relating to people's falls within the service.

All documentation and evidence we reviewed was appropriately mindful of human rights and discrimination factors.

Involving people to manage risks: Score 2

Risks were assessed, monitored and where possible mitigated. We saw extensive risk assessments throughout the care planning. However, because some people at the service lacked capacity, they would be unable to engaged in managing their own risks and therefore care and support is delivered in people's best interest in the least restrictive way.

We did not find evidence that people who had capacity were involved in managing their own risk and there were no records of this being discussed with people or their families. Two of the care plans we looked at had clear information in the residents smoking and them going to a designated smoking area outside and lighters being kept in the office to reduce the risk of people smoking in their rooms. However, there was no evidence that this had been discussed with people or their families.

Safe environments: Score 3

We found the service to be free from potential risks, with well-maintained premises, grounds, equipment, facilities, and technology. The service had suitable processes for assessing, detecting and controlling actual and potential environmental risks.

We reviewed documentation which showed us that staff ensured the premises, equipment, facilities, and technology supported the proper delivery of safe care, including as part of a programme of daily, weekly, monthly, quarterly, and annual checks. We saw that – for some monthly and quarterly checks – staff had not added the precise day of the month when signing that the work had been carried out. We recommend to the service manager that this was done to support more effective record keeping and governance.

We saw that the service had suitable processes for properly overseeing and managing areas including fire safety, electrical and personal appliances, water and legionella, heating and lighting, building maintenance, medical equipment, furniture, and waste. There were comprehensive records which provided evidence of suitable servicing, maintenance and audits. All required safety certificates were present and correct, and up to date. Managers and staff that we spoke with demonstrated that they understood the importance of maintaining a safe environment to support safe care. Where remedial actions were identified as part of environmental checks, we saw that these were properly addressed in a timely manner.

The service carried out scheduled fire evacuation drills and weekly fire alarm checks which were all suitably documented. The service had designated fire marshals and information relating to this was prominently displayed in the service.

Each person living at the service had a Personal Emergency Evacuation Plan (PEEP), which are designed for emergency situations to facilitate the prompt and safe evacuation of people with disabilities and/or mobility issues. PEEPs were collated and securely in the service's reception area.

We found the service environment to be spacious and free from clutter and obstacles that could lead to potential trip hazards. Lifting and walking assistance equipment was stored securely and safely. We saw that fire exits were clearly signed and free from obstacles. Suitable personal protective equipment (PPE) was available to all staff at various locations throughout the service and on all floors. There were policies and procedures which had been regularly considered and updated to support the safe environment. The service had a suitable business continuity plan which had been reviewed and updated in the last 12 months.

Safe and effective staffing: Score 3

We found that the service had processes and systems to ensure there were enough qualified, skilled and experienced people who were subject to appropriate support and supervision. We reviewed six staff files and found that recruitment practices and activity were robust. This process was initially managed and overseen at provider level to support consistency across the organisation and the service sites, with further recruitment activity carried out by the service's manager and other locally based staff.

We saw there were effective checks to make sure staff were suitably qualified, competent and experienced to carry out their roles. Safe recruitment practices, for example employment history and Disclosure and Barring Service (DBS) checks, were consistently used. Checks for prospective new employees included right to work with the UK, with a minimum of three references (two employment/education and one personal), experience and gaps in employment, and occupational health.

Managers told us that staff levels and ratios were currently suitable for the service, and that these were subject to ongoing review with adjustments made in line with the number and needs of the people living at the service. The service used a dedicated care management dependency tool alongside the provider's electronic rota system. The service manager told us the service operated a rota system

where there would be a 'floating' member of staff on day shifts, who was used to provide support where required and as a dynamic response to changing needs, for example where people required additional support, where visits were taking place, or where there was a new admission. The service used two agencies when additional staff were required to support consistency.

We saw that compliance with staff training requirements was reasonably high, for example mandatory training at 85% and where this was not complete there were suitable reasons for this (for example staff having very recently started in post, maternity leave, and periods of long-term absence). The service manager used the provider's electronic staff training matrix which provided effective oversight of staff training levels across the service.

We found supervision, appraisal, performance management, and staff team meetings processes to be consistent and effective, including proper consideration of equality and protected characteristic factors.

Staff received four supervision sessions per year (quarterly), of which two were designated as formal appraisals. The service followed a suitable staff hierarchy process for this. The four supervision records that we considered as part of our review of staff files all contained detailed records of supportive supervision conversations, and this were linked with evidence based actions and targets for improvement and development. We saw that staff improvement and development was approached in a supportive, collaborative way. Staff inductions included suitable periods of shadowing and buddying. Staff told us that they felt supported and that training was excellent.

Managers and staff told us that staff wellbeing was properly considered, and we saw evidence to support this, for example in team meeting records.

Infection prevention and control: Score 2

We observed the service generally to be visibly clean, and odour free. There was information around the service with guidance on handwashing techniques and the correct use of PPE.

We were not assured that the service carried out all checks to ensure that infection prevention and control was monitored and managed. We found that in bathrooms, three of the clinical waste bins did not have a liner and were dirty with spillage at the bottom. One of the bins had a full clinical waste bag on the top of the bin and the bag contained contaminated waste.

On one of the bathrooms, we found that the flooring underneath the bath had not been cleaned for some time and dust and debris had collected underneath. One toilet had an open top bin rather than the required pedal bin.

The laundry had clearly marked doors with the dirty laundry going into the area for sorting where the washing machines and dryers were positioned and the washed laundry was in a separate room to be ironed and sorted for delivery to the different floors.

We saw that there was a cleaning rota in the kitchen with daily and weekly tasks. The daily tasks were being completed in a timely manner; however, the weekly tasks were not signed off which meant that we couldn't be assured that the cleaning required was being carried out. This was with regard to walls and tiles, fridges, freezers, fat fryer and drawers.

The service employed dedicated housekeeping and cleaning staff who we saw had received training and updates relevant to their roles. The service's senior housekeeper was the designated infection prevention and control (IPC) lead.

There was sufficient stock of PPE and cleaning products which staff knew how to access when required. Control Of Substances Hazardous to Health (COSHH) data sheets were up to date and accessible to staff. Cleaning equipment and materials were securely and appropriately stored.

There was a dedicated hairdressing room which we observed to be visibly clean and tidy.

We saw that all staff had received suitable training relating to IPC, and dedicated IPC audits were conducted quarterly. The most recent IPC audit had been completed in March 2026, with an overall compliance score of 85%. There was an associated action plan for improvements, for example to train staff in relation to appropriate donning and doffing of PPE.

The service had suitable, comprehensive policies and procedures relating to IPC which had been regularly reviewed and updated, including within the last 12 months.

Medicines optimisation: Score 3

The service had effective systems in place to ensure medicines and treatments were managed safely and in line with people's needs, capacities and preferences. We found that if the audits carried any actions forward this automatically went onto the service improvement plan and was actioned by the registered manager or clinical lead.

We saw that the fridge containing medicines was kept locked and the temperature taken twice daily also the temperature of the room where medication was stored. The sharps bin was dated when opened as per Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

An electronic medicines administration record (eMAR) system was used, which the clinical lead monitored daily to ensure medicines were administered as prescribed. Records and audits reviewed during the inspection showed medicines were given safely. Staff completed medicines training, and their competency to administer medicines was assessed where required.

EMARs accurately recorded whether medicines were administered, refused, missed or already taken. These arrangements helped ensure people received their medicines safely and consistently.

Effective

Assessing need: Score 3

We saw evidence where needs had been assessed prior to residents being offered a place with the service. Residents' needs were assessed and then ongoing monitoring was taking place. Staff knew the residents well and reported through anything which they felt may need further attention. We could see that people had their care plan updated as needs changed and the manager was proactive in recording and reporting making the care plans live documents.

The electronic care planning systems enabled information to be responsive and give prompts and warnings when care interventions had been late or omitted which allowed the service to be effectively monitored and managed. The service was responsive to people's changing needs and staff knew people well and alerted management if there were any concerns or further interventions required.

Delivering evidence-based care and treatment: Score 3

The provider planned and delivered people's care and treatment with them, including what was important and mattered to them. We looked at a biography in the care planning which highlighted their life, including people who were important to them, their children and information on their social time and working life.

The provider ensured people were told about current good practice relevant to their care and were involved in how this was reflected in their care plans. People's nutrition and hydration needs were met in line with their needs and some had healthcare professionals involved if they had been given special diets due to healthcare needs or dysphasia.

The provider used a digital care planning system to manage care plans and roster staff. Care plans were developed for each identified care need and staff had guidance on how to meet those needs.

How staff teams and services work together: Score 2

The provider worked with relevant professionals to support people's health, care and wellbeing. Where required, external professionals were involved, and staff had access to people's care and support plans to understand their needs and deliver care accordingly. Staff recognised the importance of sharing information in a timely way to support people to live healthier lives.

Staff told us communication within the service was generally effective and that systems were in place to share information. We spoke with an Advanced Clinical Practitioner who carried out the ward round at the service each Tuesday and they told us that the service had made significant improvements. However, they did say that communication could be better and not all information was effectively disseminated to the care staff.

This was discussed with the registered manager as an area for improvement to strengthen team working and ensure consistent communication and oversight across the service.

Supporting people to live healthier lives: Score 3

We observed that people were engaged in activities and outings which supported people's wellbeing and health. We saw evidence that residents were actively engaged in discussions about their health and wellbeing and overall being encouraged to maintain and improve mobility and eat healthily. Relatives told us that people were encouraged to take part in activities to maintain their mobility.

Food was fresh and prepared on the premises, we were told that residents were engaged with regarding menu choices and preferences. We observed that activities were available and offered both spontaneous and planned opportunities for people to participate in activities that were meaningful to them and that promoted their health and mental wellbeing.

Monitoring and improving outcomes: Score 2

We saw that there was a mention of outcomes focus within the case studies we were shown. However, this would benefit from being the basis of the care planning where people's desired outcomes were captured and how staff could support people to achieve their outcomes. We talked with the management about people's achievements and how people were supported to have good outcomes, however this did not form the basis of the care planning process.

We saw though the case studies that the service had success with improving the lives of people living at the service and staff were engaged and involved. However, this needed to be embedded in the care planning to evidence people's achievements and staff supporting them. The registered manager, deputy manager and clinical lead were clearly engaged and involved in improving the service and talked about being outcome focussed but this did not translate into tangible evidence.

Consent to care and treatment: Score 2

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

However, we did not see evidence of consent for people who had capacity or their involvement in their care planning. We mentioned this to the deputy manager who told us that this would be addressed and consent forms would be uploaded onto the care planning platform.

Caring

Kindness, compassion, and dignity: Score 3

People were treated with kindness, empathy and compassion, and their privacy and dignity were respected. Staff told us they ensured people's dignity was maintained when providing care, particularly during personal care tasks. They described how they gained consent, explained what they were doing and took steps to protect people's privacy, such as covering people appropriately and ensuring care was delivered discreetly.

These practices demonstrated a person-centred approach and supported people to feel respected and valued. Staff were passionate about their work and told us that the team worked well together for the benefit of those living at the service. We saw some very kind and caring interactions during our visit and relatives could not speak highly enough about the staff and how their loved ones were cared for at the service.

We observed that all personal care and associated tasks were conducted in people's own spaces where appropriate levels of privacy and dignity were maintained. The service had a wide range of large and small rooms, including quiet areas, which supported privacy and calm. We saw that visitors to the service were treated respectfully and courteously. Feedback from relatives demonstrated that visitors were satisfied with and complementary about the kindness and compassion they had received.

We saw that staff treated visitors to the service and each other with professionalism, respect and kindness. We saw that information about people was treated confidentially, and that staff respected people's privacy.

Treating people as individuals: Score 3

The service made clear efforts to recognise and respond to people's individual needs, preferences, and backgrounds. Care plans included detailed personal histories, such as family relationships, work experiences, and cultural identity, and staff spoke confidently about people's protected characteristics under the Equality Act 2010.

We spoke with staff and management, and it was clear that they knew people well and how they liked to receive their care. We observed interactions during our visit and people were spoken to kindly and were engaged in a way that they preferred. Activities were taking place during the day, and people were engaged and involved as they wanted to be as staff were aware of their preferences. We saw in care planning that they had the person's name and how they liked to be addressed which was important to them.

Staff demonstrated patience and understanding whilst promoting independence, for example encouraging people to move around areas of the service ways which were comfortable for them. Each person was treated with respect and engaged with as an individual, with their autonomy and decision-making respected. We saw staff engage with people without making assumptions, and staff gave

people opportunities to make and change their decisions, for example at mealtimes and during activities.
The service promoted flexible visiting times.
The service had a process where people could use an area outside their room which could be used to display photographs, keepsakes, mementos, and other personal items of significance to them. Staff told us that these items had been chosen by people and their relatives.

Independence, choice and control: Score 3.

We saw that people were given choice and control in their activities, meals, and drinks, with staff providing clear information relating to choices and alternatives. There was a wide range of films, books, magazines and games available for people and their visitors to use.

We saw evidence of suitable and detailed risk assessments and care plans to promote and encourage maintenance of independence in relation to activities within and outside of the service. There were adequate supplies of suitable equipment to support and maximise outcomes and independence, and records indicated that these were properly maintained and checked for safety.

We saw that people were able to meet with others who were important to them (including family members and friends), both inside and outside the service environment. This included visitors to the home.

Responding to people's immediate needs: Score 3

The service demonstrated a responsive, calm, and compassionate approach to meeting people's immediate care needs. During our visit, staff were visibly present in communal areas, including lounges and dining spaces, offering support and reassurance as needed. Their attentiveness contributed to people feeling safe and well supported.

We observed lunch being served and staff were serving food whilst asking if people required further support. Some people changed their minds regarding their choice of food and staff just exchanged the meal ensuring that they had what they needed and wanted.

During our visit we observed incidences where staff responded quickly when people required urgent help or support, for example if they appeared to become distressed or needed help mobilising around the service.

Workforce wellbeing and enablement: Score 3

Managers and staff that we spoke with told us there was a positive, supportive culture at the service and that their wellbeing and support were properly considered.

Throughout the day we observed staff to be working collaboratively and in a mutually supportive way. We saw evidence of supervision sessions, appraisals and team meetings which included a focus on staff wellbeing and support. Staff views were addressed as part of supervision sessions and appraisals, as part of staff meetings, and as part of formal survey and feedback processes.

We spoke with four staff members who all told us that they were well supported within their roles, and they enjoyed working at the service. One staff member told us, "The team work really well together and we are supported, I am currently doing an NVQ level 3 and have chosen the mental health pathway, I don't want to progress I'm really happy with what I'm doing.'' Another staff member told us that they had regular supervisions and an annual appraisal, communication was always open and honest and that they were able to go to management with any issues regarding work or their personal circumstances and they knew they would receive the support they needed.

Staff files showed examples where staff were provided with targeted support to increase their skills and confidence, including for new staff and where areas of underperformance or other concerns had been identified. Staff training, including virtual training sessions, was conducted in protected work time with no expectation that staff should complete any training in their own time.

We saw evidence that staff were able to have suitable, regular breaks and access to appropriate rest areas. Staff were supplied with a range of benefits and support from the provider, including wellbeing and counselling services and financial benefits such as retailer discounts.

We saw that the service provided additional support for staff where appropriate, including for those with caring responsibilities or experiencing ill health.

The service provided an anonymous food bank service for staff. The service manager told us this was because they and other senior colleagues recognised current and recent financial pressures and wanted to try and support staff where they could.

Responsive

Person centred care: Score 2

Care at the service was largely designed around individuals' needs and preferences. Initial assessments captured personal histories, physical health conditions, and characteristics protected under the Equality Act 2010. Residents described feeling respected and supported in their routines, and we observed staff seeking verbal consent before delivering care.

However, we found there to be notable gaps in documentation and structured review processes. Support plans did not consistently demonstrate how people and their relatives were involved in planning or evaluating care. Personal outcomes were not routinely tracked or updated. While staff described one-to-one outings with people, there was no written evidence showing how these were selected, tailored to preferences, or reviewed over time. For example, we were told that one person had a diabetic team in for a review every two weeks and that they had success in taking readings from their Libre (Diabetic Sensor) this allowed them to monitor their blood sugar. The person favoured having an evening snack which caused his blood sugar to spike, and closer monitoring allowed staff to support him continuing to enjoy a snack before bedtime. This was a breakthrough and one that supported a good outcome, but this was not reflected in the care planning.

During our visit we observed staff to be consistently following a person-centred approach in their interactions with people, including provision of reasonable adjustments relating to nutrition, hydration, activity, and the physical environment. We saw evidence of activities provided for people, which were tailored to and assessed for their individual needs. This included engagement with staff, exercise, offsite visits and activities, and creative pursuits such as art and music.

Care provision, integration, and continuity: Score 3
Staff understood the needs of people that they were supporting and ensured that they worked from the initial introduction on a way of supporting them which was holistic and empowering to ensure good outcomes. We saw that there was information in care planning on other professionals involved in people's health care needs and staff were confident to contact health professionals for advice and support if necessary.

Continuity of care was supported by external visitors to the service, including a GP, the local mental health team, district nurses, and other professionals such as speech and language therapists and falls prevention professionals.

An Advanced Clinical Practitioner (APC) carried out a ward round each Tuesday, and they told us that the service had made significant improvements. However, they also said that communication could be improved when it came to sharing information and instruction. They went on to tell us that the service was very caring and telephone calls to the surgery had reduced over time and when they did have cause to phone, it was relevant and timely. The APC had sent an email regarding one person living at the service, which praised the staff and management about supporting the specific diabetic requirements stating that every staff member had been professional, interested and committed to fulfilling their duties in the best way they can.

Relatives told us that they were updated regularly on things which were important to them and that they had a good relationship with staff and management.

Providing information: Score 3
The service supplied appropriate, accurate and up-to-date information in formats that were tailored to individual needs. There was comprehensive information available including hard-copy information leaflets in the reception area and other areas throughout the service.

Information was provided in a variety of formats, including text, pictures, symbols, and by using objects of reference in line with the Accessible Information Standard (AIS). The AIS is a legal requirement for organisations providing health or social care services which aims to ensure people with disabilities, impairments, or sensory loss receive information in formats they can understand.

We saw that all residents had an accessible information care plan and this considered people's communication needs and if they required information in an accessible format such as large print or pictorial formats. Information on notice boards were mainly in larger print with picture celebrating different activities and a board which contained information on employee of the month so that residents, relatives and staff could see how this had been achieved.

Staff we spoke with were able to demonstrate examples of how they communicated with people based on their individual needs. This included how and where they spoke with people, and how they interpreted people's responses and requests including how these had evolved over time.

Information about people we reviewed followed data protection legislation and other legal requirements and was handled in accordance with these requirements.

Listening to and involving people: Score 3

People were listened to and involved in all aspects of their care and support. Relatives told us that they had regular discussions with staff and management and felt that they were kept informed, and they were involved in decision making and best interest meetings where this was required. We could see staff listening to what people wanted and they were patient and caring throughout. Relatives told us that they had a good relationship with staff and management.

The service made it easy and convenient for people to share their views and ideas in ways that suited them. There were dedicated provider policies and procedures for complaints, compliments and provision of feedback.

We reviewed feedback and complaints submitted to the service, and we found the majority to be complimentary. This included feedback from people living at the service and their families. The service maintained records for complaints, compliments and other feedback and these were overseen by service and provider managers to promote consistency and thoroughness.

The service used its SHBS electronic platform to log and manage feedback (including complaints and compliments). At the time of our mock inspection, the service had received one formal complaint within the last 12 months which we saw had been appropriately addressed and managed.

Equity in access: Score 3

The service aimed to ensure that people could access the care, support, and treatment they needed in a timely and appropriate manner. Care records showed that people were supported to engage with a wide range of external healthcare professionals, including general practitioners, mental health teams, therapists, and emergency services.

We spoke with relatives during our visit and one person told us that the care was tailored to people's individual needs and the service was responsive with contacting appropriate healthcare professionals should they require it. People were assessed prior to living at the service to ensure that they were able to meet their needs and preferences.

Equity in experience and outcomes: Score 3

People were treated well and all had equality of opportunity. Staff and management listened to what people wanted to do and worked with external agencies to ensure that they were able to achieve what they wanted to these included activities they were interested in and enjoyed.

Staff were aware of equality and diversity and had received training the service embraced people as individuals and tailored care to their needs and preferences. People told us that they felt safe at the service and enjoyed living in an environment where they were encouraged to be individuals.

One relative told us, '[name] was looked after in here originally and received excellent care that met their needs and they were so good that, although the service is a good distance from home which limits more frequent visits, it was the first choice when it came to [name's] care.' They told us that people were treated as individuals and care was person centred.

Planning for the future: Score 3

We looked at seven care plans and saw that there was end of life care planning. The care plans were detailed and showed if people had funeral plans in place and went into detail regarding what they would like at the end of their lives. Some of the advanced directives were more detailed than others and we saw that one had information on a person's legal representation as well as information on a funeral plan.

Not all people or their relatives want to speak in detail regarding planning for the end of their lives but in cases where they didn't, we could see that the service had information which was relevant so that staff had some guidance should people suddenly become very unwell.

Well-led

Shared direction and culture: Score 3

The service and wider provider organisation had an overarching vision, which was to "deliver the quality of care that we would want for our loved ones in a safe and caring service at the heart of the community." There was an accompanying set of values - wellness, happiness, and kindness – which were used to underpin interactions with residents, employees and the wider community. The service operated an employee-owned model.

We saw that the service manager and other senior staff consistently worked to promote these principles through, for example, staff meeting minutes, policies and procedures, and supervision records. There was evidence of where strategic provider engagement provided support for the service, for example in relation to quality assurance, policy and procedure creation and updates, and governance of activity and quality.

We saw examples where the service had used mechanisms to ensure people who lived there, families, staff, and partners could collaborate and contribute to the service's direction. This included residents' meetings and mechanisms for gathering feedback such as the surveys as described above.

Managers and staff that we spoke with demonstrated pride in working at the service and were able to describe the principles and priorities they worked towards. Staff also told us they felt supported and that there was an open, collaborative culture with a focus on continuous improvement.

Training records we reviewed and staff we spoke with demonstrated that staff had a suitable understanding of equality, diversity and human rights, and evidenced how they prioritised safe, high quality and compassionate care.

Capable, compassionate, and inclusive leaders: Score 3
Senior staff at the service demonstrated suitable experience, capacity, capability and integrity to properly understand the context in which they delivered care, treatment and support whilst embodying the vision and values of the service and provider organisation.

All managers and staff that we spoke with displayed commitment to the service, the residents, and their colleagues. Managers and senior staff were able to demonstrate inclusivity and an understanding and appreciation of suitable care delivery and associated risks to this.

We saw examples of where supportive performance management processes had been used. This included informal and formal performance management processes where needed. Managers were able to demonstrate a structured and evidence-based approach to managing poor culture or poor performance and there was evidence of high quality, detailed recording where this applied, including setting actions and targets for improvement.

Staff were encouraged in their development. We saw examples where staff (including those recruited recently) were supported with training, guidance and mentoring to enhance their skills, performance and confidence. Staff were allocated 'champion' status across a range of areas which managers told us promoted learning, development, accountability, and confidence.

There was evidence of the service and provider demonstrating appreciation to staff, including an employee of the month initiative.

The service manager and other senior staff told us that the provider's senior managers were approachable, knowledgeable and supportive.

Freedom to Speak up: Score 3
We saw that the home had a culture and accompanying processes which supported and encouraged staff, people living at the home and others to speak up.

The home manager told us they had an 'open door policy' and we saw evidence of this throughout our mock inspection. We observed managers and senior staff to be highly visible and frequently engaged with staff, people living at the home, and visitors.

We saw examples of where meetings and one-to-one sessions had taken place where staff were encouraged to provide their views. We also saw evidence of where staff views had been documented and acted on, including as part of incident and risk review processes.

Staff we spoke with told us they would feel able and comfortable in raising any concerns they had. The home had a suitable whistleblowing policy in place with information around the home referring to this and which all staff we spoke with were aware of.

The home had a designated Freedom To Speak Up (FTSU) guardian staff representative, and three dedicated mental health first aiders. The home manager told us that mental health first aider process was being expanded by the provider, with additional staff to be trained.

Workforce equality, diversity, and inclusion: Score 3

We saw evidence that the service valued diversity in its workforce. This included by working towards an inclusive, fair culture for people working there. Managers told us there were fair and equitable recruitment and promotion policies and we saw documents to support this as part of our evaluation of staff files.

We saw evidence of where staff members' personal circumstances had been considered when shift patterns had been allocated, for example for those with caring or other responsibilities. The provider had a policy and accompanying procedures to support flexible working hours requests, for example.

Staff we spoke with demonstrated suitable awareness of equality, diversity and inclusion principles, and told us they were treated fairly. Staff files and other documentation demonstrated that the service had understood and considered relevant factors including protected characteristics and reasonable adjustments as part of recruitment and supervision arrangements.

Governance, management, and sustainability: Score 3

We saw evidence of accountability and proper governance. Managers and senior staff used detailed and timely information to promote and deliver safe, high-quality care. This included acting on and sharing the best available information about risk, performance and outcomes in relation to areas including care provision, risk assessment and management, and medicines optimisation.

We saw that managers and senior staff took a proactive approach to governance, for example by upskilling staff and assessing their competence, and by carrying out regular, detailed audits and preventative actions in relation to premises safety and infection prevention and control.

The service's governance framework ensured the service operated effectively and to a set of prescribed standards. This included a programme of meetings (including those dedicated to quality improvement), audits, incident and risk management processes, effective use of evidence-based action planning, and a systematic approach to learning and improvement. Risks, learning points and actions were shared across the provider's service sites (for example during manager's meetings) to support learning and improvement.

We found all policies, procedures, risk assessments, action plans and other associated documentation to be suitable and being used appropriately to drive improvements. Documents were suitably reviewed and updated, with evidence of proper version control, approval and sign-off.

We saw evidence that managers and senior staff were continually checking that people were supported appropriately, staff were carrying out their roles properly, and that the premises and equipment were safe and fit for purpose. We saw that any issues or concerns identified were addressed within a suitable time frame.

Managers and senior provider staff demonstrated a clear understanding of their responsibilities and were knowledgeable about how to comply with reporting and notification requirements, and legal regulations.

Managers and staff demonstrated openness and honesty with people living at the service and their families when things went wrong with their care and provided them with a suitable apology following investigation. Complaints and feedback were continually reviewed and used as an opportunity to drive improvements throughout the service, including being considered as part of ongoing lessons learned processes.

Partnership and communities: Score 3

We saw evidence that the service had engaged with the wider community, including participation in local events and groups.

We observed that the service provided a wide range of activities and events for people and their relatives, including events held on-site. We saw that there was ongoing engagement with a neighbouring children's nursery.

Other local organisations and bodies we saw the service had engaged with during the last 12 months included a local church and the Women's Institute (WI).

Staff told us they could make referrals to health and social care professionals. Staff and family members that we spoke with confirmed that relevant health and social care professionals were involved with people's care, and people's care records and documentation supported this.

Learning, improvement, and innovation: Score 3

We found that the service was focused on learning and improvement, including by working to dedicated and comprehensive improvement and action plans.

We saw that people living at the service and their families were involved in providing feedback and making suggestions from surveys, submitted feedback forms and meetings. This information was collated and considered as part of driving improvements.

We saw from meeting notes and staff supervision sessions that the service identified and used information as opportunities to address concerns and support improvement. This was supported by documented action and improvement plans.

Managers and staff that we spoke with demonstrated a willingness to learn and improve and could cite examples of where this had taken place, for example in relation people's risk management.

Each of the provider's home sites, including this service, had a staff representative who attended meetings with the provider's Chief Executive and other senior colleagues, with the aim of identifying and driving improvements.

Environmental sustainability / sustainable development: Score N/A

In line with current CQC methodology we do not currently assess this area.