

Interhaze Limited

Sebright House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service:

Sebright House Care Home is registered to provide nursing care for up to 40 elderly people whose primary care needs stem from dementia. The home has five beds contracted for 'discharge to assess' (D2A). People are placed in the home for six weeks under the D2A scheme and within that period they are either discharged home with a care package or discharged to a more appropriate care setting. There were 33 people living in the home at the time of our inspection visit.

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

Since our last inspection the registered manager had focussed on improving the home and quality of care provided. More robust auditing and checking systems had driven improvements in many areas, but audits of the environment had not identified some issues which could impact on people's safety. The registered manager was responsive to feedback to improve service provision and was working towards an action plan to maintain the momentum for improvement.

The management of individual risks associated with people's care had improved but needed to be consistently reflected in risk management plans. There were enough staff with the appropriate skills, knowledge and experience to effectively and safely meet people's needs. Staff had a good understanding of abuse and how to keep people safe. Medicines were managed in a safe way and staff followed good hygiene practices to minimise the risks of infections spreading.

Staff received training and support which helped them keep up to date with current practice and were encouraged to complete external qualifications to enhance their confidence. People's nutritional and hydration needs had been identified and assessed and they were encouraged to eat and drink enough to maintain their health. People's healthcare was monitored, and health professionals were involved where necessary.

Relatives spoke of a supportive and caring staff team who took time to understand people's individual needs. Staff had a caring approach which was patient and non-discriminatory. 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.

Improvements had been made in care plans to ensure they were more reflective of people's individual needs, preferences and lifestyle choices. Staff had a better understanding of their role in meeting people's social needs. They engaged people in activities they had an interest in, to make them as meaningful and stimulating as possible.

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 last rating for this service was requires improvement (published 21

March 2019) and there were two 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Sebright House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and a specialist nurse advisor.

Service and service type

Sebright House Care Home 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 was unannounced.

What we did before the inspection

We reviewed information we had received about the service since they registered with us. This included notifications of important issues such as serious injuries. We sought feedback from the local authority and health professionals who work with the service such as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed 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. This information helps support our inspections.

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 one nurse, the clinical lead, a care practitioner, two care assistants and the chef. We also spoke to the registered manager, two area managers and a visiting healthcare professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and induction. 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 also received further information from one healthcare professional who regularly visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe to provide assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe Care and Treatment). At this inspection improvements had been made and the provider was no longer in breach of regulation 12, but further requirements were still required.

- The management of risk associated with people's care had improved. Staff had a better understanding of their role in managing risks connected with people's health and wellbeing.
- Where risks had been identified, risk management plans were in place and were accessible to staff. For example, people at risk of skin damage were provided with pressure relieving equipment and repositioned at intervals appropriate to their level of risk. Records confirmed people were re-positioned at the frequency described in their care plan.
- Previously staff had not always used safe moving and handling techniques. At this inspection we did not identify any concerns around staff practice when supporting people to transfer or mobilise.
- At our last inspection we found risks in the environment the provider had not identified or minimised. At this inspection we found some improvements had been made but further improvements were still required. For example, people at Sebright House were living with dementia, confusion and anxiety. On the first floor of the home some window restrictors did not meet health and safety requirements which put people at risk if they attempted to climb out of the windows. In one bedroom the rope on the sash window was broken which could have caused injury to the person if they tried to open it. The door to a cupboard containing very hot pipes was accessible to people.
- Following our last inspection, the provider had attached wardrobes to the wall to eliminate the risk of people pulling them over. However, we found the attachments were not robust enough and in one case had already come away from the wall which meant the risk remained. Following our inspection, the registered manager sent us an action plan to address these environmental risks.
- Each person had a personal emergency evacuation plan (PEEP) which reflected the support they would need to evacuate the premises.

Using medicines safely

- The provider used an electronic system for the management and administration of medicines for people who lived permanently in the home. The system supported safe practice in medicine administration and ensured people received their medicines at the right time.
- Where people were prescribed medicines to be given 'as and when required', there was information to

inform staff when these should be given. Staff recorded the effectiveness of such medicines once they had been administered.

- Improvements had been made in the management of topical medicines and medicines given by a patch applied directly to the skin. There was a system of daily recorded checks to ensure patch medicines remained in place.
- Staff received training in safe medicines management and the provider's medicines procedures and felt confident following these. However, handwritten amendments to the medicine records maintained for people on 'discharge to assess' beds were not always countersigned by a second member of staff in accordance with NICE guidelines to confirm their accuracy.

Preventing and controlling infection

- At our last inspection we found some areas of the home were not clean. At this inspection improvements had been made. The home smelt clean and fresh and there were no unpleasant odours.
- Bathrooms and toilets were cleaned regularly, and staff followed good hygiene practices in order to minimise the risks of infections spreading. Personal protective equipment such as plastic gloves and aprons was readily available and there was plentiful supplies of hand wash and sanitiser.
- The provider was closely following and complying with public health guidance on Covid-19 and supporting staff to ensure delivery against this guidance.

Staffing and recruitment

- There were enough staff with the appropriate skills, knowledge and experience to effectively and safely meet people's needs.
- Staff maintained a presence in all communal areas to monitor people's physical and emotional wellbeing. One relative commented, "There always seems to be plenty of staff and the numbers are good. Each area is monitored well and there is always a member of staff in each room."
- Staff spoken with confirmed that staffing levels enabled them to be responsive to the changing and fluctuating needs of people living with dementia. One staff member commented, "I think there are enough staff here. If people call in sick, they will cover it with other staff. Sometimes it can be busy, but we generally have time to spend with people."

Systems and processes to safeguard people from the risk of abuse

- There was a relaxed and calm atmosphere within the home and relatives were confident their family members received safe care. One relative explained, "I never worry about the care and treatment. I genuinely mean that because [Name] is very safe here. Staff turnover is low, so you build up that trust."
- Staff had a good understanding of abuse and how to keep people safe. They knew what action they needed to take if they had any suspicions or concerns people were at risk of harm or discrimination. One staff member explained, "I haven't seen anything here that I have been uncomfortable with, but I would speak up. I have had training and know my responsibilities."
- Staff told us they would not hesitate to report any poor practice by other staff such as poor moving and handling techniques.
- The registered manager understood their responsibility to report any safeguarding concerns to the local safeguarding authority and to us.

Learning lessons when things go wrong

- The registered manager had a system in place to record incidents and accidents.
- Improvements had been made to ensure risks were reviewed after incidents and accidents to ensure risk management plans continued to be effective.
- Any learning identified following analysis of accidents and incidents was shared with staff through extra

training and individual or group meetings.

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

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

- People's needs, and choices were assessed, and they received care and support in line with standards, guidance and the law.
- The registered manager regularly reviewed people's care records so any changes in support needs could be identified and planned for.

Staff support: induction, training, skills and experience

- Staff told us their training was effective and helped them keep up to date with current practice.
- Some people could put themselves or others at risk of harm if they became anxious or upset. Staff had received training to enable them to support people effectively and safely at such times.
- Relatives commented positively on the ability of staff. One relative told us, "Here the staff just know how to deal with the behaviours expressed by people who have [Name's] condition. It is in their character and must come down to the training they have."
- Good oversight of training was maintained by the registered manager with clear reminders provided for staff when mandatory training needed to be repeated.
- New staff completed an induction into the service which was linked to the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff.
- The registered manager encouraged and supported the staff team to complete external qualifications in health and social care, to enhance their confidence and competence within their role.
- Staff were provided with support through supervision meetings and observations of practice.

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

- There was a relaxed atmosphere at mealtimes and there was a choice of three dining areas for people to choose where to eat their meals. Some people chose to eat their meals in their bedrooms.
- People were provided with a variety of meal options which had been prepared at one of the provider's other locations known as 'the central kitchen'. Meal options were shown to people to enable them to make choices about what they wanted to eat.
- People had enough to eat and drink. There was a drinks station in every communal lounge which had a variety of 'mocktails' (non-alcoholic cocktails) available to encourage people to drink more. Fortified milkshakes and smoothies were also encouraged if people were at risk of losing weight.
- People's nutritional and hydration needs had been identified and assessed and were understood by staff. For example, some people required a pureed diet, and this was followed by staff.

- A healthcare professional expressed confidence the service was managing people's nutritional needs well and explained some people had been discharged from their service due to increasing their weight. They told us, "The nutritional assessments are thorough, and we get the information we need. I find that by the time we see people, our first line of advice has been followed such as fortifying foods for example."

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.

- The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. Where they had reason to question a person's capacity to understand information related to their care and support, their care plans included a mental capacity assessment relating to the decision that needed to be made.
- For complex decisions that involved a lot of information to consider, the registered manager had arranged best interest meetings. A best interest meeting had been held for one person which included people who represented different aspects of the person's health and wellbeing.
- One relative told us they were confident the registered manager ensured staff worked in the least restrictive way possible because they regularly reviewed people's medicines. They told us, "I think [registered manager] and the GP encourage people not to be on so many medications because they say they don't want to sedate people."

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

- People's healthcare was monitored, and health professionals involved where necessary. For example, one person could demonstrate behaviours that put them at risk when they became anxious. The person had been referred to a mental health occupational therapist who had advised staff on strategies to reduce and manage these episodes.
- One healthcare professional told us, "All the staff that I have had any contact with have been very pleasant and keen for my thoughts and help."
- Records showed people were supported to attend routine health appointments to maintain their wellbeing such as the dentist, chiropodist and optician.
- The registered manager was aware of the best practice guidance set out in the CQC "Smiling Matters" document of June 2019. There were formal oral health assessments in the care records which detailed what support people required to maintain their oral health.
- The provider followed a 'red bag policy'. This meant in the event a person had to be admitted to hospital, documents which informed other health professionals about the immediate risks to the person's health and wellbeing were sent with them.

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

- At our last inspection we found the environment did not meet the needs of people living in the home. At this inspection we found improvements had been made and the environment was much brighter and more welcoming.
- Improvements had been made to the layout of the communal lounges. This had not only reduced the number of falls in the home, but also had a beneficial impact on people's emotional wellbeing. The area manager explained, "Now people are in the area of the home which suits their mood and their needs. If they want to be quieter, they are in this area of the home. If they want to walk around the home more, they are in the other lounge where there is more room to move."
- Improvements had been made to make the environment more dementia friendly and help people orientate around the home. Walls in some areas were painted in bright colours with contrasting doors so people could differentiate between the two. However, the home lacked directional signage to support people to move around the home independently and find communal areas. The registered manager told us improvements to the environment continued to be a work in progress.

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

- Relatives spoke of a supportive and caring staff team who took time to understand people's individual needs. One relative commented, "It isn't a posh home but there is a lot of love in the home. Staff genuinely care about people." Another relative told us, "The homely feel starts from the door. Whoever answers always has a smile."
- Relatives told us there was a consistent staff team which provided them, and their family members, with the reassurance of having familiar faces around them. One relative told us, "All of the carers in here today, I could honestly say have been here since [Name] moved in. I know all the staff by name." Another relative said, "Continuity of staff is so impressive, you always see the same staff."
- One relative told us their family member had recently passed away. They explained how staff had helped them to make special memories saying, "With staff support I danced with [Name] to the singer on Father's Day. It just so happened it was the song he used to sing to me as a child. I will cherish it forever." The relative continued to feel welcomed in the home and visited regularly.
- Special occasions and birthdays were celebrated. One relative told us, "They celebrate birthdays for everyone. They have banners and cakes. No one seems forgotten."
- Managers and staff understood the importance of promoting equality and human rights and had a caring approach which was patient and non-discriminatory. One person's illness meant they frequently used language which was disinhibited. Staff responded with reassurance and politeness at all times.
- One relative told us staff worked at people's pace and explained, "I watched staff with [Name] when they didn't know I was there. [Name] was so slow but the staff were so patient with them."
- Improvements had been made to ensure people felt cared for within their environment. There was a refurbishment programme in place and changes to the arrangement of the communal areas had made them much brighter and more welcoming. One staff member told us, "The families love the new environment. It is much safer and more comfortable."
- There was more encouragement for people to personalise their bedrooms and make them their own. However, the registered manager acknowledged this was still a work in progress as some bedrooms still remained basic with minimal decoration.

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

- Staff enabled people to express their views about their daily lifestyle choices. For example, one person felt more comfortable sitting on the floor and spent most of their day doing so. Staff supported this person's preferences and joined them on the floor when providing the care, support and engagement the person needed.

- Relatives felt involved and consulted to use their knowledge of people to assist with decision making. The registered manager had started to formally record these conversations in regular review meetings. One relative told us, "We reviewed [Name's] care plan a few weeks ago. We sat for an hour and went through the whole thing. I am fully involved with their care needs."
- Relatives told us communication between themselves and staff was good. One relative told us, "[Name of staff member] is brilliant and keeps me up to date with any changes."
- Where a need was identified the registered manager ensured people had access to an independent advocate to ensure they received the care they preferred.

Respecting and promoting people's privacy, dignity and independence

- Staff understood their role in promoting people's dignity and had taken time with people's personal appearance. One staff member explained, "We always knock before we enter a person's room. Some residents can quickly get undressed and show their underwear, we use small blankets to protect their dignity."
- The registered manager understood some people needed private time and encouraged staff to recognise and respect this.
- Staff encouraged people to do things for themselves to ensure they remained as independent as possible. For example, we saw some people managing their own food and drinks with staff providing minimal support as required.

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 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

- At our last inspection we found care plans were very problem orientated rather than enabling and focusing on maintaining skills and independence and ensuring people kept their own personal identity. At this inspection we found improvements had been made to ensure care plans were more reflective of people's individual needs, preferences and lifestyle choices.
- The registered manager told us, "We implemented resident of the day, which helps us look at every aspect of the individual's needs, but most importantly to review the needs and make the necessary changes to the care plan." Regular reviews ensured all aspects of people's care was considered from their point of view.

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.

- Care plans contained information about people's preferred methods of communication and described how staff should engage with people to ensure they provided responsive care. This included any equipment people required to support their understanding such as hearing aids or glasses.
- Staff understood and were able to respond to people's different communication methods such as facial expressions and body language.

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 offered opportunities to join in activities within the home. These included Tai Chi, art creatives and musical sessions.
- However, the registered manager recognised some people living with dementia did not experience the full benefits of group activities, particularly if they had difficulties communicating. Staff used their knowledge of people to engage them on a one to one basis in activities they had an interest in, to make them as meaningful and stimulating as possible. For example, one person had a beautician to do their nails on a regular basis. Another person liked to have their newspaper read to them every day. Their care plan recorded that this had the most therapeutic effect if it was done at specific times of the day.
- We saw staff used activities to support people's emotional wellbeing. One person was very anxious and became vocal towards other people. The person became more relaxed and engaged with others when staff encouraged them to join in a karaoke session. The registered manager explained, "We have raised

awareness among staff that activity is everybody's responsibility and we should do what each individual likes to do."

- The provider had recently invested in a 'Magic Table' which had been developed for people in the moderate to severe stages of dementia. It is an interactive light game which projects bright and colourful images on to a table top with associated sound effects. The images respond to hand and arm gestures by moving around the table and encourage physical activity and social engagement. We saw this being used by people during our inspection visit.

End of life care and support

- Staff worked with other healthcare professionals to support people at the end of their life to stay at Sebright House if they wished to do so.
- People had end of life care plans in place which ensured they received the appropriate care to manage their symptoms. However, the registered manager acknowledged they needed to seek people's views about for example, their spiritual or cultural needs during their final days. They recognised this was an area for improvement.
- We spoke with one relative whose family member had recently received end of life care at Sebright House. They told us, "[Name] died in the best possible place and I cannot thank the staff enough for the wonderful care and love they showed them and us."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and information on complaints was located in the reception to the home.
- The registered manager had received one formal complaint in the 12 months prior to our inspection visit which had been managed in line with the provider's complaints policy.

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 requires improvement. At this inspection this key question has remained the same. This meant that whilst some improvements had been made, the service management and leadership needed to ensure improvements were maintained to support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support

At our last inspection the provider had failed to have robust and effective quality assurance systems. A lack of effective management and monitoring put people at risk of poor care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good Governance). At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17, but further improvements were still required.

- Improvements had been made to governance and oversight systems to ensure the provider was mitigating risks to people in relation to their care. The provider had introduced an audit schedule which clearly indicated how often and when each audit should be completed which the registered manager was working in accordance with.
- We saw how more robust auditing and checking systems had driven improvements in relation to the environment meeting people's needs, infection control, record keeping, wound care and individual risk management.
- However, audits of the environment had not identified some of the safety issues we found. For example, window restrictors on some first floor windows did not meet health and safety requirements and a cupboard containing very hot pipes which were a burns risk was easily accessible to people.
- Where actions had been taken to minimise environmental risks, these had not always been completed effectively. For example, the fixtures to prevent wardrobes falling over were not robust enough to sufficiently reduce the risk.

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

- The registered manager had focussed on improving the home and quality of care provided. They were supporting the staff to embed these changes within their every-day practice and engagement with people.
- Staff spoke positively about the support of the registered manager to develop within their role. One senior member of staff told us, "[Registered manager] is absolutely amazing. The first thing they said to me was, 'What I know, you should know'. In their absence if I receive calls, I can answer things confidently now." The registered manager explained, "My first priority was to empower my team by building morale and knowledge through training."
- The registered manager had appointed champions from within the staff team to lead in different areas

such as nutrition, dignity and infection control. These staff attended specialist training within their allocated areas which they then cascaded to the rest of the staff team. We identified improvements in the areas where champions had been appointed. One healthcare professional told us, "[Name of staff member] is the nutritional champion and really knows the needs of the clients."

- The registered manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned.
- However, we found the ratings from our previous inspection were not clearly displayed as required by the regulations. The registered manager told us this was because of redecoration within the home and immediately arranged for the ratings to be displayed as required.

Continuous learning and improving care; Working in partnership with others

- The registered manager demonstrated a responsive attitude to feedback from people, relatives and other healthcare professionals. For example, following a concern raised about the information transferred with people to hospital, the registered manager had reviewed their processes and procedures to ensure other healthcare professionals had the information they needed.
- The registered manager generated a weekly report for the senior management team within the provider group to enable them to have insight and understanding of events within the home.
- The registered manager had a service action plan which was under constant review and further improvements were planned. For example, they planned to introduce a 'sweet shop and pub' to provide more opportunities and stimulation for people within the home.
- The registered manager worked in partnership with other managers within the provider group to improve quality standards.

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 their legal responsibility to inform people, and relevant others, if people suffered harm as a result of the care they received.

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

- The registered manager used feedback from people and their relatives to examine the quality of care provided. Feedback came from surveys, reviews and regular meetings. Feedback was reviewed by the registered manager to identify and address potential areas for improvement. For example, following feedback the registered manager had implemented a team notice board with staff photographs so people could recognise staff and understand their job role.
- Staff had regular opportunities to get together to discuss the service and good practice. Records of meetings showed they were interactive and staff were encouraged to explore and share their experiences, knowledge and understanding of good practice.
- The provider had schemes to acknowledge and recognise staff for their commitment to their work and the people who lived at Sebright House.