Ranc Care Homes Limited

Park View Care Centre

Inspection report

Field View
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Park View Care Centre is a residential care home providing personal and nursing care to 82 people aged 65 and over at the time of the inspection. The service can support up to 88 people. There are two units which accommodate people with nursing needs, these are Beech and Oak. There are two other units, Ash and Cedar, which provide accommodation for people living with Dementia.

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

People and their relative spoke positively about the service and the staff. People felt safe and were supported by a consistent number of staff who had been recruited safely. Staff completed regular training to keep their skills and knowledge up to date with best practice. The registered manager coached, mentored and motivated the staff team. Staff understood how to support people to stay as safe as possible and knew how to report concerns about people's safety. Risks to people's health, safety and welfare were assessed, identified and regularly reviewed. Measures were in place to help reduce any risks. When people had an accident, such as a fall, these were recorded and monitored. This enabled staff to identify any pattern and refer people to the relevant health care professionals for advice and guidance. People were supported to have their medicines safely and as prescribed.

People's physical, mental health, social and emotional needs were assessed to make sure staff were able to provide their care in the way that suited them best. Care plans were regularly reviewed and kept up to date when people's needs changed. People had access to health care professionals, such as GPs, dentists and chiropodists, to help them stay as healthy as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives said the food was good. Meals were social occasions and many people dined together. People were offered a healthy and balanced diet and encouraged to drink plenty.

People and relatives told us the staff were kind and caring. Throughout the inspection, staff showed genuine compassion, patience and concern for people's well-being. People had developed trusting relationships with the staff and the staff knew them well.

People did not have any complaints about the quality of service at Park View Care Centre. The registered manager welcomed feedback and responded to any concerns in a timely way and made sure they were satisfactorily resolved.

People were supported at the end of their life by staff who were passionate about making sure their last

days were as comfortable as possible. Nurses worked with health care professionals, such as hospice nurses, to make sure specialist equipment and medicines were available when needed.

The registered manager led by example and had good oversight of the service. They promoted an open culture where people and staff felt valued. Robust audits and checks on the quality of service were completed and used to drive improvements.

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 12 April 2019).

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.

Park View Care Centre

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 one inspector.

Service and service type
Park View Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We spoke with six people and four relatives about the quality of service they received. We spoke with twelve staff including the registered manager, deputy manager and operations director.

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.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection, the provider failed to ensure medicines were managed safely. Medicines had not been ordered in good time. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

Using medicines safely

- People were supported to have their medicines safely, as prescribed and on time. Effective systems had been implemented to ensure people's medicines were ordered in good time and monitored to make sure they arrived.
- Medicines were stored, managed and disposed of safely. The medicines room was clean and well-organised. Medicines records were clear and accurate.
- Staff followed best practice when recording prescribed creams and adhesive skin patches used to relieve pain. Body maps were used to make sure staff knew where to apply creams and where to place the pain patches. Staff completed medicines management training and their competency was assessed.
- Staff spoke with people's family and GP when people needed to be given medicines without their knowledge to make sure they received their medicines as prescribed. Decisions were made in people's best interest and this was recorded.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. They said, "I am very safe here. The girls [staff] make sure I am safe" and, "I certainly feel safe". People were relaxed in the company of each other and staff.
- People were protected from the risks of abuse, discrimination and avoidable harm by staff who were trained on how to keep people safe. Staff knew how to report any concerns and felt confident the registered manager would take the right action. Staff were aware they could take their concerns to external agencies, such as the local authority or the Care Quality Commission (CQC).
- There were effective safeguarding systems, policies and procedures in place which were followed by staff. The registered manager understood when incidents needed to be reported to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were assessed, identified and managed. Measures were in place, which staff followed, to reduce risks to people. For example, when people were at risk of developing pressure areas, staff made sure they had pressure relieving equipment, such as special mattresses. When people needed to remain in bed, they were repositioned regularly to reduce the risk of developing a pressure area. Risk assessments were centred on each person, proportionate and were reviewed regularly to make sure they were kept up to date.

● When people displayed behaviour which may challenge others, staff were quick to respond. Staff reassured people and used distraction and diversion techniques to help people remain as safe as possible.
● There was a robust handover system between shifts to make sure information about risks to people were shared consistently. Regular checks were completed to make sure the environment was safe. For example, specialist equipment was regularly serviced and well-maintained.

Staffing and recruitment
● People were supported by staff who had been recruited safely. Recruitment systems were robust. Criminal record checks were completed, as standard practice, to make sure new staff were safe to work with people. References were provided to ensure staff were of good character. Nurses registration with the Nursing and Midwifery Council was checked.
● People were supported by a consistent staff team. There were enough staff on each unit to provide people with the support they needed, when they needed it. People and their relatives told us there were always staff available when they need to speak with them. Throughout the inspection, call bells were answered quickly. Staff were not rushed and had time to spend with people.
● The registered manager monitored staff levels and adapted these according to people's changing needs. There were contingency plans to cover emergency shortfalls, such as sickness. Occasionally agency staff were used. These were regular agency staff who had got to know people.

Preventing and controlling infection
● People lived in a service which was clean and free from unpleasant odours. Staff completed regular training about infection control and understood their responsibilities to maintain high standards of cleanliness and hygiene in the service.
● Staff had access to and followed clear procedures on infection control. The registered manager made sure people, staff and visitors were informed of processes in place to keep up to date with current national guidance. For example, posters had been put up to provide guidance on measures, such as hand washing and the use of anti-bacterial gel, in line with Government guidance about the Coronavirus. Reception staff spoke with visitors, such as contractors, to make sure they followed best practice.
● Staff wore gloves and aprons when supporting people with personal care to reduce risks of infection.

Learning lessons when things go wrong
● Accidents, incidents and near misses were recorded and monitored by the registered manager to identify any patterns. For example, when people had falls, the registered manager checked the time of day and the location of the fall to see if there was a reason for the falls. When needed, people were referred to special health care professionals, such as the falls team, for advice.
● The registered manager knew when to report incidents, such as a serious injury, to the local authority and CQC.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 health care needs were assessed before they moved to the service. This enabled the registered manager to check they could meet people's needs. Information gathered during the pre-assessment was used as a basis for the development of each person's care plan. These were developed over time as staff got to know people and their relatives.
- Care was planned and delivered in line with current evidence-based guidance and best practice. For example, Waterlow score were used to assess people's risk of developing pressure areas and the Malnutrition Universal Screening Tool was used to establish any nutritional risks.
- People spoke with staff about their lifestyle choices. This included protected characteristics, such as sexuality, race, religion and disability. The registered manager and staff told us they felt it was very important to understand about people's relationships, so they could make sure they were given the privacy they may need.

Staff support: induction, training, skills and experience

- People told us the staff knew them well. One person commented, "They [staff] know what they are doing and give me the help I need, when I need it". New staff completed an induction when they began working at the service. This included completing essential training and working alongside experienced colleagues to get to know people and their routines. New staff were enrolled to complete the Care Certificate. This is an identified set of minimum standards that sets out the knowledge and skills expected of specific roles in health and social care.
- Staff told us they kept their skills and knowledge up to date with both e-learning and face-to face training. They said they had been supported with their personal development and had the opportunity to undertake additional qualifications, such as Care Home Advanced Practitioners (CHAPS). The CHAPS programme was designed to train and develop carers to be able to work alongside and support nurses.
- The deputy manager spoke passionately about delivering staff training and the importance of their participation to help understand how people may be feeling. They had recently designed and delivered additional training for staff about Dementia, oral care and end of life care which included practical exercises which altered the cognition of staff. They said, "The training really makes staff think differently. They have really enjoyed it. At the end of the Dementia training staff have signed up to be Dementia Friends". Dementia Friends is an Alzheimer's Society initiative to change people's perception of Dementia.
- The registered manager had oversight of training and staff supervision. This enabled them to check staff skills and competence were up to date. All staff had regular supervision meetings to discuss their performance and personal development. Staff felt supported by the management team and spoke positively about their learning and development. Nurses were supported through their revalidation with the

Nursing and Midwifery Council.

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

● People told us they liked the food at the service. One person said, "There is always a choice of meals and the food is good". Another person gave a 'thumbs-up' sign when we asked how their lunch was. Relatives told us the food always looked good and that people enjoyed their meals. People's care plans included people's likes and dislikes around food and gave staff guidance about the level of support people needed. For example, whether they were able to choose from the menu.

● Meals were social occasions and many people and staff ate together in dining rooms. These were homely areas with tablecloths, napkins and condiments on each table. When people needed special adaptive cutlery or plates to support independent eating these were provided. Each table had a menu displayed with the days' meals. The menu was also available with pictures to assist people in making their choices.

● Some people needed support to eat their meals. Staff sat with people and explained what they were eating. They did not rush people and allowed them to take time and savour each mouthful. When people were at risk of malnutrition or dehydration, this was recorded in their care plan. There was also guidance for staff about important things, such as people needing their meals fortified with cream and butter, needing their meals in a soft or mashed consistency and when people needed their drinks thickened to reduce the risk of choking.

● People's cultural, ethical and religious needs were considered when meals were planned. For example, kitchen staff had ordered spicy sauces for a person to have with their meals.

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

● People were supported to stay as healthy as possible. Staff worked closely with health care professionals, such as speech and language therapists, occupational therapists and specialist nurses, to make sure people received effective, joined-up care.

● People's oral hygiene needs were assessed to make sure their teeth and dentures were looked after. People had regular dental checks. Staff completed training, based around the Care Quality Commission 'Smiling Matters' report to make sure they had up to date knowledge and were following best practice guidance.

● People were seen by a GP when needed. There were regular visits from a chiropodist. A relative commented, "They are quick to contact a doctor and keep me informed of any changes in [my loved one's] health". Nurses liaised closely with people's GP who attended the service once a week to monitor and review people's health.

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

● People moved freely around each of the four units. There was a small secure garden, which people used, outside the two ground floor units. These had raised flower beds and garden furniture. People were able to watch the wildlife and had made bird-feeders to hang from the trees.

● Clear, easy to read signage was used throughout the service to help people locate important rooms, such as toilets, bathrooms and dining rooms. People were encouraged to personalise their rooms with photos and ornaments to make them homely.

● Corridors and doorways were wide and allowed easy access for wheelchairs and other mobility aids. There was plenty of communal space and private areas when people wanted to be alone. People's friends and family were able to visit when they wished.

● The provider was working with the Advanced Dementia Team at Worcester University as part of their Dementia strategy. The Dementia units were due to be upgraded with themed areas. Other areas of the service were due to be redecorated.

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.

- People's capacity to make specific decisions was assessed and reviewed. When people were unable to make a decision for themselves, such as the decision to live at the service, the registered manager met with people's representatives and health care professionals to make a decision in the person's best interest. The decisions made at these meetings were clearly recorded.
- People were supported in the least restrictive way by staff who understood the importance of giving people choices. For example, some people were at risk of falling. Sometimes using bed rails would be a higher risk as a person may try and climb over them. In those cases, staff used sensor mats to reduce the risk of falls. These alerted staff a person may be trying to stand unaided, so they could go and provide the required support.
- People were empowered to have as much control and choice as possible. Throughout the inspection people were offered choices, such as where they would like to spend their time and what they would like to eat or drink.
- The registered manager applied for DoLS, and notified the Care Quality Commission of authorised DoLS, in line with guidance.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people 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 and their relatives told us the staff were kind and caring. A relative commented, "They all seem very pleasant and very cheerful". The registered manager and staff had received a large number of 'thank you' cards from friends and relatives which were displayed in the service. These all commented on the love and care shown by staff. A relative had written a poem of thanks called 'Three Cheers'. The poem had been translated into the format of a short film with people reciting a line or two each. They had thoroughly enjoyed the filming and staff were proud they had such a positive impact on people's lives.
- Throughout the inspection, staff spent quality time with people. They chatted with people in a friendly way. When people became anxious staff reassured them and showed a genuine concern for their well-being.

- People had developed trusting relationships with staff who knew them well. Staff knew about people's life before they moved to the service and the people and things that were important to them. They chatted with them about their interests and past life as well as their current interests and hobbies.

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

- People were encouraged and supported to make choices and decisions about their care. Some people were supported by their friends and family and they were involved in planning and reviewing people's care.
- Staff used advocacy services when people did not have family support. An advocate supports people to express their needs and wishes and helps them weigh up all the options available and make decisions.
- People's views were sought through regular reviews and residents' meetings. Changes to people's care were recorded in their care plans to make sure staff had the up to date information. Changes were noted on the handover between shifts.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff knocked on people's doors and waited to be invited in before entering their rooms.
- Staff made sure doors were closed and that people were kept covered as much as possible when they were supporting people with personal care. Screens were available in communal areas to protect people's privacy when needed.
- People were encouraged to remain as independent as possible. Care plans included information about what people could do for themselves and what level of support was needed. People were encouraged to do things, such as set tables, wash up and help make tea. This was recorded in people's care plans. People were supported to stay in touch with family and friends.

● Staff understood how to protect people's confidentiality. Records were securely stored to protect people's confidential personal information. Staff used an NHS email system to ensure information to health care professionals was sent securely. The provider was in the process of piloting an electronic care planning system.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

● People's care was planned with them and their loved ones around their individual needs and preferences. There was guidance for staff about how to provide the support in the way people preferred. For example, in people's sleeping care plans in noted how many pillows they liked to have, whether they liked the door open or closed and whether they preferred a drink by their side at night.

● All aspects of people's care including physical, mental health, social and emotional needs were assessed. People's cultural and spiritual needs were discussed to make sure they received the right support.

● Throughout the inspection staff responded promptly to 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 assessed when they began living at the service and were regularly reviewed. Staff used different methods to chat with people. For example, staff used a pen and paper to write and draw pictures to communicate with a person.

● People's care plans noted what aids people needed, such as glasses and hearing aids, and staff made sure people had these.

● People received important information in a format that suited them best. For example, staff provided signage, to indicate toilets, bathrooms, dining rooms and lounges, in different languages to meet the needs of people whose first language was not English.

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 encouraged to remain as active as possible. Three dedicated activity co-ordinators provided plenty of sessions to keep people busy. For example, 'knit and natter' clubs, armchair exercises, art therapy and quizzes. The registered manager arranged for visiting entertainers to the service. People who were unable or chose not to join in with group activities spent meaningful one to one time with staff. Staff told us they spent one to one time in people's rooms flower arranging, doing hand massages and reading newspapers with them.

● People were empowered to continue with their hobbies and interests. For example, during the inspection one person kindly gave an impromptu piano recital. This was thoroughly enjoyed by people and staff alike and was followed by rounds of applause.

● Strong links with the local community had been forged. Intergenerational projects were promoted, for example regular visits from children at the local day nursery and schools. The registered manager noted on their provider information return, 'What we have done to date has had a positive effect on the residents involved, and on the children, the residents behaviour during each session was amazing, how they interacted with the children, they became animated in speech, they laughed, they were able to make things as the sessions mostly involved crafts. When the project is evaluated it is hoped that we will continue working with the school and the children'.
● The registered manager said, "In the last year our activities have improved massively. We had six children paired up with six residents. They come in once a week and talk with people. We have seen some amazing changes and reactions. [One resident] who is almost non-verbal was chatting away with this little boy. It was wonderful to see".

Improving care quality in response to complaints or concerns
● People and relatives told us they did not have any complaints and they would speak with the registered manager if they had any concerns.
● One formal complaint had been received in the last 12 months and this had been investigated and satisfactorily resolved.
● The registered manager recorded any minor concerns. This enabled them to check for any patterns. Minor concerns were dealt with effectively.
● The complaints process was displayed in the service and was available in an easy to read format.

End of life care and support
● People were supported to have a comfortable, dignified and pain-free death. People were given the opportunity to discuss their end of life wishes and any 'wish list' they may have at 'Think Ahead' meetings. For example, a person had recently said they would like to have a family get together in a pub. They were unable to do this, so staff arranged for the family to have a private pub lunch in the bar room in the service.
● Staff spoke with people and their relatives about their favourite smells, flavours and sounds which were linked to happy memories. This enabled staff to provide sensory support when people were reaching the end of their life with things that were familiar to them and that they liked. People's family and friends were supported and kept informed by staff during people's last days.
● When people had not been able to attend the service in person the deputy manager told us, "We use a loud speaker telephone and hold it close to the person. It gives their loved ones an opportunity to say goodbye. It is really important for people to say the things they need to say. We always offer families to come and have a chat with us after a person has passed away to give them an element of closure and to see if we can offer any other support".
● Staff spoke passionately about being privileged to support people at the end of their life. There were clear visions and values around end of life care. The 'Blue Horizons' end of life programme, with a motto of 'Nobody dies alone', aimed to provide comfort and quality care at the last stages of life. When people did not have friends and family to support them, staff took it in turns to make sure time was spent with people. Staff worked with health care professionals, such as hospice nurses, to make sure specialist equipment and medicines were available when needed and ensure people received the right support at the end of their life.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. 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.

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

- Leadership was clear, strong and visible. The registered manager set high standards and staff told us they were "Firm but fair", "Really good to work with" and "Always very balanced". Another staff said, "[The registered manager] is approachable and very visible. They are in-touch with everything going on in the home. They have brought a real stability to the staff team". The registered manager and deputy manager coached, mentored and motivated the staff.
- Staff were clear about their roles and communication between the staff team was effective.
- At the last inspection audits were not consistently robust. At this inspection, effective governance was embedded into the daily running of the service. A wide range of robust checks and audits monitored risks, the quality of service and staff performance. When shortfalls were identified, these were discussed with staff and action was taken to address them.

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

- People and their relatives spoke positively about the management team and staff. There was an open and inclusive culture where people were consistently involved and valued. Relatives told us the registered manager's door was "Always open" if they needed to chat about their loved one.
- People were empowered to remain in control of their care and were provided with support to do this. People were surrounded by their loved ones when they wanted them to be there as there were no restrictions on visiting. Staff spoke passionately about the importance of collaborative working with people, relatives and health carer professionals to achieve the best outcomes for people.
- The registered manager and deputy manager spoke about their pride in having a consistent staff team who worked cohesively.
- A new member of staff told us their first impression of the service was, "The calm, relaxed and homely environment. I noticed all the staff, from the manager to housekeepers, spoke to each other kindly and respectfully".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager welcomed feedback. When minor concerns had been raised in conversation with people or their relatives, these were recorded, and the registered manager took action in response. The registered manager and deputy manager shared lunch with people each week to obtain their views on the

quality of service.

● Regular residents' and relatives' meetings were held to check on people's satisfaction of the service they received. Quality surveys were conducted annually, and the results analysed to see if there were any areas for improvement and to celebrate areas of success.

● Regular staff meetings were an opportunity to share experiences and learn from each other. Handovers were completed between shifts to make sure all staff had up to date knowledge about the people they supported.

● Staff worked closely with health care professionals to make sure there was consistent, joined-up care. There were strong links with the local community, including a day nursery, schools and scout groups.

Continuous learning and improving care; 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 promoted a culture of openness and transparency. Robust quality assurance systems, completed by the registered manager and operations director, were used to help focus on continuous improvements across the service. These gave the registered manager good oversight of the service.

● The registered manager understood their responsibility under duty of candour which requires them to be open and honest with people when something goes wrong.