

The Yardley Great Trust Group

Grey Gables Residential Home

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Grey Gables Residential Home is a residential care home providing personal care for up to 40 older people who may be living with dementia. At the time of inspection 28 people were living in the home.

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

The service was able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture.

Right support

People were supported to have choice, staff supported people in the least restrictive way possible.

The provider supported people to make choices, and have control over their own lives, such as what time they got up and went to bed.

Right care

We saw that staff were caring and promoted the people they were supporting dignity.

Right culture

People told us they felt safe and staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us how they would recognise pain, distress and discomfort in people who could not verbally communicate. Records showed the provider has systems in place to ensure staff had been recruited safely.

There was a system in place to monitor staff contact with people in the form of daily logs to ensure continuity of care after shift changes. Care plans and risk assessments identified people's support needs and staff had a good understanding of the support people needed.

Infection Controls were not always in accordance with good hygiene practices. We found issues in the maintenance of the property that could pose infection risks.

Leadership decisions about encouraging independence meant that people were encouraged to do as much as possible for themselves to promote independence.

People were treated with kindness and compassion. People felt well supported. People's privacy and dignity was maintained.

People received person centred care. People, relatives and staff expressed confidence in the registered manager. People, relatives and staff were given the opportunity to provide feedback. Audits took place to ensure the quality of the service was maintained.

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

Rating at last inspection

This service was registered with us on 10 July 2019. We completed a focussed inspection 12 April 2021 which only looked at the Safe and Well led key questions. The service was inspected but not rated due to the fact that this was a new provider, and the service required a full inspection to be rated.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. We inspected as the service had not been inspected in all areas since registration. We also followed up on concerns raised from the previous focussed inspection published on 12 April 2021.

The overall rating for the service is Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grey Gables Residential Home on our website at www.cqc.org.uk.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Grey Gables Residential 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 undertaken by one inspector.

Service and service type

Grey Gables Residential 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who regularly visit the service. The provider was not asked to complete a provider information return. 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 took all this into account when we inspected the service and made the judgements in

this report. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We also reviewed complaints, compliments and surveys, which gave us further insight into the quality of people's care and what it was like to live or work at Grey Gables Residential Care Home. We also spoke with five members of staff including the registered manager, the deputy manager, and three care workers.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The registered manager sent us additional information including policies, governance meeting notes, health and safety audits as well as general audits. We spoke with one healthcare professional who regularly visits the service and one person's social worker as well as a commissioner for the service

Is the service safe?

Our findings

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

This is the first inspection under the new provider. This key question has been rated good. This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse

- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "I would want my own family to be looked after well so I try to do the best that I can for other people's families and keep them safe from abuse".
- Staff were able to describe high risk situations and the actions to take to reduce the risk to people receiving support. The registered manager told us, "Safeguarding is key to a safe service. That is why we focus upon our processes in Safeguarding by ensuring staff are confident in reporting concerns".
- Appropriate safeguarding investigations had been carried out. The registered manager analysed such events, as well as incidents and accidents, to reduce risk of future re-occurrence.
- Staff were appropriately trained in safeguarding so that they had the skills to protect people.
- Risk assessments were robust with clear plans to avoid harm or injury. One example seen was a plan when a person went shopping. Staff were given guidance about how to manage the person's anxiety in a safe, and dignified manner. The registered manager told us that this was in response to an incident previously and that lessons had been learnt.

Assessing risk, safety monitoring and management

- Care plans and risk assessments identified people's individual support needs and ways to help people stay safe. Documentation was detailed and contained up to date information. Staff had a good understanding of people's needs and associated risks. One staff member said, "First thing we do is read care plans and reviews, that way, we can understand when things change". However, we were made aware of a complaint to commissioners regarding a person who is no longer at the home. Commissioners found that the persons care plans were not updated and that daily records were not always completed with enough detail. The registered manager told us that this was a period of time that they were away and that systems had improved since then. They admitted that 'the care records fell below the standards they would expect'. Our own inspection showed that records were kept and that care plans were updated where required.
- Staff and the registered manager were proactive when people's needs changed. Health professionals were contacted on people's behalf. Care plans and risk assessments were updated following any change of need and people and their relatives were involved in this process.
- The registered manager had recently returned from long term leave and was actively carrying out detailed reviews of all care plans and risk assessments including. This ensured the home was safe for the person and staff. We saw that reviews had taken place and were detailed for the care records we inspected.
- Systems were in place for all accidents and incidents to be reviewed. The registered manager identified any patterns and trends to ensure people were safe and any future risk was reduced.

Staffing and recruitment

- One staff member told us, "The registered manager really tries to understand any issues have. They support us well because some of the people living here have high needs and I sometimes need five minutes away to decompress. The manager understands that".
- Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS) and work history checks and references alongside matching appropriate skills and experiences to roles.
- People told us that there were enough staff to meet the needs they had. The provider used a dependency tool to calculate the number and skills of staff who are required to meet the needs of people supported.

Using medicines safely

- We reviewed the management of medicines including controlled drugs held at the home. We found that the provider had made significant changes to how medicines are administered and managed to ensure safe protocols were followed. For example, one of the changes made included daily counts of medications stock and a second person verifying the count. The registered or deputy manager often completed spot checks to ensure that administration policy was followed.
- Staff understood their responsibilities in relation to medicine management. Staff told us, and records confirmed, they had received medicines training.
- Records showed medicines were managed safely and people told us they their medicines were managed safely.
- Medication audits confirmed regular management of any issues with robust action plans where any issues or concerns were raised. The action plans provided staff with clear guidance to follow.

Preventing and controlling infection

- Staff had received training in infection control and were able to tell us what equipment they needed. Staff told us personal protective equipment (PPE) was available to them. One staff member said, "We wash our hands, use the hand gel and wear aprons, gloves and masks when required".
- There were enough stocks of PPE stored safely within the home. Staff knew where items were kept and understood their role in infection control.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. The fixtures and fittings were frayed and worn and could harbour infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. The layout of the premises is not conducive to good hygiene due to the fact that it was not well maintained.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. There had been three outbreaks of Covid within the home and the local authority had supported the service with the outbreaks providing information and advice.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- We reviewed the systems in place to monitor incidents and accidents in the home. These were analysed on a monthly basis for patterns and trends and action recorded where needed, of how risks to people were to be mitigated. For example, falls mats being implemented.
- Feedback from healthcare professionals was used to implement better care. For example, a healthcare professional raised some concerns about the number of skin issues at the home. All incidents or

deterioration in people's skin was reviewed as part of the monthly audits to ascertain if further action was needed to be taken such as staff training or referrals to healthcare professionals.

- The registered manager told us about the action taken in relation to previous medicine errors. The provider installed CCTV in the medicines room to help the registered manager better understand any discrepancies.
- Staff understood their responsibilities to raise concerns about safeguarding and whistleblowing. They told us the management team would listen to them and felt any concerns would be acted on and dealt with appropriately.

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.

This is the first inspection under the new provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Several staff told us that they felt, 'well supported' by the registered manager. Staff told us that the registered manager had made positive changes to the training and supervision they received and that they were supportive of these changes. One staff member told us that they had severe issues during the 'most restrictive phases of Covid, and the fact that the registered manager had been on long term leave', but that things had improved significantly since then.
- People, relatives and professionals told us that staff had the right skills and knowledge to care for them well.
- The registered manager ensured staff had support to develop their skills through a flexible and robust approach to training. Staff told us that specialist knowledge such as diabetes and epilepsy training were made available when required.
- Staff told us they had a comprehensive induction which included the care certificate, which is a process which equipped them with the skills they needed to deliver safe care. They told us training was engaging and kept them interested.
- Staff confirmed they attended one-to-one supervision meetings where they discussed their role, training, development needs and issues relating to their work. Staff told us these meetings were useful and they felt able to discuss any issues openly.

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

- People's needs were assessed prior to commencing care. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability. However, sexuality was not considered as part of these assessments. The registered manager told us that this was verbally discussed and if required a sexuality care and risk plan was devised. We did not see any evidence of this during the inspection.
- People's needs, and preferences were met by staff who knew them well. One person said, "The staff ask what I like, and dislike and they help me do it".
- Support plans were detailed in providing appropriate responses for staff to follow. In one example, it was recorded that a person living with Autism, could display behaviour that was challenging in a communal lounge. Staff were to be patient and understanding. One staff member should support the distressed person whilst other staff maintained distance, whilst also being observant in case of any escalation.

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

- Grey Gables Residential Care Home is an adapted building that has been described by commissioners as,

'old and in need of modernisation'. We found that the environment was clean, however needed updating. The provider had previously submitted an action plan to Birmingham Commissioners in January 2021 identifying several areas for improvement to the physical building. However, we found that no improvements had been made. The registered manager told us that they had difficulty getting works completed during the last two years due to several outbreaks of Covid within the home and the resulting isolation. All outbreaks had been reported and they were supported by Birmingham Commissioners.

- The building was not dementia friendly. There were few visual aids on walls and doors, and the décor could be improved for those living with dementia.

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

- People told us that they enjoyed the food and that they always had enough to eat including fruit and vegetables.
- Staff told us how they sometimes used pictures to help people make decisions around food and how they helped people understand different foods.
- Staff played an essential role in supporting those people who required it, to eat, and stabilising weight. A relative told us that they had, "No worries about the quality of the food or its nutritional value". We saw records of weight and the registered manager taking a proactive approach when changes in fluid or food intake occurred. An example seen was a person who was not drinking as much as usual. The staff recorded how much fluid was taken and contacted healthcare professionals.

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

- Staff knew people's needs well and ensured that any changes in a person's condition were noted and discussed with the healthcare professionals and the registered manager, as well as keeping families informed. A healthcare professional told us, "The staff really make sure that every detail is taken into account and discussed".
- Staff worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
- We saw from records that staff work cooperatively with other health and social care professionals such as GPs, Community Nurses, Opticians and Chiropodists to ensure people received the care they needed.

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

- All care plans included appropriate healthcare plans with details on appointments and assessments on future needs. Appropriate discussions with healthcare professionals were recorded in notes for ease of access.
- We saw various health and well-being plans including oral health, doctors' appointments follow-up and planning for appointments such as dentists. Staff monitored appointments and fed back to families as required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that they were.

- The managers and staff were working within the principles of the Act.
- Mental capacity assessments were recorded for people who were subject to specific restrictions such as covert medications.
- Best interests' decisions were taken where required and included all relevant professionals and families where appropriate. Support plans reiterated the need for consent whenever any personal care was given.
- Relatives told us they observed staff gaining consent from their loved ones.
- People told us, "staff will always talk about my personal care and make sure they don't do anything I don't want."
- Staff were able to demonstrate a good understanding of the principles of the Mental Capacity Act and understood what actions to take if someone had refused care.
- Staff had received training in mental capacity and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA. They knew that they would need to ensure any decisions taken are risk assessed and in line with care plan objectives. We saw that five people had DoLS in place and that the registered manager had a register to ensure that when these expired, they would liaise with professionals about extensions. All applications for DoLS were monitored and regularly followed up by the registered manager.

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.

This is the first inspection at this service under the new provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People felt well supported and relatives felt their loved ones were treated with kindness and compassion. A person said, "They [staff] are my mates. I love them." A relative told us, "Staff are very friendly, kind and take time to have conversations. They engage with relatives and residents, especially during Covid." Another relative said, "It's like family the way the staff treat people."
- People and their relatives felt staff listened to them and they could talk to staff. A person told us, "They are very friendly, very caring and they listen to me."
- People's records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.
- We saw that the registered manager had completed end of life plans for people. These plans were detailed and used simple language and pictures ensure that people understood what choices they had.

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

- People and their relatives were able to express their views and make decisions about their care. One person said, "They [staff] always listen. They try to get us to exercise without making it seem like they are pushy".
- House meetings are a not regular occurrence at the time of the inspection; however, the registered manager told us that they would be phasing in meetings in the near future.
- People's views and preferences about how they wanted their care to be provided were incorporated into person-centred care plans. We saw a person stating that they did not have regular times for dining and would prefer to be asked when it was lunch or dinner. The assessment recorded this, and staff would always ensure the person was offered food and if they declined, some food was left for them.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's dignity. A person told us, "The staff are very careful when undressing or dressing me."
- People and their relatives felt staff encouraged them with independence. A person said, "Whatever I can do myself I do, but the staff encourage me. I try to do my cleaning myself and they don't take over."
- People told us staff took their time and did not rush them. A staff member said, "It's better to make (people) happy by taking time rather than issues later."
- Staff spoke passionately about their roles and were committed to empowering people and providing the best quality care possible. We heard multiple examples how staff supported people to increase their confidence and independence, many of whom had communication barriers. One example was when a staff member would mouth out questions to a person who was slightly hard of hearing. This allowed them to lip

read in noisy communal settings.

- Staff received care planning training and knew people's needs well.

Is the service responsive?

Our findings

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

This is the first inspection at this service under the new provider. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that was responsive to their needs. One relative told us, "All I have to do is ring the office or email and straight away they will change things. (Name of person) has been living there for many years, and even now if there is a problem all I have to do is ring the manager and they sort it."
- Care plans were person-centred and considered people's preferences, likes and dislikes. Risk management and mitigation formed a part of care planning to support independence and personalised support.
- People and their relatives were usually involved in the development and ongoing review of their care. Care plans are usually reviewed regularly or as and when their needs changed. One family member told us "They always ask me at review times. For example, they wanted to support him (person) decorate his room, and they wanted my opinion".
- Staff were kept informed about changes in people's care and support needs by the registered manager. Staff told us "The manager always tells us directly about any changes and writes it in the daily log".
- People were cared for by a small, consistent team of staff. This promoted continuity of care and ensured- as far as possible- that they had support from staff who knew and understood their needs and preferences. We saw from records that some staff had been employed at the service for several years. This meant that they knew people and their preferences well. Staff told us "The managers treat us well and respect our opinions. That's why so many have stayed when the new provider took over in 2019".

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.

- Some people using the service were able to communicate verbally with staff. However, only two people could also read and understand information given to them by the service. Relatives, staff and people told us that staff used various methods of communication such as basic signing and picture cards to help communicate with people. They also read out letters and documents so that those who could not read, were able to hear what was written about them.
- Where people's communication abilities were limited, they had communication care plans in place to support staff to know how best to interact with them. We saw, and communications plans confirmed, that one person would get upset if posters were placed on walls, so the manager and staff had relocated information posters, to an area that reduced the persons anxiety about 'things on walls'.
- The registered manager told us they would provide information in other formats if this was required to support people. For example, by providing care plans in easy to read format or using translation services to

communicate with people who did not speak or understand English.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise concerns or complaints with the provider.
- Complaints were recorded in an action plan which enabled the provider to review and analyse themes and patterns of concerns raised and use this information to make improvements to the service.
- The provider investigated and responded to complaints appropriately and in line with their policy.

End of life care and support

- When the inspection was carried out the service was not supporting people at the end of their lives. However, the registered manager was completing end of life planning with people who wanted to plan for the future. The plans were in accessible format so people could understand what was recorded and effectively take part in the discussion.
- Where people had a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT form) these were held in their files.
- The registered manager confirmed that when they supported people at the end of their lives, their care plan was amended to reflect changes to the care required to meet their needs. The registered manager worked collaboratively with other health and social care professionals to support the person appropriately, whilst ensuring that families were kept informed in decisions.

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.

This is the first inspection for this service. The rating for this key question is requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had identified several issues within the fabric of the building, notably in an improvement plan submitted to Commissioners in January 2021. However, redial works have not been completed. The building is not deemed unsafe for people living there, however, people told us that it, 'looked miserable and ugly'. The building is very old and previous reports have mentioned the fabric of the building and the fact that the provider needs to make improvements. We saw that carpets were worn in places, paint needed replacing, furniture was starting fray as a few examples.
- Commissioners expressed concern about the general oversight of the service by senior managers within the group. They stated that they had found a number of concerns which resulted in action plans whilst the registered manager was on long term leave. Although issues were usually addressed, they expressed concern about planning for leave within the management team which would leave a robust oversight mechanism.
- Audits provided regular oversight of service provision to ensure that care is timely, safe and relevant. Previous concerns around medication had been acted upon and robust auditing systems had been implemented resulting in no new medication errors since January 2022.
- We saw an extensive training matrix which showed staff were provided with training to meet the needs of the people living at the home. Training was selected according to the needs of people living at the home. We saw evidence of staff receiving training to support people with health-related issues such as diabetes and weight management.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision. We saw notes and schedules that reflected this. This gave staff the opportunity for learning and development.
- The registered manager had notified CQC of events which had occurred in line with their legal responsibilities. They stated that they discussed all notifications with the wider management team to ensure compliance.

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

- Care plans had not considered how the environment may impact upon people with dementia or physical disabilities. For example, people's perceptions of colours, smells and sounds were not documented, within care plans. Although environmental audits had highlighted the need to upgrade building facilities such as

more handrails, visual aids and carpets, this had not happened.

- The staff and registered manager demonstrated a person-centred approach for the people they supported. We saw that Care Plans incorporated people's life experiences and aspirations as a basis for support work. We saw a plan which stated a person had been interested in crafting which was used as a basis to provide certain types of craft to help them enjoy free time. People and their families told us they had choice and control and were involved in day to day decisions. One family member told us, "They call me regularly with updates and to discuss issues."

- People described the quality of the service as good with one person telling us, "I love it here apart from the looks of the place. The people, (staff) know me well and don't make me do things I don't want to do".

- People felt well supported and staff, people and relatives expressed confidence in the management team.

- Staff practice, culture and attitudes were monitored. We saw from audit documentation that management undertook spot checks and competency assessments on the staff team. This enabled the registered manager to monitor the staff team and ensure the delivery of good care. Staff were very attentive to people's needs and used appropriate language in interactions. We saw examples of staff using simple language or sentences broken down into syllables and single words. We also saw them making good eye contact and using techniques such as crouching to eye level.

- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

- Systems were in place to gain feedback from people and relatives. We saw records of the meetings that had been held with people to discuss the service provided, Covid restrictions, and to enable people to raise any concerns.

- Surveys had been sent out to relatives to gain their feedback. Positive comments were made, for example in relation to how staff had supported people to maintain contact with their loved one. Where improvements were identified, such as improvements to the environment, action was included as part of the analysis report that had been completed in response to the feedback provided.

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 responsibilities in relation to the duty of candour regulation and were able to discuss how they would meet this requirement. They did this by ensuring that their policies around whistleblowing were well communicated and understood by staff and families, and that staff were aware of safeguarding requirements.

- The registered manager told us, and records confirmed, that they made appropriate notifications to the CQC as well as referrals for Safeguarding to the Local Authority.

Continuous learning and improving care

- The registered manager completed quality audits that looked at patterns of complaints, incidents and the training of staff and seniors. They were supported and monitored by senior managers within the group. This meant that the home's leadership team were better informed of competencies and were able to call upon resources as and when required. Action plans were completed from audits, when concerns were highlighted.

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

- People, their relatives and staff were given the opportunity to give feedback via discussions. This gave them the chance to express their views and opinions. Feedback was used by the registered manager to inform decisions at the home such as menus and visiting.

- Care plans included detailed diversity plans which provided staff with knowledge about people's individual equality characteristics. For example, we saw a plan that stated a person's family wishes

regarding religion which staff adhered to.

Working in partnership with others

- Where people requested, the staff would communicate with external professionals on their behalf. Support plans evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.
- We saw that staff worked with local healthcare services as well as social services to deliver care that the person needed.