

Sequoia CH Group Ltd

# Belle Green Court

## Inspection report

Belle Green Lane  
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Barnsley  
South Yorkshire  
S72 8LU

Tel: 01226718178

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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

Belle Green Court is a care home that provides accommodation for older people who require personal care, some of whom are living with dementia. The home can accommodate up to 40 people in one adapted building, over two floors. At the time of this inspection there were 26 people living at the service.

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

The service had significantly improved since the previous inspection. The nominated individual and registered manager gave assurance these improvements would continue be further embedded, to ensure there was a continuous approach to improving care. People, relatives, health professionals and staff recognised the service had improved. Health professionals said, "The home has improved so much it is clean and has a warm feel to it." People and relatives said, "It's getting back to normal; it is a lovely home where staff care."

There had been significant improvements to ensure risks identified with people's health, medical and care needs had been assessed and documented. There was clear guidance on how to minimise the risk to keep people safe. People received their medicines safely and as prescribed. Systems and processes were in place to keep people safe.

The premises were clean and there was good infection control practice in place.

There was a friendly atmosphere at Belle Green Court, and we saw people looked well cared for.

Staff were recruited safely and there were enough of them to keep people safe and to meet their care needs. Staff were receiving appropriate training, which was relevant to their role and people's needs. Staff were supported by the management team and were receiving formal supervisions where they could discuss their on-going development needs.

There was a positive culture throughout the service which focused on providing personalised care.

People were supported to eat a healthy balanced diet. A range of meaningful activities were on offer to keep people occupied, according to their individual interests. Complaints and concerns were well managed, and the manager took prompt action to address two issues we raised during the inspection.

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.

The management team conducted audits and checks to further ensure the quality and safety of services provided to people. The operation of the quality assurance processes had significantly improved and

actions arising from audits were being recorded and progressed.

#### Rating at last inspection and update:

The last rating for this service was inadequate and there were multiple breaches of regulation (published 20 August 2021). The provider completed an action plan after the last inspection to show what they would do, and by when, to improve.

This service has been in Special Measures since August 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

The overall rating for the service has changed from Inadequate to Good. This is based on the findings at this inspection.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Belle Green Court Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Belle Green Court

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Belle Green Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Belle Green Court is a care home without nursing care. 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.

This inspection was unannounced. We inspected the service on 8 March 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service, and four relatives, about their experience of the care provided. We spoke with the registered manager, team leader, a senior carer, four care staff, other staff including maintenance, domestics, cooks and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good: This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection we found sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed in order to meet people's care and support needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made in relation to staffing at this inspection and the provider was no longer in breach of regulation 18.

- Staffing levels were appropriate to meet the needs of people who used the service. Staffing levels were determined by the number of people receiving care and support and their assessed needs.
- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. Records we looked at confirmed this.
- People, relatives and staff told us staffing levels had increased since the last inspection. Staff told us there was always staff on duty to support people safely. One person told us, "Yes there are always staff around, they check on me during the night as well and come if I buzz them." One staff member said, "Staffing is so much better, and we have a settled team now."
- We observed staff responding to people's needs in a timely manner and care was delivered in line with people's care plans.

### Assessing risk, safety monitoring and management

At our last inspection we found the systems in place did not adequately assess and mitigate risks posed to people using the service. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made in relation to risk at this inspection and the provider was no longer in breach of regulation 12.

- Staff knew people well and were aware of people's risks and how to keep them safe.
- Staff showed an understanding of the risks people faced. We found risk assessments had been completed, specific to the individual, including, taking medicines, nutrition, breathing, moving and handling and pressure care. We did find one person's care plan did not fully reflect the support they needed as the person's skin integrity had improved meaning the person did not require as frequent change of position as was outlined in their risk assessment/care plan. A bed rails risk assessment was missing in one person's care records. The person's risk assessments and care plans were very detailed, and it appeared the assessment had been removed in error. The registered manager responded immediately during the inspection to address these issues. They confirmed the risk assessments had been reviewed and measures, to reduce

those risks, were in place and followed by staff.

- Systems were in place to recognise early signs, take observations and respond or escalate any deterioration in people who use the service.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. Personal emergency and evacuation plans (PEEP) were in place however the PEEP folder contained assessments for three people who were no longer at the service. The registered manager responded immediately during the inspection to address this issue. They confirmed the PEEPS information had been updated.

#### Using medicines safely

At our last inspection we found systems were not in place to ensure the proper and safe management of medicines. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made in relation to medicines management at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were received, stored, administered and disposed of safely. We discussed some housekeeping improvements which could be implemented in the controlled drug register which the registered manager said they would implement.
- We observed part of the morning and lunchtime medicines administration. We found that safe procedures were followed. Staff explained to people what medicines they were taking and asked if they needed any pain relief. People were provided with a drink to take their medicines with and staff were patient and respectful.
- Audits and checks were completed, and actions taken where issues had been identified.
- Staff involved in the handling of medicines had received training about medicines management? Staff were assessed as competent to support people with their medicines.

#### Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence.
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care.
- People told us, "Oh yes, I'm safe, I am well cared for, the staff check on me all the time ,it reassures me", and "Yes, I feel very safe here." A relative said, " [Name] gets lots of visitors and we are all sure they are safe her. I don't have sleepless nights worrying either."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading 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 assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. It was positive to see people, receiving visitors in the home again. Staff recognised the importance for people to see family and friends and were letting families know the home was open for visiting. Visitors were still asked to ring up in advance of a visit to let the staff know when they were arriving. Visitors were being asked for negative LFT on arrival, we observed this in practice during the inspection.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

# 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 required improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

At our last inspection we found the care and treatment of service users was not always provided with the consent of the relevant person. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People's needs, and preferences were assessed and recorded. These assessments considered people's strengths and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices. We saw evidence people and/or their advocate/relative had been involved in the support planning process.
- We found the registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered.

- Care records reflected people's mental health needs. We saw a mental capacity assessment had been completed on a person's care record when it was unclear about their capacity on one issue.
- The registered manager kept a tracker of every person who was subject to a DoLS authorisation and when it was due for review. This was also reflected in people's care records.
- Risk assessments had been completed when a person was subject to restrictive interventions, such as bed rails.
- We observed staff giving people choices and enabling them to make decisions. Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, they were supported to access advocacy and related services, if required. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.
- People's protected characteristics under the Equality Act were identified and any related needs were assessed. People's diverse needs were met in all areas of their support and care was delivered following best practice and guidance.

#### Staff support: induction, training, skills and experience

At our last inspection we found the provider had failed to ensure all staff had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff received training to be able to provide effective care. Staff told us the training was good and some training was online whilst other was face to face which staff said they found beneficial.
- Staff understood people's needs and delivered care in line with people's care plans. We observed staff supporting people, they knew them well, and clearly understood their needs.
- People we spoke with told us they thought the care staff were well trained and performed their jobs well. One person said, "The staff are good, they know what they are doing."
- We saw evidence new staff had completed a comprehensive induction. One new staff member said, "I had to do an induction, it was detailed, and they put me through training again even though I'd done it previously."
- We found the service had policies on supervision and appraisal to inform practice. We checked the supervision and appraisal matrix. This showed staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to the registered manager and provider at any time. Staff said the registered manager was extremely supportive and was always available.

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

- People received good support with eating and drinking. There were written guidelines for staff on how to support each person with their eating and drinking.
- Staff knew each person's dietary needs including their allergies, religious preferences and consistency of food they could eat safely.
- We observed lunch being served in two dining rooms. The cook served the meals this also enabled more care staff to support people to eat. Drinks were offered throughout the meal. The tables had clean clothes on, and fresh napkins and the staff had aprons on. Suitable cutlery was available to assist the people who could eat unaided. Support to people who needed assistance was offered discreetly by staff and at a relaxed pace.

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

- People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.
- Relative's comments about their family member's healthcare included, "The manager and staff are very good at calling the GP if needed, we have no worries and they also keep us informed if [name] is unwell or if the GP has seen them " and "Staff are good at keeping in touch with me if anything happens. They called me when [name] blood pressure dropped, and they let me know when [name] was seeing a doctor or other people such as the dietician."
- Care records evidenced the involvement of external health care professionals. This included specialist health services, community matron, speech and language therapists and dieticians.

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

- Since the last inspection the premises had undergone some refurbishment and decoration. The provider and registered manager shared with us the ongoing plan to continue to improve the environment.
- The premises were safe and regular checks were completed to ensure ongoing maintenance issues were dealt with promptly.
- The atmosphere and appearance of the home was homely, and people looked comfortable and relaxed in their surroundings.
- There were plans ongoing to adapt the home to assist people living with dementia in finding their way around the home and understanding other information, such as easy-read signage. People had been involved in choosing the signage which the registered manager confirmed was due to be displayed in the home this month.

# 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 not rated. At this inspection the key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People looked comfortable and relaxed in the presence of staff. We saw staff had developed good positive relationships with people and knew them well. People spoke positively about the caring nature of staff, comments included, "They [staff] really look after me, really nice with me" and "Staff are lovely here."
- Relatives spoke positively about the care their relatives received. Staff were described as 'caring', 'kind' and 'friendly'. Comments included, "All the carers are lovely. You can talk to them about anything. They don't just support [name of person] they support me as well" and "All the staff are lovely, they really seem to care."
- Information on people's past lives was recorded to assist staff to better understand them. Staff and the management team demonstrated a good understanding of the people they were supporting.
- Staff were trained in equality and diversity and there was an up to date policy.

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

- People had been involved in decision making in relation to their care and support, this was reflected in their care records.
- Staff encouraged people to make choices in the way they received their care and their choices were respected. People said, "I can choose how I spend my day" and "Sometimes staff encourage me to eat certain foods, they give me lots of choices though."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and treated people with dignity and respect. For example, staff knocked on doors before they entered bedrooms or toilet areas. The provider had an effective policy in place regarding privacy and dignity, which supported staff practice in this area.
- People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with. Our observations showed staff promoted people's independence and they provided appropriate encouragement to people to complete tasks for themselves. Staff said, "We do try to encourage people to be as independent as they can, use it or lose it."
- Systems were in place to maintain confidentiality and staff understood the importance of this, people's records were securely stored.

# 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 not rated. At this inspection the 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's care needs were assessed, and clear and detailed plans of care were in place. These were person centred and regularly reviewed.
- People's likes, dislikes and what was important to the person were recorded in care plans. A relative said, "[Name of person] has really good relationship with the staff. She knows them really well and staff know what she likes."
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

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 had access to a range of activities when they were scheduled.
- Activities were both communal and on a one to one basis to ensure people were engaged in activities which were meaningful to them.
- There was an activity coordinator employed by the service who was very enthusiastic about their role. They were very keen to engage with and involve as many people as possible with the activities provided at Belle Green Court. Some of the activities organised helped orientate people to time and place, such as shamrock art to celebrate St Patricks day and tossing pancakes to celebrate Shrove Tuesday. A Relative said, "They do a lot of activities. They were tossing pancakes for pancake day the other day. They were flipping pancakes everywhere; the residents were really enjoying themselves. [Name] has a short attention span but they do what they can."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This gave clear guidance on how to complain and explained how complaints would be handled. Concerns forms were available in the reception area of the home in the event of people wanting to complain.
- People and their relatives felt able to complain if they needed to. People said, "I would certainly tell the manager if I wasn't happy. I see her most days so she would sort things out." Relatives said, "We can tell [named registered manager] if we have any concerns as she is really approachable and will address issues."
- The registered manager kept a log of complaints and ensured lessons were learned and action was taken to prevent the same issue being raised again.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the

Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of the standard and ensured all people's needs were assessed before they commenced the service to ensure any adjustments were implemented.
- Staff we spoke with understood how to communicate with the people they supported. We saw good detailed communication care and support plans in people's files for staff to follow.

#### End of life care and support

- End of life care arrangements were in place to ensure people had a comfortable and dignified death.
- The service worked with families and people to assess and document their end of life wishes. These were clearly recorded within care plans.
- Staff told us they had received additional training in this area. Records checked showed staff received annual training in death, dying and bereavement so they had the skills to support people with end of life care.

# Is the service well-led?

## Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

At our last inspection we found governance systems and processes had not been fully established and operated effectively and the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user and we found the provider had failed to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- The service had significantly improved since the previous inspection. The nominated individual and registered manager gave assurance these improvements would continue be further embedded, to ensure there was a continuous approach to improving care. People, relatives, health professionals and staff recognised the service had improved. Health professionals said, "The home has improved so much it is clean and has a warm feel to it." People and relatives said, "It's getting back to normal; it is a lovely home where staff care" and "The managers have made a massive difference." Staff said, "Everything is so much more relaxed and happier, we work together as a team" and "The manager has made a massive difference. I would have left six months ago but things are so much better, staffing levels, training and all the staff and residents seem happy."
- A range of quality assurance systems were in place to monitor and improve the service. These had been effective in identifying areas for improvement. When issues had been identified, action had been taken to make improvements. The nominated individual and registered manager gave assurance these improvements would continue be further embedded, to ensure there was a continuous approach to improving care.
- The registered manager completed a daily walkaround of the home. We saw completed documents of these walkarounds which included checks on people's care, infection control, dining experience, colleagues, bedroom checks and feedback from people was also obtained.
- The provider audited the service regularly, to help share learning and ensure consistent high standards. They demonstrated they were committed to addressing any concerns or ideas to improve the quality of the service.
- The home had policies and procedures in place which covered all aspects of the service. The policies seen



had been reviewed and were up to date.

- There was a registered manager who was supported by a team of staff. They had a good understanding of the requirements of their roles. They understood the current best practice in care and how to ensure information was accessible. They understood about people's rights and how to promote them while keeping people safe.
- Staff received regular supervision and appraisals of their performance. Staff were happy with the way they were managed. Staff told us, "The [registered] manager, is excellent. We can talk to them and they listen. They have created a good team who all want the same thing to provide excellent care for people" and "The managers and owner are really good, they listen, and we see them around the home all the time."
- The registered manager told us they received enough support from the provider. They told us there was a consistent approach to ensure all staff were supported and well led.
- Staff meetings were held regularly, and all aspects of the service were discussed, for example people's care needs, maintenance and staffing issues. Staff told us how they felt they were now listened to by managers and this helped implement change for the better.
- Satisfaction surveys were undertaken annually for people who used the service, their relatives and relevant professionals. This ensured feedback was obtained to drive improvements. The notice board in the foyer of the home displayed 'you said, we did' from people and relatives questionnaires completed in July and August 2021. The improvements made were detailed, well presented and showed actions being taken in response to feedback. The home produced a monthly newsletter which kept staff, people and relatives up to date with what was happening at Belle Green Court.
- We saw minutes of recent 'relative and resident' meetings which had taken place. People had been consulted about new signage for the home. Their views had been listened to and the new style of signage had been ordered specifically for different floors in the home.
- Staff told us they felt appreciated by the management team and they worked well as a team.

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 management team understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately.
- The manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The management team had sent statutory notifications to the Commission as required.
- Throughout the inspection the registered manager was honest and open with us. They acknowledged the shortfalls identified at previous inspections. They were committed to ensure people receiving care and support were safe and protected from harm.

Continuous learning and improving care

- The provider and management team were committed to continuous improvement of the service. The management team demonstrated their understanding of quality performance and regulatory requirements and had made good progress against the action plan formulated at the last inspection, to show what action would be taken to make improvements.

Working in partnership with others

- The home had effective relationships with health and social care professionals and services. People were supported to attend appointments or were visited in the home appropriately to meet their physical or emotional health needs. There were also regular visits to or from dentists, opticians, chiropodists, dieticians and others.
- The management team were keen to continue working with partners such as CQC and the local authority.

The home had been working with the local authority and held regular 'sustainability meetings' with health and social care professionals to help with improving the service.