

St Marys Care Services Ltd

St Marys Riverside

Inspection report

7 Wintersgill Place
Hessle
HU13 0DF

Date of inspection visit:
18 April 2023
21 April 2023

Date of publication:
24 August 2023

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

St Mary's Riverside is a residential care home providing accommodation and personal and nursing care for up to 61 people. At the time of the inspection 44 people were living at the service. St Mary's Riverside is a purpose built three floor residential home. All bedrooms have en-suite facilities, and there are communal living and dining areas.

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

People who lived at St Marys Riverside received exceptionally high-quality, personalised care and support from a remarkably well-led service.

The atmosphere was exceptionally welcoming, friendly, and positive. Feedback from people who used the service, their relatives, and staff was consistently and overwhelmingly positive the home exceeded people's expectations. One person told us, "I don't ever want to leave here. I am home now."

People and their relatives praised the staff for their exceptional care and kindness. Staff were engaging and considerate, and treated people with the utmost respect.

Staff were extremely committed to providing care that was compassionate and provided the best outcomes for people. The managers and staff team had a strong approach to providing individualised care, that promoted people's dignity.

There was a positive culture and staff were very proud to work for the provider. Staff were empowered to achieve the best outcomes for people through embracing a supportive teamwork approach to their work.

The management team provided strong leadership and proactively considered how they could continuously enhance the service. There was clear leadership and visions and values for the service, that ensured people were at the heart of everything they did.

People were provided with a variety of inclusive, social, and therapeutic activities that were tailored to their skills and preferences. The staff team were enthusiastic and continuously looked for new activities or events for people to be part of to minimise social isolation.

Staffing levels were sufficient to meet people's needs safely, and ensured people received consistent support. Staff were recruited safely, and the management team ensured staff were suitably skilled and trained to carry out their role and meet people's complex and diverse needs. Risks to people had been fully assessed and mitigated to help keep people safe.

Medicines were administered safely to people and staff were observed following safe infection prevention control practices. Where incidents occurred, the provider had a system in place to review and learn from

these to prevent reoccurrence.

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.

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 7 February 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally well led.

Details are in our well led findings below.

St Marys Riverside

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 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

This inspection was carried out by 2 inspectors and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was completed by 1 inspector.

Service and service type

St Mary's Riverside 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. St Mary's Riverside is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day. We told the registered manager we would be returning for a second day.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who commissioned care 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 used all this information to plan our inspection.

During the inspection

We spoke with 17 people who used the service, and 8 visiting relatives. We spoke with 10 members of staff including the registered manager and care staff, and a regional manager for the organisation. We also spoke with 2 visiting health and social care professionals. We reviewed a range of records. This included care records and medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People lived safely at St Mary's Riverside because the provider identified, assessed, monitored and managed safety well.
- Risks to people were regularly assessed and there were detailed plans in place to help mitigate risks. This included risks associated with people's mobility, falls, nutrition, skin integrity and the management of specific health conditions.
- Staff anticipated and managed risk in a person-centred way. The provider supported some people with complex support needs and was dedicated to empowering people to be as free from restriction by physical and health conditions as possible.
- People were supported to understand risk in order for them to improve their quality of life and independence. For example, staff held regular 'difficult conversation groups' with people where topics such as safeguarding and nutrition and hydration were discussed. People were provided with guidance and information to empower them to be aware of the risks they could be exposed to, and how these could be reduced.
- Staff managed and maintained people's environmental safety through the maintenance and monitoring of systems and equipment.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as the provider had comprehensive processes in place.
- People and their relatives consistently told us they felt very safe in the service. Comments included, "I know [Name] will be safe here" and "[Name] is in safe hands."
- Staff we spoke with had no concerns around people's safety and were confident any safeguarding concerns would be acted upon immediately by the management team.
- Staff received training in safeguarding and had good knowledge in how to protect people from the risk of abuse and neglect.
- Safeguarding concerns were reported to the local safeguarding authority without delay.

Staffing and recruitment

- People and their relatives were positive about the staffing levels. One person told us, "I ring my bell and they [staff] are here." A relative said, "I can honestly say staff never seem to be under pressure."
- On the days of the inspection we saw there were enough staff on duty to meet people's needs. People were supported in a timely manner and staff were relaxed.
- Safe recruitment processes were in place. Staff files contained information to aid safe recruitment decisions. Such as, evidence that pre-employment checks had been carried out. This included employment

histories, evidence of the applicant's identity and satisfactory disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely.
- The provider had a medicine policy in place which guided staff on how to manage medicines safely.
- Staff had been trained in administering medicines and their competence was regularly checked.
- Staff followed systems and processes to safely order, administer, record, store and dispose of medicines.
- Medicines audits were regularly completed by competent staff to ensure any issues with medicines were acted on promptly.
- People's medicines were regularly reviewed by their GP to monitor any effects on their health and wellbeing.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 safe visiting in line with government guidance.

Learning lessons when things go wrong

- A system was in place to record and monitor all incidents. This was overseen by the management team to ensure appropriate actions were taken to support people safely.
- Staff understood their responsibilities to report incidents and did this appropriately.
- Records we reviewed highlighted where learning and change had been implemented following shortfalls to improve the service for people and staff.

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 for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were thoroughly assessed before they moved to the service.
- Assessments of people's needs were detailed, and person centred. Processes were streamlined from the first contact through to admission and beyond. This benefitted both people and relatives. A relative told us, "Admission day can be quite an emotional time, but the first form I was given made me smile asking 'whats [Name's] favourite birthday cake, and how would they like to spend their birthday,' I knew then we were exactly where we were meant to be."
- Managers and staff worked in partnership with other organisations and kept up to date with new research and developments to make sure staff were trained to follow best practice, for example, improving skin care. This had resulted in positive outcomes for people with no record of any pressure injuries developing in people since the service opened.
- People benefitted from additional assessments and resources which resulted in the use of specialised equipment such as sensor mats, hoists, pressure relieving mattresses and cushions.

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

- People and their relatives were positive about the support they received. They told us, "I am supported with access to my GP and they [staff] help me with my catheter" and "[Staff] organise all [Name's] healthcare."
- Staff worked with other healthcare professionals to ensure the care, treatment and support people received continuously improved, examples included working with local mental health specialists supporting 2 people with their dementia diagnosis. This resulted in a positive impact on their lives with clear decreases in periods of distress.
- The provider had invested in champion roles within the service who actively supported staff. Staff completed training to ensure better knowledge in areas such as tissue viability, oral health, continence, freedom to speak up [whistleblowing], Lesbian, Gay, Bi and Transgender [LGBT] and nutrition and hydration. They shared information and updates with staff, and this led to better experiences of care for people and their relatives.
- 'Hydration angels' [staff members] were allocated daily on each floor of the home ensured people were hydrated. This approach had been effective. Since the home opened no one had been admitted to hospital with dehydration, the number of urinary tract infections was low, and falls had reduced.

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

- People were supported to have enough to eat and drink.

- People and their relatives were happy with the nutrition and hydration support on offer. A relative told us, "[Name] loves the food and they now sleep better. They have put weight on as they are getting a proper diet." Another said, "[Name] has 3 breakfasts every morning, cereal, then cooked breakfast, then toast and marmalade."
- People were encouraged to provide feedback and share ideas about food and drink. The registered manager used this feedback as a valuable tool. Catering staff held regular sessions with people about the importance of nutrition and hydration and 'meal experience' feedback forms were used to make any necessary changes. Comments from these included, "As a resident I have found the whole atmosphere excellent" and "[The service] beats The Savoy on friendliness."
- People were encouraged and supported to have meals that were culturally important to them and prepared in line with their religious beliefs and preferences. One person said "The vegetarian food is fine, and the chef is very helpful to me. A relative told us, "[Name] is [culture] and they accommodate their diet very well."

Staff support: induction, training, skills and experience

- People were cared for by staff who were well supported, trained and experienced. Staff received a range of training specific to people's health conditions. We saw evidence of how training had prepared staff and how they used this to monitor a person's presentations and tailor their care and support, which had resulted in improvements to the persons health.
- The management team had introduced 'fact sheets' on specific topics to reinforce training and development. Staff read about and discussed topics to increase their knowledge and awareness. Topics included Lupus and Progressive Supranuclear Palsy. This approach to knowledge and training had improved their understanding and helped them to explore different ways to support people leading to better health outcomes.
- There was a clear support and appraisal system for staff, which recognised that continuing development of skills, competence, and knowledge, was integral to ensuring good quality care and support. One member of staff told us the support from the registered manager was 'the reason they came here [to work at the service].'

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

- St Marys Riverside was purpose built and the design and décor had been carefully considered to ensure the environment supported people's needs.
- The home was clean and well-maintained throughout and provided people with choice in how they spent their time.
- There were several areas for people to use both inside and outside of the home including quieter lounges and seated balconies overlooking a river. This meant people could spend time alone, with other people they lived with, or take part in activities.
- There were multiple areas where people could entertain their friends and family such as a fully functioning bar, and a coffee bar.

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

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Assessments were carried out when a person showed they were unable to make a specific decision about any aspect of their care. Staff made decisions in the best interest of people and when needed, with the involvement of the person, their relatives, and appropriate health or care professionals.

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 for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were exceptionally well cared for by a staff team who were kind and compassionate. People told us, "This is a wonderful place to live, and the staff are kind and caring all the time" and "Staff are delightful there's not one I wouldn't want as a friend." A relative told us, "Staff are amazing. I wouldn't want [Name] to be anywhere else other than here. It is one of the best places I have come across. Staff are happy to go that extra mile. I honestly cannot speak highly enough of the place."
- The service had built a strong and person-centred culture, where people were placed at the centre of their care. The care people received enabled them to live fulfilled lives. One person had been admitted to the service on an end-of-life pathway. The person had thrived in the service and was no longer on this pathway. They told us, "If I hadn't moved here [the service] I wouldn't be here anymore. My future no longer seems bleak. With good care, good food and the friendliest staff I now have a bright future ahead of me, and I can't wait to get up in a morning, carry on, and see what my life brings."
- People were supported by staff that demonstrated sincere admiration which was heartfelt. A relative told us, "There is so much love." The atmosphere was friendly and calm, where everyone was included and involved. Staff and people shared appropriate friendly and good-humoured banter between them and appeared more like friends together sharing experiences.
- Staff demonstrated real empathy for the people they cared for. We observed warm interactions between staff and people during the inspection; we found staff were particularly sensitive to times when people needed compassionate and caring support. The service had planned actions to take to support people for the state funeral of HM The Queen. A condolence table had been set up, quiet areas for reflection had been set up around the home, reminiscence activities had been offered, and local church and faith services had been sourced to offer people pastoral support should they require it.
- A proactive approach was taken to promote equality and diversity throughout the home through public displays of information about LGBT and people living with dementia, for example. People had been supported to follow their faiths which was important to them. One person said, "I am very happy my [faith leader] came to see me, talked to me, and blessed me. The St Marys care team here are wonderful, so kind and pleasant. I do not know of a better place in the country." A relative commented, "[Name] is a devout catholic and takes great comfort in their faith. [Following a trauma in their life] the need for religious support was especially significant. St Marys have done just that by instigating, coordinating through the local catholic church and its community one to one visits for [Name] and others providing the comfort, meaning and support they need."

Respecting and promoting people's privacy, dignity and independence

- People received outstanding care that encouraged and supported them to maximise their independence. One person had been admitted to the home unable to walk. Through patience and encouragement from staff the person's mobility improved and they were now able to walk independently using a mobility aid. The person's relative told us, "When [Name] came in they couldn't walk but now can independently using a walking aid. I attribute this to staff's encouragement - they encouraged and helped [Name]. They don't treat them as old people."
- Staff understood the positive impact on people's mental health and well-being if they were able to remain as independent as possible. One person told us of the positive impact the care they received had on them. They said, "They [staff] are amazing. They took their time with me, and their care has got me better. I feel confident and like a person again."
- Staff spoke with enthusiasm and warmth about their caring roles. A staff member told us, "This is a brilliant place to work. I always go home happy."
- Dignity was embedded throughout the service. The management team and staff team had a strong approach to providing individualised care, that promoted people's dignity. The service had considered people's dignity in all areas including their personal shopping. Regular oversight was in place to ensure people's dignity was respected, this included dignity champions, regular dignity audits and dignity feedback cards given to people to gain feedback at the point of care.

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

- There was an exceptional, inclusive approach to care that valued people and their relatives and made them partners in their care. All relatives we spoke with gave examples of how they were as involved as they wished to be in decisions about their family members care that resulted in the best outcomes for people. One relative commented, "St Marys saved [Name], in fact they saved all of us [family]. They gave [Name] back their quality of life and the positive improvement in their mental and physical health has been dramatic, and a real joy to see. They have blossomed in their excellent care. The piece of mind this has given us is beyond measure."
- Staff spoke about people with genuine affection and interest. Information about people's life history and preferences had been sought and recorded, which staff used to get to know people and to build positive relationships. Staff knew people and could describe people's interests, histories, likes and dislikes. One staff member told us, "It's amazing [the service] it's the best job I've ever had. The people and staff are so nice."
- A relative shared with us their journey of looking for care for their parents who were living at the service. They told us, "Nothing is too much trouble [for the staff] and the care and culture of the home is what makes it outstanding. There is care and compassion. The impact is the anxiety of ensuring our parents are cared for are gone, knowing our parents are safe, secure and well cared for but are actually happy and content for what will be inevitably their final years."

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 for this newly registered service. 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; 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 received personalised care which met their needs and reflected their preferences. In collaboration with relatives where required, staff had taken time to understand people's life histories, values, beliefs and interests to create person-centred care plans.
- Feedback from people, and their relatives was complementary about the responsiveness of the service, and its staff. They described how people received care that was personalised and tailored to meet their individual needs and preferences. People's comments included, "Nothing is too much trouble. Staff felt like my friends as well as carers."
- The responsive, person-centred care of the management and staff had a positive impact on people's well-being and increased their skills and independence. For example, a person had been identified as being lonely. Staff had sought the support of a community service to address this. When this didn't work staff focused on exploring and encouraging their past abilities. The person was now compiling and facilitating quizzes in the home every week for other people to enjoy and take part in. Their relative commented, "Thank you very much for trying to make progress to help [Name] be a little happier and less lonely."
- There was a clear emphasis placed on people experiencing meaningful activities to enhance their wellbeing. One person told us, "There's always something to do. I don't get to read my books as I'm always doing things during the day like keep fit, handy craft, or quizzes." Activity staff developed a comprehensive programme of weekly activities, some of which were themed, to stimulate people's physical, emotional, and cultural needs. This plan was displayed around the home and included crafts, fitness, faith and belief discussions, poem reading and listening to favourite music genres.
- There was a whole staff team approach which ensured people were supported to maintain meaningful relationships with those closest to them and the wider community. Special events were catered for free of charge by the provider. We saw examples of people celebrating occasions at the service with their families. Two people's relatives had commented after a celebration, "We feel so happy [Relatives] are getting such wonderful care. Your team and the culture at Riverside are just the best."

End of life care and support

- Person-centred care was woven throughout the service, and this included how people wished to be cared for at the end of their lives.
- Staff ensured not only people, but relatives received the support they needed during the final stages of life. Items such as toiletries, information leaflets and services available within the local area were readily available if relatives required any additional support.
- The service worked to provide a comfortable end of life pathway for people when this was required.

People were enabled to spend time with their families and the service allowed relatives to visit whenever they wished. We saw feedback from a person's relative which said, "It was clear that all staff knew how important it was that the family of the resident need support and reassurance. I feel only happiness that I chose St Marys for [Name] final home and I cannot thank them enough."

Improving care quality in response to complaints or concerns

- The provider had a clear policy and procedure on managing complaints.
- People and their relatives knew how to express any complaints or concerns and told us they would feel comfortable telling staff if they were unhappy.
- People and their relatives could access information on how to make a complaint. It was clear who to complain to and what action would be taken by the provider in response.

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.

- People's communication needs were robustly assessed and detailed in their care plans. This documented and guided staff to people's preferred method of communication, and any difficulties they may have.
- All information was available in different formats so each person had access to the same information, presented in a way they could understand.

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 newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Without exception, everyone who walked through the doors of St Marys Riverside, whether this was people using the service, their relatives, staff and professionals were welcomed and valued. There was an overwhelming sense of inclusion, and this was the foundation the service was built upon. A relative commented, "It's the culture which makes Riverside outstanding."
- The registered manager, management team and staff had worked exceptionally hard since the home opened and had established a service that promoted an extremely positive and inclusive culture where person-centred care was at the heart of their ethos. The registered manager told us, "I want this home to be a lovely place to live and for people to have outstanding care. I want my mum and dad to live here if they ever need to."
- The management team were dedicated and determined to ensure people were at the heart of the service. Staff all told us they enjoyed and appreciated working in the service, how remarkably caring and friendly it was and how they were motivated by providing the best support for people. Comments from people, staff and relatives included, "I could not ask for a more caring place to be living", "The management and the staff team are superb" and "I love everything about my job it's so rewarding and such a nice place to work."
- The management team's ethos was ensuring the highest level of staff wellbeing for the benefit of those they supported. There was a scheme which valued 'unsung heroes' [staff]. One member of staff had been awarded with a 'we appreciate you' card and a home baked cake to recognise the great job they did at the home.
- Staff felt fully engaged in the service and told us staff meetings were regular and they felt they could raise issues and new ways of working and were listened to and valued.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 of the service was outstanding. The management team were incredibly clear of their roles and responsibilities and led the service to have a person centred ethos that promoted positive outcomes for people.
- The management team was highly regarded by people and their relatives. Without exception, we received positive feedback, which included, "The team and management have become like family. I can't praise them enough. They are all angels" and "There is a warmth and compassionate culture which clearly comes from

the leadership and management who have taken the time and effort to know and understand our [Relatives]."

- The registered manager demonstrated full awareness of the duty of candour. They described the duty of candour as being transparent when things went wrong. The duty of candour was considered for any safeguarding matters and incidents and records confirmed these were completed and documented.
- The registered manager understood their regulatory requirements, they were knowledgeable on regulations and legislation. They understood their duty to notify CQC of events in the service, records confirmed this had been done appropriately.

Working in partnership with others; continuous learning and improving care

- The registered manager had linked up with various community organisations. This included a local LGBT forum. They had contributed to groups and shared mutual advice and support, and further engaged with manager's networks on social media sites.
- Members of the management team had been extensively trained in specific areas. For example, the registered manager and one deputy manager had trained in LGBT people living with dementia. They had regularly engaged with an online peer support group for people with a diagnosis of dementia and of the LGBT community to gain a greater understanding of how to support people to be themselves.
- Two members of the staff team had participated in a university study research project of defining and measuring safety in older adult's residential care homes and shared their learning with staff to enhance best practice and approaches.
- There was an exceptionally robust quality assurance process in place to cover all aspects of care delivery, day to day running of the service and daily checks were embedded in to staff practice. Any areas identified for improvement were actioned and reviewed again to check the actions were appropriate. Findings of audits and lessons to be learned were shared with staff to ensure they were working towards a common goal and to minimise reoccurrence following an incident or complaint.
- The registered manager had a good overview of outcomes of audits which were recorded and had oversight of action plans so they could be completed in a timely way.