

Appletree House Care Home

Appletree House

Residential Care Home

## Inspection report

9 Pratton Avenue  
Lancing  
West Sussex  
BN15 9NU

Tel: 01903762102

Date of inspection visit:  
17 October 2022

Date of publication:  
04 November 2022

## 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

Appletree House Residential Care Home is a care home providing personal care to up to 15 people in one adapted building. The service provides support to people with dementia and frailty associated with age. At the time of our inspection there were 12 people using the service.

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

People felt safe. People told us they were supported by staff who were kind. Risks to people had been assessed and mitigated. Staff followed safeguarding guidelines and knew how to identify and report potential signs of abuse. Medicines were managed safely.

People were complementary of the service they received. They told us the food was good and they were supported by attentive and compassionate staff. Visitors told us the care people received was very good and the staff were kind, caring and compassionate. We observed warm and positive engagement between people and staff. Staff were recruited safely and there were enough staff to meet people's needs.

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

People told us they were involved in the planning and reviewing of their care. Care was personalised and care plans provided detailed information and guidance for staff. Staff provided support in line with people's preferences. People were treated with dignity and respect.

Since the last inspection significant improvements had been made to achieve the required level of compliance. Systems and process were in place to monitor the quality of the service being delivered. A new registered manager had been appointed and we received positive feedback about them from people and visitors to the service. The provider and registered manager worked with stakeholders to drive and sustain service improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 27 September 2021). There were breaches of regulation and conditions were placed upon the providers registration. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

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

#### 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?**

The service was safe.

Details are in our safe section below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective section below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring section below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive section below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led section below.

**Good** ●

# Appletree House Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

The inspection was undertaken by one inspector.

#### Service and service type

Appletree House Residential Care Home 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. Appletree House Residential Care Home 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.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law. 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 reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We spoke with eight people who used the service and four members of staff including the registered manager, care support staff and the administrator. We reviewed the care and medicine records for nine people and the recruitment records for three members of staff. We sought feedback from healthcare professionals and five relatives about their experience of the care provided. We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service.

# Is the service safe?

## Our findings

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

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

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection on 7 June 2021 the provider had failed to ensure care and treatment was provided in a safe way or that risks to people had been mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 12. People received safe care and treatment. Risks relating to the health and safety of people were managed.

- Risks to people were assessed and mitigated. This included environmental risks and those relating to people's health and wellbeing. For example, skin integrity care plans were in place to mitigate the risk of pressure ulcers developing. Care plans for people with diabetes guided staff to recognise the signs of unstable blood sugars and what action to take.
- People were supported in the least restrictive way to safely meet their needs. Falls prevention care plans detailed how people mobilised and any equipment they needed to do this safely. Bed rails and pressure mats were used to keep people safe. Some people used walking frames to aid their stability whilst walking. We observed staff following safe moving and positioning techniques when supporting people to stand, transfer and mobilise safely.
- Action was taken following accidents or incidents to help keep people safe. Records evidenced medical and professional help was sought appropriately. Where people had sustained injuries, a period of increased monitoring was implemented to mitigate the risk of complications developing. One relative told us the service had enabled them to speak with the ambulance crew after their loved one had sustained a fall, adding "I can't fault them".
- Checks were carried out on the facilities and equipment to ensure they were safe. This included electrical and fire safety equipment. The provider was addressing actions arising from a recent fire safety inspection to ensure people were safe in the event of a fire. People's care records contained details of personal evacuation plans. These guided staff on the assistance needed to evacuate people safely in the event of an emergency such as fire.

Using medicines safely

At the last inspection on 7 June 2021 there was a failure to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

Medicines were managed and administered safely.

- People received their medicines safely. Since the last inspection improvements had been made to the way medicines were managed. Medicines were stored safely in line with National Institute for Health and Care Excellence (NICE) guidance. This included medicines that required additional control measures to ensure they were managed safely. Processes were in place for ordering and disposal of medicines.
- Medicines were administered by staff who were trained in the safe administration of medicines. Medicine Administration Records (MARs) were completed in line with best practice. People's MAR's were audited regularly, any omissions or errors were identified, and appropriate action taken.
- People received their medicines on time and in line with their prescribed requirements. This included medicines for people who were living with dementia and time specific medicines for people with Parkinson's disease. Protocols were in place for medicines prescribed to be administered 'as and when required' (PRN). We observed people were asked if they needed PRN medicines such as pain relief before it was dispensed.

### Preventing and controlling infection

At the last inspection on 7 June 2021, there was a failure to ensure robust infection prevention and control practices to ensure people's safety and protect people and staff from the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection improvements had been made and the provider was no longer in breach of regulation 12. Infection prevention and control processes protected people from the risk of infections.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Floor and wall coverings and hand rails in some communal areas were difficult to wipe clean and sanitise. We have signposted the provider to resources to develop their approach.
- 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 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

At the previous inspection on 7 June 2021 we were not assured the provider was facilitating visits for people living in the home in accordance with guidance in place at the time. We sign posted the provider to resources and government guidance on care home visiting to develop their approach.

At this inspection improvements had been made and safe process were in place to welcome visitors to the care home. People told us their friends and loved ones were able to visit and this was important to them. To maintain good infection control and reduce the risk of Covid 19 in the service, visitors were asked to wear face coverings, and these were provided. There was plenty of hand sanitiser and visitors were encouraged to use this. During times of a Covid19 outbreak in the service the provider implemented safe visiting processes in line with government guidelines.



Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe and were supported to keep themselves and their belongings safe. A person said "I feel safe and secure. I feel like I'm in a caring home. I sleep soundly". Another said, "They are checking I am safe and ok all through the night".
- Staff were aware of their individual responsibilities to prevent, identify and report abuse. Staff received safeguarding training during their induction and undertook updates. This ensured their knowledge was up to date and they knew how to report concerns.
- People told us staff were kind and respectful to them. Relatives told us they had no concerns about their loved one's safety. A poster informed people and visitors how to act upon concerns of potential abuse. Relatives told us they knew how to raise concerns and would do so if they felt the need. A relative told us their loved one had moved into Appletree House due to concerns about their safety. They told us, "I no longer have any concerns about that". Another said, "I am confident [name] is kept safe and that's a comfort to us."

Staffing and recruitment

- There were enough staff to meet people's needs. There was an active recruitment drive for care staff vacancies. The registered manager ensured there were enough staff to provide safe care and meet people's needs by covering gaps in the rota and by freezing new admissions when necessary. Staff worked additional hours and on occasions agency staff were used. During the inspection the registered manager had acted in a timely way to cover an unexpected staffing absence on the morning of the inspection.
- Safe recruitment processes protected people from the recruitment of unsuitable staff. Appropriate recruitment checks were undertaken to ensure staff were safe to work with people. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to the inspection we received some concerns about the environment including the lack of bathing facilities. The service has one bath and no shower facilities. People told us they had access to hot water for personal care and could access the bath if they chose to. Some people felt a shower facility would be helpful and the registered manager told us there were plans for a downstairs wet room to be installed. At inspection people looked clean and well groomed. Relatives told us they had no concerns about their loved one's personal hygiene, one said, "I've never seen anyone looking unkempt".
- We observed the decoration and furnishing were tired. The provider had recently employed a person to undertake maintenance and repairs within the service. We observed they had begun a programme of redecoration and essential repairs and improvements.
- People's bedrooms were personalised and contained personal effects such as pictures, photos and equipment. We observed people were able to mobilise around the building independently. There was a lift and stair lift to access bedrooms and the bathroom on the first floor.

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

- People were assessed prior to receiving a service to ensure their needs could be met. Protected characteristics under the Equality Act such as disability, ethnicity and religion were considered in the assessment process. This ensured people's diverse needs were considered and promoted within their care.
- A range of assessment tools were used to ensure people received care and support appropriate to their needs. This included assessments to assess the risk of malnutrition and pressure sores. The service followed good practice guidance on oral care and hygiene. People's oral health care needs were assessed and reflected within their support plan.
- People and their relatives told us they were involved in assessment about their care. Assessments included details of people's needs and preferences and these were reflected within people's care plans. Staff were knowledgeable about people's needs and personal preferences and we observed this was reflected in staff practice. A person told us, "They know me very well". Another said, "They know how to look after me and they do it well".

Staff support: induction, training, skills and experience

- Since the last inspection the provider had improved processes for assessing staff learning and development. There was a range of training available to ensure staff had the skills and knowledge to carry out their role. This included mandatory training such as safeguarding and moving and positioning and additional training to meet people's specific needs such as dementia and stroke awareness. People told us

staff were trained and felt they had the skills to meet their care needs.

- Staff felt supported by the registered manager. New staff received a comprehensive induction which included competency assessments, time shadowing more experienced staff and observations of their practice. Staff told us they received supervision which was constructive and conducive to their personal development and wellbeing.
- Staff new to care undertook the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Nutrition and hydration needs were met, and people had enough to eat and drink. Specialist diets were catered for. This included modified diets for people who had difficulty swallowing. People who were identified as being at risk of malnutrition had fortified diets to increase their calorific intake and reduced sugar diets were provided for people who had diabetes. Effective fluid monitoring ensured people received enough fluids to keep them hydrated.
- Staff had a good understanding of people's individual nutritional requirements and supported people to eat and drink well. Food was home cooked and there was plenty of fresh produce. We observed staff asking each person about their menu choices. People had unlimited access to cold beverages from a drink station in the dining room and we observed people were frequently offered hot drinks and snacks.
- People told us they had plenty to eat and drink and the food was of a good standard. People had a choice of where to eat and told us they had a positive mealtime experience. One person said, "If I am peckish between meals I just have to ask, and they get me something nice to eat". Another person said there's always a bit of extra cake in the offering". People told us the meals were of a good standard. We observed a choice of fishcakes or roast pork at lunch time. There was spontaneous banter and advice amongst people about how to cook pork crackling properly which made people laugh.

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

- Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals. The registered manager told us they received good and responsive support from the local GP surgery including a weekly 'ward round' conducted by a nurse practitioner over the telephone and onsite visits if requested.
- Records were kept about health appointments people had attended. Staff sought medical advice and support in a timely manner when people needed to be seen by a doctor or specialist healthcare practitioner. Regular support and visits to the service were provided by community health and social care teams, including the hospital avoidance matron and dementia care matron. Care plans and daily notes confirmed guidance provided by health care professionals was implemented.

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. Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming that people had capacity to make decisions and to ensure that people were supported in the least restrictive way. People told us that staff checked with them before offering and providing care and our observations confirmed this.
- Appropriate applications had been made to the local authority to deprive people of their liberty in line with DoLS procedures. Best interests' meetings had been held with appropriate people when decisions needed to be made in people's best interests. This included where people required bed rails and sensor mats. Processes ensured those acting on people's behalf had the appropriate legal authorisations to do so.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were treated equally, regardless of age gender or disability. Staff were sensitive to people's needs and feelings and took time to support people effectively. People felt staff treated them with kindness and were caring.
- People were supported in a respectful and dignified way. We observed staff were very compassionate when supporting people. People told us staff were very respectful and felt staff had time for them. Feedback from people included, "The staff are excellent, very caring and helpful". Another said, "They are always coming around to ask if I am Ok".
- Staff responded appropriately and sensitively when people needed support. There were positive relationships between people and staff; interactions were warm, friendly and pleasant. A person told us staff were "Attentive". Another said, "This is my home and the staff are my family".
- People were encouraged to be involved in decisions about their care and make daily choices. People told us they felt listened to and this enabled choice and control about the way that their care was delivered. A person told us "I can't think of anything they could do better".
- Relatives were positive about the care and support their loved ones received. Feedback included, "I can't fault them; [Registered manager] is fabulous and the staff are amazing". And, "[Registered manager] works hard for all the residents and just wants them to have the best care and life".
- People's privacy was respected. Confidential information was held securely, and information was shared appropriately and sensitively. People told us that staff respected their privacy and were polite. We observed personal care was offered in a discreet way. We were told that staff knocked on people's doors before entering and we observed this practice.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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 told us they enjoyed a range of activities. During the inspection we observed a game of bingo which prompted lots of conversation and engagement. People told us they enjoyed quizzes, adding "We are quite a competitive bunch". Several people told us they enjoyed the lady who comes in to sing. A person said, "We have a good sing and dance". A person told us it would be nice if they could go out for walks or into the village and we fed this back to the manager. During the summer a garden party was held which friends, relatives and neighbours attended.
- People were supported to stay in touch with people who mattered to them. Visitors to the service were welcomed. People had access to WIFI which supported the use of 'smart' mobile phones, laptops and voice activated devices. Some people used video calls to keep in contact with friends and family. During the inspection we observed people making and receiving calls on their personal mobile phones.

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

- People received care and support that was planned and centred on their individual and specific needs. Support plans were personalised and provided guidance to staff on the level of care and support each person needed, and in the way they preferred.
- For example, care plans reflected people's allergies, food preferences and levels of independence. Person specific guidance was provided for known health risks such as urinary tract infections (UTI). A person's care plan reflected how they wished to have their spiritual needs met and we observed this in practice during the inspection. Care plans were reviewed regularly to ensure they were up to date and reflected any changes in people's needs or preferences.
- People were involved in the planning and review of their care. People and visitors told us the service people received was very responsive to their needs and wishes. People said they felt included and valued and relatives told us staff took the time to get to know their loved ones well.
- We observed positive interactions between staff and people. Staff were respectful and promoted dignity, privacy and independence at all times. A person told us "The care is first class and the carers are brilliant. I love it here and you can't get any better feedback than that".

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 service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). People's communication needs were identified, recorded and highlighted in support plans.
- At inspection no one required any specific communication aids or support. The registered manager and staff told us, information was available in large print and could also be produced in other languages and formats if needed. We observed staff communicating with people verbally and in a tone and volume appropriate to people's needs.

Improving care quality in response to complaints or concerns

- The service was proactive at responding to concerns or complaints. The provider had a complaint procedure, and people said that they knew how to complain and who to complain to. Complaints and concerns were investigated. In order to learn lessons and drive service improvement learning from complaints was shared.
- People and their relatives knew how to provide feedback about their experiences of the care provided. A person told us "If I am unhappy about something I can talk to [registered manager ] and she will sort it without delay. A relative told us "If we were worried about anything, we would tell the manager, she is very good and understanding and really nice. Another said, "We are pleased with the service and staff and have no complaints what's so ever, but if we did, I wouldn't hesitate to tell [Registered manager]".

End of life care and support

- Systems ensured that people who did not wish to be resuscitated when this had been formally agreed with them, or in their best interests, by a medical professional and appropriate others, were known to staff. This meant people were able to die with dignity. This is known as a 'DNACPR' which means; Do Not Attempt Cardiopulmonary Resuscitation. Care staff knew which people had DNACPR's so that people's wishes were known and respected.
- People were supported to plan for end of life care. Where people had made advance decisions, these were recorded in the person's end of life care plan. People's wishes, and any cultural needs were recorded to ensure staff were aware of people's personal preferences and could plan for appropriate care.
- At inspection no one was being supported with end of life care. The registered manager told us when people were nearing the end of their life support would be provided from the community end of life care hub (ECHO). Anticipatory medicines were made available to people nearing receiving end of life support. Anticipatory medicines are prescribed by a GP in advance so that the person has access to them as soon as they need them. This meant people would have access to the medicines they needed to manage symptoms such as pain should their condition deteriorate quickly.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection on 7 June 2021 the provider had failed to take the necessary steps to improve. There was a continued failure to ensure adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. Accurate and contemporaneous records were not always maintained regarding people's care. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection improvements had been made to the way the service was managed and the provider was no longer in breach of regulation 17. Quality assurance processes were in place and there were improvements in the way the service was monitored. Accurate records were kept.

- Following the last inspection conditions were placed on the provider registration. The provider sent us an action plan to tell us how they planned to make the necessary improvements required and by when. At this inspection the provider had followed their action plan and there were sustained improvements to the way the service was operated and managed.
- There was provider led systems and processes for quality monitoring and auditing. Quality assurance processes and governance audits were robust and actions arising were followed up. This ensured good governance of the service and continued service improvement.
- Since the last inspection there had been a change in registered manager. The registered manager was experienced in the care sector and able to demonstrate their knowledge and understanding of their regulatory responsibilities and requirements. The registered manager was familiar with the enforcement action and improvements required following the previous inspection and we were able to see the improvements they had made to meet the required level of compliance.
- Accurate, complete and detailed records were kept in respect of each person's care. Systems were in place to ensure care plans transferred onto the electronic care system were documented in a way that supported a person-centred approach and were accurate. Staff were supportive of the newly implemented electronic care record system and said care processes were more organised which was having a positive impact on the service people were receiving.
- We received positive feedback about the registered manager and the changes that had been implemented. Staff told us the culture of the service was more positive and they were enjoying being part of



the change process. People were very complementary about the registered manager; their feedback was consistently positive.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted transparency and honesty. The registered manager understood their responsibility to be open in the event of anything going wrong. They reviewed and learnt from feedback so the service would continue to develop. For example, since the last inspection a new head injury protocol had been implemented. Outcomes from learning and feedback were shared with people and staff to ensure lessons were learnt.
- The registered manager understood their responsibility to notify the Care Quality Commission (CQC) of significant events, as they are required to by law. Notifications had been sent to us in a timely manner and were completed in line with requirements. The registered manager understood their responsibility to notify local safeguarding authority of concerns. Records showed this had happened appropriately and in line with safeguarding guidance.
- People and visitors to the service told us they experienced transparency. People told us the registered manager was honest. A person said, "I trust them to do the right thing always and they do, very honest no concerns". A visitor told us, "We are quite happy with the service; they get in touch if anything goes wrong and with general updates". Another said "Registered manager] keeps us up to date and she is honest and open about things, so I feel I am always up to date and know what's going on. I can trust her 100% to ensure mums receives good care and is kept safe".

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

- People's views were sought of the service they received. Regular meetings were held with people and visitors and satisfaction surveys sought opinions and feedback from stakeholders about the service. The management team analysed the feedback and incorporated this into the daily running of the service.
- Information was shared through team meetings. Where new ways of working had been introduced these were reviewed through discussions at team meetings and the providers quality assurance processes. Staff told us that their views were listened to and they were encouraged to share ideas.
- The registered manager worked in partnership with others. The local authority had provided advice on care planning and risk assessments. Health care professionals provided support and advice to enhance people's experience of care and the treatment they received. This included good practice guidance to support people living with dementia. The registered manager told us the support and advice they had received had been invaluable in supporting service improvements.