

Wellbeing Residential Ltd

# Chevington House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Chevington House is a residential care home which provides accommodation and personal care for up to 16 older adults and people living with dementia. There were 13 people living at Chevington House on the day of our inspection.

### People's experience of using this service

People were protected from abuse. Staff were knowledgeable about how to recognise and report abuse. Systems were in place to ensure the safety of people being supported. Risks were assessed and managed. The providers approaches toward management of risk had improved. Care plans and risk assessments contained clear information about how to reduce and manage risks.

Medicines were managed appropriately. Improvements had been made to ensure people who needed 'as needed' PRN medicines had a clear protocol in place and staff had regular medicines competency observations. Accidents and incidents were recorded, and measures were taken to ensure lessons were learnt. Staffing levels met people's needs. Improvements had been made to ensure staff were recruited safely. Improvements to the environmental safety were made.

People's needs were assessed, and outcomes were met. People told us their needs were met well. People told us food was good quality, the cook had systems in place to ensure that people ate and drank what they wanted and liked. Staff told us they received training to do their job well and were supported in their roles. People's consent to care was sought. 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.

Staff were caring thoughtful and attentive. People consistently told us staff were kind and caring and they were treated well. People were given the opportunity to express their views regularly and were involved in their care. Staff were knowledgeable about how to maintain people's privacy and dignity.

People were receiving care that was responsive to their needs. Improvements were made to ensure assessment and care planning captured people's wishes and care was delivered by staff who understand the needs of the people they were supporting. People knew how to complain and raise concerns and were listened to. People took part in regular activities of their choosing. Staff were enthusiastic and keen for people to try new things.

The registered manager had made several improvements toward risk management, assessment, care planning, medicines and quality audits. The registered manager strived to provide good quality care to people living in the home and had worked hard to make necessary improvements. Staff were complimentary about the support they received from their manager. People told us they knew the manager and that issues were resolved quickly. Feedback from external professionals demonstrated good working

relationships had been developed. Staff stated that morale within the team was good and they worked closely together.

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 Inadequate (Published 24 April 2019) and there were multiple breaches of regulation. 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.

At this inspection, we found the provider had made the required improvements and was now meeting the regulations. While improvements have been made we have not given an overall rating of 'Good'; to improve the rating to 'Good' would require a longer-term track record of consistent good practice.

This service has been in Special Measures since January 2019. During this inspection the provider demonstrated 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.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Chevington House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Chevington House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, care assistants and the cook. We also spoke with one visiting healthcare professional.

We reviewed a range of records. This included four people's care records and multiple medication records.

We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 this inspection, we found the provider had made the required improvements and was now meeting the regulations in this area. While improvements have been made we have not rated this key question as Good; to improve the rating to Good would require a longer-term track record of consistent good practice.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the processes and systems to ensure people were safe were not yet consistent and fully embedded into the service.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people, to ensure the proper and safe management of medicines and to ensure timely care planning had taken place. 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 at this inspection and the provider was no longer in breach of regulation 12.

At this inspection, we found the provider had made the required improvements and was now meeting the regulations in this area. While improvements have been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer-term track record of consistent good practice.

- Records showed risks associated with people's care had been recorded in care plans and risk assessments had been developed with clear instructions for staff to follow. Since the previous inspection, the provider and registered manager had made several improvements to ensure people were safe and protected from avoidable harm. For example, all people living at Chevington House were now routinely assessed for choking risks. People who were at risk of choking were referred to appropriate health professionals. Where professional advice was received this was promptly included in care plans and risk assessments.
- People's care needs were recorded accurately and promptly. The provider and registered manager had ensured new people living at the home had their needs fully assessed so risks could be planned for before they moved into the home. For example, one person had moved into the home three days before our inspection. Records confirmed the person had a full assessment and care plan their known risks had been fully considered and recorded.
- Records showed the provider had systems and processes in place to ensure environmental risks were assessed and managed. For example, records showed the safety of gas and electricity services in the home had been assessed by professionally qualified people. Risks associated with fire had been assessed and all fire equipment had been professionally serviced.
- People's medicines were administered safely. Systems and processes to ensure people received their medicines were followed by staff. Records showed prescribed medicines were administered correctly. Guidance was now available for staff to ensure people who required 'as needed' medicines were safe and

protected from incorrect administration.

- Training records showed staff received training to administer medicines. Staff confirmed the registered manager observed them administering medicines to check their competency. One staff member said, "Yes, I have had training. [Registered manager] does a regular observation." Records showed the registered manager was using a comprehensively detailed assessment format to assure themselves staff were competent.

## Staffing and recruitment

At our last inspection the provider had failed to ensure recruitment procedures were established and operated effectively. This was a breach of regulation 19 (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 19.

- People told us there were enough staff to meet their needs. One person said, "If they see you need help, they help straight away." A staff member confirmed this by saying, "I don't feel rushed, we all get support from each other."
- The provider and registered manager had ensured recruitment of staff was carried out safely and complied with regulations. Previous work history and suitability for the roles were checked. The disclosure and barring service was checked to establish if new staff had previous criminal convictions.
- The provider had implemented a new system to ensure recruitment records of new and existing staff contained appropriate evidence to comply with current regulations.

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

- The provider had a policy relating to how staff could recognise and report abuse. Staff were aware of this. Staff were aware of the provider's whistleblowing policy and what it meant. One staff member said, "I'd report it [abuse] to [registered manager]. If it didn't get dealt with I'd go to the safeguarding team."
- Training records showed staff received regular training regarding safeguarding and whistleblowing.

## Preventing and controlling infection

- The home was clean and odour free. People told us they thought the home was clean. One person said, "It's like a home from home, very clean." Another person said, "It's a nice clean place."
- The registered manager had a process for checking the standard of hygiene and infection control in the home which was carried out every month. Partner agencies had recently conducted a focused audit in relation to infection control and reported standards in the home were good.
- Staff confirmed supplies of disposable gloves and aprons were available for them to use when providing personal care to people. Training was provided regarding infection control and records showed regular observations were carried out to check staff were washing their hands correctly.

## Learning lessons when things go wrong

- Since our last inspection the registered manager submitted a regular monthly report to us to demonstrate how they were continuing to address the issues and shortfalls we identified. The provider had utilised the services of a third-party organisation to carry out mock inspections of the home and measure their progress. Records showed issues found at the previous inspection had been recorded in action plans and shortfalls were rectified to improve and develop the home.
- Accidents and incidents were reported, recorded and kept in a file. The registered manager had a system for checking these to look for trends and patterns.

# 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 Requires 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.

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

At our last inspection the provider had failed to ensure the premises were safe to use for their intended purpose. 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 at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from the risk of burns and scalding from exposed radiators. At our previous inspection we identified hot radiators were not covered sufficiently to ensure people were kept safe. At this inspection we found all radiators had been covered with suitable protectors which were robust enough to protect people from scalds and burns if they fell against them.
- The layout of the home was suitable to meet people's needs. People whose bedrooms were on the first floor were able to access them using a stairlift which was regularly maintained. People were happy with the facilities in the home and were able to furnish their own rooms with personal items and memorabilia.
- New carpets had been fitted in the communal areas on the ground floor and the entrance area had a new activities board, so people could see what activities were taking place each day.

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

- People's needs were comprehensively assessed prior to moving into the home. Assessment records showed people's health needs were fully considered and where people required support to manage their health, clear information about the support the person needed was recorded.
- Needs assessments included information about people's wishes and preferences and where appropriate, information and guidance from health and social care professionals had been included.
- Care plans were developed using the information obtained during the initial needs assessment. Care plans contained clear guidance for staff to follow to ensure people's health needs would be met. For example, one person had diabetes and the details of this had been recorded in the assessment. The care plan was developed to include guidance for staff to identify safe blood sugar levels and how to identify the difference between hypoglycaemia and hyperglycaemia.

Staff support: induction, training, skills and experience

- Records showed, and staff confirmed they were provided with an induction when they began working at the home. One staff member told us, "I had a full induction and did my care certificate." The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

- Staff told us they received regular ongoing training which enabled them to carry out their roles confidently. Training records confirmed this.
- A high percentage of the staff team held a nationally recognised qualification in social care. Staff told us they were supported by the provider and registered manager to attain professional qualifications. One staff member said, "I am just finishing my level three, I have a really good mentor."

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

- People consistently told us they enjoyed the food available to them. One person said, "I have no complaints, the food is good, we get good meals, the chef started yesterday."
- People told us they were able to eat and drink when they wanted. One person said, "The food is good, I can have something when I want if I feel peckish."
- The home had a new cook, who had worked in the home as a carer for several years and knew people well. The cook knew who required mashed or blended food due to swallowing difficulties and who had allergies. There was a display board in the kitchen area with up to date information about this. The cook told us how people were consulted about what they wanted to eat each week and how the provider did not impose restrictions to the food and drink budget.
- People were provided with enough fluids to keep them hydrated. People who were at risk of dehydration were monitored to ensure they drank enough fluid each day.

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

- Staff worked collaboratively with other health and social care professionals in the area. Records showed people were seen by district nurses and GP's on a regular basis. We spoke with a visiting healthcare professional during the inspection visit, who described communication between themselves and the home as 'second to none'. They were very complimentary about the care people received to maintain their skin integrity.
- Following our last inspection, the registered manager had worked closely with representatives from the local authority to make improvements in the home. The positive attitude and willingness to seek and act upon advice provided was commended.
- People at risk of choking and falls had been referred to services to ensure they received the care and treatment they required. For example, one person had recently had several falls which although did not result in injury resulted in the registered manager making an urgent referral to the falls clinic for professional advice and guidance.
- An electronic care management system was being used for care plans, risk assessments and daily recording. The registered manager showed us how the system was used to create a 'hospital admission pack' which provided ambulance and hospital staff with key information about the persons health and care needs. Records of team meeting notes showed staff had been given guidance about how to create and print these.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Some people living in the home were being deprived of their liberty. Records showed the relevant authorisations had been obtained. Review dates for the authorisations were clearly recorded. All documents included evidence of best interests' meetings with relatives and advocates and the least restrictive options had been explored.
- Where relatives had power of attorney to make decisions on behalf of people for finances and health, records confirming their status were available.
- Records of capacity assessments provided evidence of people being involved in making decisions. For example, one person required their medicines to be crushed and put into food due to swallowing difficulties. To ensure the person was fully involved and able to make their own decisions, a capacity assessment was carried out to support their ability to understand the information and make decisions.
- Staff were provided with training relating to the MCA and understood the key principals.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

### Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure the privacy of a service user. This was a breach of regulation 10 (Dignity and Respect) 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 10.

- Since the last inspection the provider had made changes to the home to ensure the registered manager had a designated office space, to ensure sensitive conversations and discussions could remain private and not be overheard. Private records and documentation were now kept securely in the office area.
- People were supported by staff who recognised the importance of maintaining privacy and dignity of people they were caring for. One staff member said, "We make sure we shut doors and curtains if needs be." On the subject of confidentiality, the staff member went on to say, "[The electronic care planning system] is locked and you have your own password, and we would not talk about people's business in public."
- People were supported to be as independent as possible. We noted a compliment received from a person who had previously stayed in the home temporarily who had been supported to return to their home. The compliment stated, "Thank you for the care you all showed to me. I have a different opinion about homes from now on. I shall miss you all but promise to call."

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

- People consistently affirmed they were treated well, and staff were kind to them. Their comments included, "It is beautiful here, staff are nice I can't fault them.", "Staff are kind. The staff at night [staff name] is very nice." and "[Registered manager] sits and chats to us."
- Staff interacted with people and spent time talking to them about things they were interested in. For example, one member of staff was talking to a person about their previous occupation and reminiscing about events which involved relatives and friends the person was familiar with. The person appeared to be happy and engaged.
- Staff consistently told us they would recommend the home to relatives and friends. A person said "I would yes, the food is good, the care is good. I think it is a homely environment and people can socialise and we activities going on, so people aren't bored."

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

- People were regularly asked to provide their feedback about their care. Meetings for people and their

relatives were held where topics such as the menu and activities were discussed.

- Care plans showed that people had provided consent for care to be provided in the way they had agreed.
- The registered manager told us they regularly spoke with people about their care to see if they had any suggestions or improvements.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to ensure the care and treatment of service users was appropriate, was meeting their needs and was reflecting their preferences. This was a breach of regulation 9 (Person Centred Care) 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 9.

- Information recorded in people's care plans had significantly improved since the last inspection. Information about people's needs wishes and preferences was recorded in a way which meant new staff would be able to find out important facts quickly. Care plans were relevant to people's current needs. For example, where professional guidelines were sent to the home for staff to follow, there was clear evidence the information had been updated in the care plan immediately.
- The home used an electronic care planning system. The registered manager had dedicated time to ensure they were adept using the system to the best of its capabilities, so they could support the staff team well. One staff member told us, "[Registered manager] has taken the lead on care plans we will tell [registered manager] when things change, and they get updated."
- Care plans included information about people's cultural and spiritual preferences. Information about people's life history, their hobbies, interests and relationships were recorded clearly and accurately.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person's care plan contained a section regarding their communication which described their preferences. For example, one person had a sight impairment which meant reading was no longer possible. The person's care plan described how staff would need to read documents to the person to support them.
- The registered manager told us that information could be provided to people in large print or in alternative languages if requested.

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 took part in activities they enjoyed. One person said, "Every day we have an hour or more of fun after lunch, if it's nice and sunny we go out." One person told us their family members were made to feel welcome in the home which they appreciated.
- Staff shared the responsibility to provide a schedule of activities for people. On the day of the inspection visit, we noted the home had been decorated in a Halloween theme by the staff. People we spoke with liked the decorations and thought they were fun.
- A large activity display board showed the schedule of activities for the week. Activities such as music and movement sessions, bingo and puzzles were available. During the inspection we observed people in the lounge area enjoying session of 'play your cards right' which they appeared to be enjoying.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy which people were aware of. Records showed there had been one formal complaint since the last inspection. This had been investigated and responded to in line with the policy.
- People told us they knew how to complain. One person said, "I would go to [registered manager or senior staff member] if you have anything to complain about they get sorted out basically."
- People and relatives were familiar with the registered manager. During the inspection we overheard a relative telling the registered manager they knew they could go to them with concerns.

#### End of life care and support

- No one was receiving end of life care at the time of the inspection. However, the registered manager told us they were committed to supporting people who wished to remain in the home with support from staff toward the end of their lives.
- Care plans contained information about people's advance wishes for the end stages of their life.
- Records showed staff were provided with training relating to 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 this inspection, we found the provider had made the required improvements and was now meeting the regulations in this area. While improvements have been made we have not rated this key question as Good; to improve the rating to Good would require a longer-term track record of consistent good practice.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was not yet consistent and fully embedded.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure effective systems and processes were established to monitor and assess the quality and safety of the service. This was a breach of regulation 17 (Safe Care and Treatment) 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.

- Since the last inspection the provider had developed a more focussed approach toward checking and monitoring the quality and safety of the service. For example, the provider had utilised the services of a third-party organisation to undertake mock inspections of the home. This was in addition to the registered manager and provider undertaking their own audit processes.
- Records showed the registered manager had been regularly carrying out quality and safety checks in the home. To address the shortfalls identified at the previous inspection with medicines the provider had arranged for an external pharmacy audit to add further oversight and scrutiny in this area. As a result, several improvements were made to ensure medicines were managed safely.
- Systems for auditing care plans and staff recruitment had been developed to ensure compliance with regulations. Records showed the systems were effective in identifying shortfalls which were added to action plans. We noted actions were being completed but were not always allocated clear deadlines to be achieved. We discussed this with the registered manager who agreed to ensure actions were allocated clear deadlines in the future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Following our last inspection, the registered manager had developed open and collaborative relationships with partner agencies. For example, the provider had an improvement plan with the local authority. The openness and positive attitude of the registered manager toward making the necessary improvements was commended by local authority officer and the registered manager told us they appreciated the support and

guidance they received in return.

- The registered manager told us they had received good support from the provider and colleagues within the home and in the providers other homes. The provider had increased staff levels in the back-office function to ensure the registered manager had increased support with recruitment and administration.
- Staff told us they felt supported by the registered manager and saw the provider on a regular basis. One staff member said, "Absolutely feel supported by [registered manager] I have no problems there. We have regular supervision and team meetings. [Provider] comes over every month they are on the end of the phone if I need them."
- The registered manager had provided additional training to key staff, so they could increase their skills and knowledge and share this with other members of the team. For example, two staff had recently attended a swallowing, oral health and nutrition ambassadors (SONA) course. Staff were positive about what they had learned and were keen to share this knowledge with the team.

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

- Team meetings were held regularly. Records of meeting minutes showed they were used to discuss key topics for improving the service. For example, at the previous inspection we identified shortfalls relating to fluids and hydration, this topic consistently appeared in records of meetings. We saw evidence the registered manager was continually discussing the importance of making sure people had enough to drink and ensuring accurate records were maintained. Staff confirmed team meetings took place regularly and provided them with opportunities to make suggestions and contribute their ideas and views.
- The provider had a process for seeking the views and opinions of people living at the home and their relatives. Every three months people were asked to complete a short contentment survey which allowed them to tell the provider if they were happy with the service and make suggestions for changes. For example, where people had made suggestions for the food menu and for activities we saw evidence changes had been made to accommodate different requests and suggestions.
- The provider sought regular and ongoing feedback from health and social care professionals who came into the home to provide services to people. A short questionnaire was designed to ask specific questions which related to the five key questions of whether the service was safe, effective, caring, responsive and well led. Feedback provided by health and social care professionals was consistently positive and frequently commended the staff team for their high standards.

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

- The registered manager understood, and acted on, their duty of candour responsibility. Complaints were investigated and responded to. The registered manager ensured they told us about incidents which they were required to.
- The inspection rating from the most recent inspection was displayed on the provider's website and in the reception area of the home.