

Teignmouth Care Limited

# The White 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

The White House is a care home that provides personal care for up to 22 older people. At the time of the inspection 11 people were living at the service. Some of these people were living with dementia. There was also five self-contained flats attached to the service that were currently not in use.

This service was registered for the current providers on 9 May 2018. The service was inspected on 4 and 5 December 2018, because of concerns we had received. At that inspection the service was rated as Inadequate overall and for the key questions of Safe, Responsive and Well Led. Breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the CQC (Registration) Regulations 2009 were found.

Following the inspection in December 2018, the service was placed in 'Special Measures' by the Care Quality Commission (CQC).

The purpose of special measures is to:

- Ensure providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made
- Provide a clear timeframe within which providers must improve the quality of care they provide, or we will seek to take further action, for example to cancel their registration.

We asked the provider to complete an action plan to show what they would do and by when to improve.

At the inspection on 22 and 23 May 2019 sufficient improvement had not been made. We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the CQC (Registration) Regulations 2009. Some of these were repeated breaches from the previous inspection, although we found the seriousness and risks associated with the breaches had been reduced.

The overall rating for this service was 'requires improvement' and the service remained in 'Special Measures'. This is because one key question has been rated as 'inadequate'. This meant we would keep the service under review and if we do not propose to cancel the provider's registration, we would re-inspect within six months to check for significant improvements.

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 regulation. However, it had only been a short time since the last inspection and these improvements and changes needed to be embedded into the service. The services action plan confirms some issues remain 'in progress' and not yet completed. Therefore the service remains 'requires improvement'.

This service had been in Special Measures since December 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or any of the key questions. Therefore, this service is no longer in Special Measures.

The service had been working with the local authority Quality Improvement team to embed positive changes. A new manager has been employed since the last inspection and has been working alongside the Quality Improvement team. The manager was supported by senior management. New management systems had been implemented to better monitor care provision.

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

People told us they were happy living in the home and staff told us they particularly enjoyed working in the homely atmosphere. The manager and staff's passion for caring for people was clear. Relatives and staff spoke highly of the new manager in post.

People and their relatives told us they were happy with the care they received and believed it was a safe environment. One person said; "Yes I feel safe here." A relative said; "The staff are always about." People looked happy and comfortable with staff supporting them. Staff were caring and spent time chatting and enjoying their time with people as they moved around the service.

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 recruitment processes and staffing levels had improved to ensure people's needs were met. There was time for people to have social interaction and activity with staff. Staff knew how to keep people safe from harm.

Improvements to the environment were still ongoing. However, the environment was safe, and people had access to equipment where needed. Staff received appropriate training and support to enable them to carry out their role safely, including safeguarding training.

Medicines management and practices had improved and were safer. People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. Staff were responsive to people's requests and gave people choice and control over their care. Improvements were being made to the options available for how people spent their time.

People were involved in menu planning and staff encouraged them to eat a well-balanced diet and make healthy eating choices.

People received support from staff who cared about them. People were supported to express their views in the way they wanted to. People and their families were given information about how to complain and details of the complaint's procedure were displayed at the service. The management and staff knew people well and worked together to help ensure people received a good service.

People, their relatives and staff told us the management of the service were hands on, approachable and

listened when any concerns or ideas were raised.

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

The last rating for this service was requires improvement (published 29 June 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.

This service has been in Special Measures since December 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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** ●

# The White 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

The White House is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The registered manager of a service and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service did not currently have a manager registered with the Care Quality Commission. However, they had worked in a senior role within the home for two years before the recent promotion to manager. They were working and overseeing the service and were waiting for some information to start the process of registration with CQC.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

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 also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. This information helps support our

inspections. We used all of this information to plan our inspection.

During the inspection

We spoke and met all 11 people who used the service. We spoke with the manager, senior team leader and five other staff members. We also received feedback after the inspection from the local authority. Some people were not able to tell us verbally about their experience of living at The White House. Therefore, we observed the interactions between people and the staff supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and a sample of medicines records. We looked at one staff file in relation to recruitment and staff supervision records. A variety of records relating to the management of the service, including policies, procedures and staff training records were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection there was a failure to assess or manage the risks to the person who was living in a self-contained flat attached to the service. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The provider taken action to reduce risk to people by currently not using the self-contained flats. However, it had only been a short time since the last inspection and these improvements and changes needed to be embedded into the service. The service's action plan confirms some issues remain 'in progress' and not yet completed.
- The provider had safeguarding systems in place and staff understood what actions they needed to take to help ensure people were protected from harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
- People told us they were happy living at the service and relatives said they felt their loved ones were safe. One person said; "Yes – I feel safe and happy here." One relative said; "I know he is safe and well looked after here."

Staffing and recruitment

At the last inspection there was a failure to ensure sufficient staffing. This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

- There were enough staff available to meet people's needs and keep them safe. The management team regularly assessed people's needs and adjusted staffing levels accordingly.
- People, relatives and staff all told us there were enough staff on duty to meet their needs. Staff had enough time to sit and talk to people and ensure their emotional and social needs were also being met.

At the last inspection there was a failure to ensure a thorough recruitment process. This was a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Fit and Proper persons employed.)



At this inspection we found enough improvement had been made and the provider was no longer in breach of and regulation 19.

- The provider had improved recruitment procedures. However, it had only been a short time since the last inspection and these improvements and changes needed to be embedded into the service. The service's action plan confirmed some issues remain 'in progress' and not yet completed.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police), before new staff started work.

#### Assessing risk, safety monitoring and management

At the last inspection we found records needed to reduce risks to people were not always well completed. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance).

- Computerised records documented the care people had received including personal care and any care needs to reduce risk.
- However, it had only been a short time since the last inspection and these improvements and changes needed to be embedded into the service. The services action plan confirmed some issues remain 'in progress' and not yet completed. For example, the services action plan states that they 'Still require to calculate fluid intake and create risk assessments for each resident on a fluid watch' and goes onto say 'To review full care plans and expand in more detail. Create risk assessments specifically for areas of need that could harm.'

At the last inspection people were not always being protected from risks within the environment. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

- Risks were identified and staff had guidance in place to help them support people to reduce the risk of avoidable harm. Environment risk assessments were completed monthly to help protect people.
- Lifting equipment had been regularly serviced and staff understood how to support people safely to move around the service.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

#### Using medicines safely

At the last inspection we found medicines practices were not always safe. These examples of unsafe medicines practice were a breach of Regulation 12. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and

treatment).

- Though changes and improvements had been made these had not yet been embedded into the service. The services action plan confirms some issues remain 'in progress' and not yet completed. For example, the action plan states the manager still needs to 'Develop observation templates and schedules of observation (for medication).'
- People received their medicines safely and on time. However, we found one person was prescribed a new medicine which was not added to their current medicine profile,
- Staff received training in medicines management and had regular competency checks to ensure ongoing safe practice.
- Medicines were audited regularly with action taken to make ongoing improvements. However, not all daily auditing checks had been completed and one audit had the incorrect amount recorded. This was immediately actioned by the manager.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.

#### Preventing and controlling infection

- The service was clean and there were appropriate cleaning schedules in place to help manage infection control risks.
- Staff had completed infection control training. Hand gel and personal protective equipment, such as gloves and aprons, was available throughout the building.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as occupational therapists or physiotherapists, after incidents where people had fallen.
- Areas of concern found at the last inspection were being addressed and some improvements were noted at this inspection.

# 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 improved to Good. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- There was a system in place to monitor training and ensure it was regularly refreshed and updated, so staff were kept up to date with best practice. Staff said of the training; "There is always plenty of training to do."
- Staff confirmed they were provided with opportunities to discuss their individual work and development needs. Staff meetings and one to one meetings were held. This enabled staff to raise any issues and share ideas.
- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.

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

- People had their needs assessed before they moved into the service. This helped to ensure the service understood and could meet those needs.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

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

- People were provided with healthy meals which they enjoyed. People told us; "I like the food, it's very nice." A relative said; "It always looks appetising!"
- All staff were aware of any specific dietary requirements, for example, if people needed their food to be pureed to minimise the risk of choking. People were involved in menu planning where possible.
- Care records included information about people's dietary needs and their likes and dislikes. This included any information about specific aids people needed to support them to eat and drink independently.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.

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

- People's health conditions were well managed, and the staff contacted other organisations to help provide support when needed, for example the District Nurse team.
- Staff supported people to see external healthcare professionals regularly, such as GPs and dentists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- People were encouraged to stay healthy and active. Staff supported people to continue to mobilise independently.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time. People's bedrooms were personalised with their own possessions and decorated to their taste.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.
- The five self-contained flats attached to the service were currently not in use. The manager confirmed there was no plans to fill them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments had been completed for most people and, where required, appropriate applications had been made to deprive people of the liberty within the law. The services action plan confirmed some assessments still required some work to complete.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. Where possible, friends and relatives who knew the person well were involved in the decision-making process. The service recorded when people had power of attorney arrangements in place.
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

# 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 Good. At this inspection this key question has remained the same. 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

- There was a relaxed atmosphere in the service and staff were friendly, chatty and supportive. People were positive about staff and their caring attitude and told us they were treated with kindness and compassion. People said; "They're very nice to me" and "They are always singing and happy." A relative commented; "This place is excellent."
- Staff enjoyed spending time with the people they supported and took time to sit and chat with people throughout the day. Staff knew what was important to people and how to offer people comfort and reassurance.
- Where people were unable to express their needs and choices, care plans detailed their ways of communicating.
- Care plans also contained background information about people's personal history. This meant staff were able to gain an understanding of people and engage in meaningful conversations with them.

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

- People were involved in day to day decisions and had control over their daily routines. Those able to say felt able to speak with staff about anything they wished to discuss. People were able to choose how they spent their time. We saw that some people chose to spend time in their own rooms, while others preferred the open plan lounge and dining areas.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care people could manage for themselves and what they needed help with.
- People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided.
- Meetings were held to provide people with the opportunity to express their views and experiences.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff clearly understood the importance of protecting people's privacy, dignity and independence. We observed staff respecting people's privacy, dignity and independence throughout the inspection. For example, ensuring that doors were closed when providing personal care.

# 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 improved to Good. 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

- Care plans were informative and provided staff with detailed information about people's likes, dislikes, personal preferences, care needs and medical history. This guided staff to support people in the way they wished to be supported. Staff were familiar with the information in the plans and used this to ensure they gave the best support in an individualised way.
- People and relatives were involved in planning and developing their care where possible. People and their relatives agreed the standard of care they received was very good.
- People received person-centred care. Staff had a knowledge of people's histories, their likes and dislikes and how they wished to be supported. This information was used to support people in a way that valued them as unique individuals and respected them for who they were.
- People's needs were reviewed on a regular basis and any changes were recorded accordingly. Handover meetings were people focused and provided staff with information about people's changing needs and how to meet them.

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.

- Care plans contained information about the individual support people might need to access and understand information. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.
- Staff knew how to communicate effectively with people in accordance with their known 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 were supported to maintain relationships which were important to them, with friends and relatives.
- There was a programme of activities arranged most days that was very much based on people's interests and preferences. This was a mix of group and individual activities. Activities were designed to be person centred. They encouraged social interaction, provided mental stimulation and promoted people's well-being. The home's activities programme was displayed on a notice board and informed people about upcoming events. People said; "There is one staff who is always singing" and "We all like the singalongs." One relative said the singer in the service on the day we visited was; "Excellent!"

- There was a whole team approach to keeping people meaningfully occupied.
- Birthdays, cultural and religious festivities were celebrated. For example, birthday parties were arranged for people and their family and friends were invited.

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

- There were known systems and procedures in place. People's concerns and complaints were listened and responded to.
- People and relatives said that they felt able to speak to the management team at any time.
- We saw evidence that complaints received were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.

#### End of life care and support

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- The action plan sent to us confirmed some people views on the support they wanted at the end of their lives was discussed with them and recorded. When people received end of life treatment specific care plans were developed. The manager confirmed the remaining people's end of life care information is in progress.
- There were positive links with external professionals, such as GPs and community nurses to support care at this time.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection there was a lack of robust governance arrangements demonstrated a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had taken some action to make improvements to the service including updating records, risk assessments and audits. However, it had only been a short time since our last inspection and these improvements and changes needed to be embedded into the service. The service's action plan confirms some issues remain 'in progress' and not yet completed. The action plan records that a 'Review of lighting at night-time to see if it is adequate for evacuation and trend analysis are not always identifying underlying causes and what actions need to be taken.'
- The manager had been in post for 10 weeks though they worked at the service in a senior role for two years. However, they are not yet registered with CQC but have started the process. A professional commented that the manager had been working closely with them to make improvements. They had seen many improvements however, some areas still required attention. The action plan states that some actions are 'In progress' while other action have not yet been started. For example, 'To implement an investigation tool for each safeguarding and the review of each safeguarding needs to be more robust.'
- Regular audits took place, and these were completed by the management team and overseen by the provider.
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs. The management team and provider had an oversight of what was happening in the service. The management team were very visible in the service and took an active role in the running of the service.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said; "The registered manager is brilliant!" While a relative said; "I went to see them (the



registered manager) with an issue. It was dealt with straight away and dealt with superbly!"

- There was good communication between all the staff employed. Important information about changes in people's care needs was communicated at staff handover meetings each day and regular staff meetings.
- The management and staff worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

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

At the last inspection the provider had failed to notify the CQC of significant events. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 (Notification of other incidents).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- The provider had taken action and notified CQC of incidents since the last inspection. However, it had only been a short time since our last inspection and these improvements and changes needed to be embedded into the service. The services action plan confirms some issues remain 'in progress' and not yet completed.
- The provider had notified CQC of any incidents in line with the regulations. Audits were carried out to monitor the quality of the service provided. Additional audits were planned to be implemented.
- The registered provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

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

- People and relatives were complimentary of the service and of the warm, friendly, family atmosphere. People said; "A nice crowd of people here." A relative said; "If I'm not happy with her care she wouldn't still be here after 2 years!"
- There was a person-centred culture which kept people at the heart of the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.

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

- Systems were in place to enable people, staff and relatives to give feedback. The provider carried out surveys with people, relatives, professionals and staff.
- Communication between people, staff and families was good. Families confirmed they were contacted in a timely manner when necessary.
- Staff told us the service was well managed and they felt valued. Staff told us the management team was very approachable and always available for advice and support.

Continuous learning and improving care

- The company used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care.
- The management team kept up to date with developments in practice through working with local health

and social care professionals.

- Policies and procedures held were designed to supported staff in their practice.
- Organisational audits were in place and used to develop the service by reflecting good practice.

Working in partnership with others

- The service worked collaboratively with professional's and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.