

Carecall Services Limited

St Luke's Care Home

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

St Lukes Care Home is a residential care home providing regulated activities of personal and nursing care to up to 32 people. At the time of our inspection there were 22 people using the service.

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

The manager had been in post approximately 2 months, during this time they had worked with the provider to improve the standard of care for people. There had been significant improvements in people's care. However, we would need to see these improvements seen at this inspection, sustained over a longer period of time to be assured good outcomes for people would be maintained.

The majority of personal risks to people's safety were well managed. We highlighted an area in one person's care plan which needed further information to support the person.

The management of medicines had improved but there were still further improvements required, such as ensuring medicines were dated when opened. Some as required medicines lacked a reason for their administration on their medicines administration record (MAR).

The manager was receptive to our feedback on these issues and addressed the concerns straight away. Quality monitoring processes at the service had improved but aspects of these processes needed further refining. This included the issues we found with medicines and monitoring of personal care. The provider and manager was receptive to our feedback and assured us they had plans to further improve their auditing processes.

Assessments of people's needs had been undertaken using nationally recognised assessment tools, and measures to reduce risks had been put in place using these risk assessments.

People told us they felt safe at the service. The management team worked with the provider to ensure all safeguarding concerns were dealt with appropriately. There were processes in place to enable learning from events. People were supported by adequate numbers of staff who had been recruited safely and received appropriate training for their roles.

People lived in a clean environment and although there were areas which needed to be refurbished the provider was aware of this and had a plan in place to prioritise the works required.

People's nutritional needs were well managed, they enjoyed the food served to them. They were given choice and supported with their meals by a staff group who showed good knowledge of their nutritional needs.

Peoples' health needs were well managed and there were good working relationships with external health professionals to provide good outcomes for people.

People were supported by a staff group who treated them with respect and maintained their dignity. They

were supported to be involved with their care, which was provided in a person-centred way. Staff had good knowledge of people's needs and used their care records to ensure people's current needs were met.

People were supported to maintain relationships with their families and there were various leisure and event opportunities planned to reduce people's feelings of boredom or isolation.

The service had systems to manage complaints and concerns from people or their relatives and people told us they felt listened to.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 25 May 2023). 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 25 May 2023. 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 inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from Inadequate to Requires Improvement based on the findings of this inspection.

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 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 ●

St Luke's 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 carried out by 2 inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience undertook phone calls to relatives following our visits to the service.

Service and service type

St Lukes 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. St Lukes 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 for the service.

Notice of inspection

This inspection was unannounced. Inspection activity started on 24 August 2023 and finished on the 11 September 2023.

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. We used all this information to plan our inspection.

The provider had not been asked to complete a Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

During the inspection

As part of this inspection we spoke with the manager, the deputy manager, the service manager and the nominated individual/Registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 4 members of care staff and 2 members of Kitchen staff.

We spoke with 5 people living at the service and 4 relatives. We observed people being supported at the service. We reviewed a mix of care records of 9 people, including care plans, risk assessments and monitoring information. We reviewed 5 staff files.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to 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.

At our last inspection the provider had failed to manage the risks to people's safety in relation to their medicines, personal safety, falls and skin damage. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. At this inspection we found some improvements had been made and they were no longer in breach of this regulation. However further improvements were needed. The provider and manager was aware of this and were working to make these improvements.

Assessing risk, safety monitoring and management

- The information around managing the risks to people's safety had improved since our last inspection. However, where a person needed more specialist care and monitoring of an illness such as Epilepsy, the information in their care plan lacked clear guidance for staff on how to manage an acute prolonged seizure. We discussed this with the manager who reviewed the care plan, to give specific guidance, and ensure staff were aware of the updates, to support them.
- We saw assessments of people's falls risk had been undertaken and measures to reduce the risks identified were in place. Where people required sensor mats, bed rails and mobility aids these were being used. Staff's knowledge of different people's needs was good.
- The risks to people's skin integrity was assessed. Where specialist equipment such as pressure relieving mattresses were needed, and people required regular repositioning, these measures were in place.
- Environmental risk assessments had been undertaken and where issues were identified the provider had plans in place to prioritise and address. The service's maintenance person in post undertakes regular checks on areas such as PAT testing, fire safety and equipment. People had personal emergency evacuation profiles (PEEP's) in place. The information about the care they needed was up to date and reflective of people's needs.

Using medicines safely

- The management of people's medicines had shown improvement since our last inspection, however there were some minor elements which needed further improvement. Not all medicines showed the date of opening. Some medicines were meant to be used within a specific time, once opened, the lack of dates could put people at risk of receiving out of date medicines.
- Some as required medicines lacked a reason for their administration on their medicines administration record (MAR). This meant staff may not always be aware of the reason people required these medicines or whether they had been effective.
- Although regular quality audits had been undertaken, the above issues were not being highlighted via these audits. We discussed these issue with the manager who was responsive to the issues. They supplied

evidence the concerns were fed back to the relevant staff and how this aspect of the medicines monitoring would be addressed moving forward. They completed a lessons learned process which was shared with staff.

- Where people required covert administration of medicines the correct protocols had been undertaken by staff. Best interest meetings had been undertaken, GP and Pharmacy advice had been sought and there was clear guidance on when staff administered covert medicines.
- Medicines were stored correctly, there was regular checks of medicines, and people received their medicines on time and when they needed them.

Systems and processes to safeguard people from the risk of abuse

- When we last visited the service there was a lack of safeguarding measures in place to ensure any incidents were managed safely. At this inspection the safeguarding processes in place had improved. The manager showed examples where when safeguarding issues had been found they had dealt with them appropriately. Safeguarding incidents had been clearly investigated and measures put in place to reduce the risk of recurrence.
- People told us they felt safe with staff and felt comfortable with the way staff supported them.
- Staff we spoke with were clear about their responsibilities in protecting people from abuse. They had received safeguarding adults training and felt they could go to the manager or deputy manager with any concerns. They were aware of the local safeguarding teams' telephone number should they need it.

Staffing and recruitment

At our last inspection the provider was in continued breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was not always enough staff to meet people's needs. They were also in breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made significant improvements and they were no longer in breach of any part of this regulation.

- At the last inspection people were being cared for by large numbers of agency staff. There was a lack of evidence to show the staff had received appropriate training. People and their relatives felt the staff did not know people's needs well. At this inspection we saw the provider had worked to recruit staff, so people were cared for by staff who knew them well. One person told us they were happy with the way staff supported them.
- The duty rosters we reviewed showed people were supported by adequate numbers of staff. Our conversations with staff showed their knowledge of people's needs. The staff we spoke with felt there was enough staff to support people. During our inspection we saw staff responding quickly and confidently to people's needs.

At our last inspection the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had failed to ensure recruitment processes established for fit and proper persons were employed.

- At our last inspection the provider did not have robust processes in place to ensure staff who worked at the service had undergone the necessary checks such as the right to work in this country or a Disclosure and Barring Service (DBS) check. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. At this inspection we saw they had made improvements and all the recruitment files we viewed had clear evidence the necessary employment checks had been completed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visits from friends and relatives. We observed people with their relatives while on site at the service.

Learning lessons when things go wrong

- The manager had processes in place to support learning from events. We saw when errors had occurred the manager undertook reviews and put in measures to reduce reoccurrence. They had processes in place to share learning with staff through handovers, supervisions, and daily flash meetings with heads of departments. They also used a template of a lessons learned document to ensure all aspects or a concern had been addressed.

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 comprehensive inspection this key question was rated 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.

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

- People's needs were assessed using nationally recognised assessment tools, such as, Waterlow scoring system which provides guidance on people's vulnerability of skin damage, and the Malnutrition Universal Scoring Tool (MUST). The guidance from these tools were used to effectively support people's care needs. For example, a person had been identified as losing weight, staff had used the MUST and worked with the person's GP to provide a fortified diet and monitor the person's progress to help them achieve a healthy weight.
- Staff were clear about protecting people's human rights. They discussed how they worked with people to provide care in the way they wanted. This included when people did not want personal care support. Staff used the information in people's care records to support them balancing people's needs in line with their individual choices, working with them to provide effective support.

Staff support: induction, training, skills and experience

As mentioned in the safe section of this report, at our last inspection the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had failed to support staff with adequate training for their roles. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- People felt staff had received appropriate training for their roles. However, one relative felt some aspects of staff training needed improvement, as they felt their family member's needs were not always met due to their specific condition. On speaking with staff and reviewing the information in the person's care plan, we were assured staff had the knowledge and skills to support the person. With the relative's consent we also discussed their concerns with the manager. They told us they had been working with the person's relatives to improve their confidence in the staff who cared for their family member.

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

- People were supported to maintain a healthy diet and received the help they needed. This included keeping people hydrated and ensuring they had the support they needed when eating or drinking. During our visit we saw people being supported to eat and drink in line with their care plans.
- People told us they enjoyed the food served to them. Where people needed specialist diets these were provided. Kitchen staff and care staff were knowledgeable around people's dietary needs and worked together to ensure people received their meals safely. People's weights were monitored on a regular basis and staff worked with them and relevant health professionals to act where there were concerns.

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

- People's relatives we spoke with told us staff managed their family member's health needs and worked with health professionals such as GPs to manage people's health needs. One relative said, "Staff let me know if there are any health issues and I get copied into any emails from the GP or hospital and have had a call from the hospital about treatment in the past."
- Staff were knowledgeable about people's health needs and followed guidance in people's care plans on health needs such as Diabetes monitoring. Where people had acute illnesses, health professionals had been consulted and their guidance followed.

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

- The service had been adapted to meet people's needs. There were several areas of the home which needed refurbishment and some areas where decor looked tired. The manager had undertaken an environmental audit which had identified the areas we had also noted as needing ongoing work. They had an action plan in place to prioritise the ongoing refurbishment needs at the service.
- People were able to personalise their own bedrooms with their belongings.

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. We found they were working within the principles of the MCA.

- To establish if a person lacked mental capacity, mental capacity assessments had been undertaken and where a decision was made on a person's behalf this was done using a best interest meeting. This was to ensure any decisions were the least restrictive option for the person.
- Staff we spoke with showed good knowledge of their responsibility of working within the MCA principles. One member of staff said, "We assume people have capacity to make their own decisions." They went on to say it was important to have mental capacity assessments in place.
- Information in people's care plans supported staff's knowledge of people's rights to make their own decisions about their care and treatment. This included information about a person's right to refuse treatments and, who had been involved in supporting them to understand the risks to their health.

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 comprehensive inspection we rated this key question Good. At this inspection the rating for this key question has remained 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

- People were treated with respect at the service. People told us the staff spoke to them with respect. Relatives told us there had been big changes in staffing and they felt staff were getting to know their family members. One relative said, "Staff will talk to [Name] whilst they are helping them even though they can't reply, I like that." They went on to say, "I find it quite telling that when we visit and see staff dealing with other residents, we are aware that they are very respectful."
- Throughout the inspection we saw positive interactions between people and staff. For example, one person told us their television had broken the day before, the person by choice spent a lot of time in their room watching television. They told us staff got it replaced straightaway for them.
- Staff spoke positively about the people they supported, all staff told us they were happy with the way their colleagues spoke with and treated people. One person who at our last inspection had been quite anxious and unsettled had been moved into a room which overlooked fields. The person spent all their time in bed and staff ensured the person's door was always open so staff could chat with them as they went past their room. The person was visibly less anxious when we spoke with them and clearly enjoyed the interaction from staff.

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

- The new management team had been working to ensure people's views on their care were captured and staff were aware of people's likes and dislikes. Some relatives told us they had been involved in their relative's care plan when they had been admitted to the service but had not been contacted recently. One relative told us the service had contacted them on the day we spoke with them about updating their family member's care plan.
- People told us their views on their care needs, likes and dislikes were considered by staff. One person told us their favourite meal was breakfast and staff always ensured they got the big bowl of porridge and a bacon sandwich they requested each day.
- Where people needed the services of an Advocate this was provided for them. An advocate is an independent person who works to ensure people needing support have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them to maintain their privacy and dignity when providing care. Staff understood their role in maintaining privacy, dignity, and independence. They gave examples of how they achieved this when they supported people. Such as ensuring closing curtains and covering people when

providing personal care. We saw staff speaking discreetly to people about personal needs or knocking on doors before entering their rooms.

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.

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

- Although many of the care staff were relatively new to the service. The employment of regular staff had a positive effect on people's care. They received personalised care from staff who showed good knowledge of people's needs.
- Our conversations with staff and observations of their practice confirmed this. One member of staff told us of a person who at times declined care from staff and how they worked with their colleagues to support the person. For example, being led by the person and trying at different points in the day to offer care.
- The provider used an electronic care plan system and the manager was working with the service manager and deputy manager to ensure the information on peoples was up to date.
- The majority of people's care plans were detailed and personalised with good information about the person's needs. Underlying health conditions which needed monitoring had guidance for staff to follow. Where there had been changes to people's needs the changes had been recorded and what support had been accessed for the person. Where we highlighted any gaps, we found the manager was quick to respond and update.
- The manager told us they were also introducing key link champions in the home and providing additional training to enhance the skills and knowledge within the team to further improve personalised care for people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People who needed support with communication received this support. People who had hearing difficulties had hearing aids in place. Some people had difficulty understanding complex information and staff provided this in straightforward clear simple language.
- The manager discussed how they wanted to further improve the environment in terms of accessible information for people. They had used recognised results of research into how to best provide information for people living with Dementia. This included how to improve signage at the service and how the meal menus were laid out.

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 with their families and people who were close to them. Relatives told us they were able to visit their family members and were made welcome when visiting the service.
- The service had activities coordinators who worked to provide people with a range of leisure opportunities. They worked with other members of staff such as the kitchen staff if people wanted to bake. Where people preferred to stay in their rooms the activities coordinator made sure these people were aware of any group events so they could join in if they wished. People told us staff came to talk to them in their rooms, so they did not feel isolated.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure in place and there was information about the process displayed at the service. People and relatives felt the response to complaint or concerns had improved since the manager was in post. One relative told us of a particular complaint they had raised a number of times in the past, and the manager had addressed this straight away when the relative spoke with them.
- Staff understood their role in making sure any concerns or complaints made to them were recorded and addressed.

End of life care and support

- People received end of life care in line with their expressed wishes. Staff worked with external health professionals to ensure people were well supported at this difficult time. We saw there was information in people's care plans about how they wanted to spend the last period of their lives. This included RESPECT forms which had information on whether people wanted to be admitted to hospital or stay in the service and what level of treatment they required.

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 Requires Improvement. This meant the service management and leadership has a history of inconsistency. Further work is needed to ensure any improvements made at this inspection are sustained.

At our last 3 inspections the provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. At the last 2 inspections this was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found there had been improvements in the quality monitoring systems and the provider was no longer in breach of this regulation. However, further improvements are needed. At our previous 3 inspections, the provider had either been rated as requires improvement or inadequate in the well led section of their report, due either to quality monitoring systems not being in place or not being effective. Presently there are only 22 people living in a service registered for 32 people. Consequently, we would need to see the improvement in quality monitoring processes seen at this inspection and the areas of improvement we identified which the manager addressed, sustained over a longer period of time, to be assured good outcomes for people would be maintained.

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

- Quality monitoring processes were in place, aspects of these processes needed further refining to highlight some issues we found. This included the issues we found with medicines reported in the Safe section of this report.
- One issue was about information in audits not being captured to give managers a true picture of people's care. One audit around personal care, for a person who was known to decline personal care, only asked if personal care had been offered. It did not give information on how many times the care had been offered in line with the person's care plan or how many times the person had declined. This meant trends in the person's responses may not be highlighted. The manager was aware the tools needed refining and the provider was introducing a more intuitive quality monitoring system.
- There had been improvements in monitoring both people's care and the environment. This included how people's falls and weights were monitored, resulting in positive measures being introduced to improve their care. The manager and deputy manager had begun a regular review of people's care plans using the resident of the day system to ensure information was up to date and reflective of their needs. The environment audits in place had action plans to enable the management team to address issues and prioritise actions.
- Previously there were concerns over the provider oversight of the service. At this inspection we found improvements and the provider worked with the management team to keep up to date with the progress of the service. The manager told us they had regular meetings with the provider to monitor progress. They told

us this had resulted in the review of the auditing tools used and how these could be improved to support better care.

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

- The management team had created a positive person centred culture at the service. People at the service were supported by a staff team who knew them well. The manager worked in an open way with people, their relatives, and staff.
- The manager had introduced a short daily meeting with heads of departments using a template which allowed them to address all aspects of the running of the service. This supported staff to share information about people's care needs and work in a collaborative way with each other. This could be highlighting changes to people's physical or mental health, or any environmental issues which needed to be shared.
- Staff told us they felt they could approach the management team for support and guidance if they needed it. It was clear the management team had worked well together and understood their individual and shared responsibilities. This had resulted in the improvements to people's daily lives we saw at the service.

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 manager showed a good understanding of the duty of candour and when things went wrong was open with people about events and how they would work to improve.
- The manager notified CQC of events at the service and how these had been managed. This is their legal responsibility and part of their registration conditions.

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

- The manager worked with people, their relatives, and staff, to listen to their views and act upon them. We saw evidence of relatives calling the service or the management team calling relatives to keep them updated of their family member's care. Since they joined the service, the manager had held residents and staff meetings, and staff told us they felt listened to. The manager was in the process of setting up relatives' meetings throughout the year.
- Residents and staff surveys had been completed and the manager had acted upon the areas raised. One area some staff highlighted was the need for more proactive interactions by staff with people, the manager worked with staff to achieve this by raising it in team meetings and ensured all free time was dedicated to meaningful activities. The manager planned to resend surveys to people and staff after Christmas to analyse any changes and measure any improvement. Relatives' surveys have also been undertaken and the manager was awaiting the return of them to analyse feedback.
- Staff received regular supervision. Both the manager, deputy manager and heads of department were working to ensure staff received the support they needed.

Continuous learning and improving care

- The manager worked in various ways to keep themselves up to date with current ways of working to ensure they could support staff provide good care for people at the service. They subscribed to CQC, H&S, DofH, ICB and MHRA to receive any updates on changes so they can ensure people receive the most up to date and safe care. They are also part of the skills for care network and participate in regional meetings.