

# Ideal Carehomes Limited

# Sedgley Court

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sedgley Court is a residential care home providing personal care for up to 66 older people and some of those people are living with dementia. At the time of inspection 27 people were living in the home with 39 vacancies.

Sedgley Court accommodates up to 66 people in one purpose-built building. The home has a cinema room, a hairdresser, a bar, a library and extensive communal seating/dining across three floors. People had en-suite bedrooms. There are usually nine staff on day shifts including deputy managers, a chef, as well as the registered manager. Nights are covered by three staff with management on-call as required.

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

Staff used an electronic system to record the contact and support given to people. This meant that staff coming into shift had access to up to date information about the care and support provided. Care plans and risk assessments identified people's support needs and staff had a good understanding of the support people needed.

There was no diversity care plan to help staff understand the religious or cultural differences in people and their lived experience. Some aspects of diversity were covered in other care plans such as sex and sexuality as well as people's interests.

Feedback about the service, from people who lived at the home and those close to them, as well as professionals who often visited was remarkably consistent and exceptionally positive. People and relatives praised the staff, the facilities and management.

Distinctive leadership decisions about activities and inclusive decision-making with people who lived at the home had achieved a service that was very responsive. The service was innovative and made great effort to give people a person-centred care experience which led to positive outcomes. People and their relatives were encouraged to be involved in care planning and reviews.

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

People were treated with kindness and compassion. People felt well-supported. People were listened to and could express their views. People's privacy and dignity was maintained.

People, relatives and staff expressed confidence in the registered manager, and were given the opportunity to provide feedback. Audits took place to ensure the quality of the service was maintained.

People, staff and relatives knew how to complain. The registered manager and nominated individual understood their responsibilities under the duty of candour.

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

This service was registered with us on 10 December 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection because this service is unrated .

#### 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 safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-Led findings below.

Good ●

# Sedgley Court

## 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

The inspection was undertaken by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the nominated individual are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who regularly visit the service. The provider had completed a provider information return on 25 October 2021. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We also reviewed compliments, nomination cards and surveys, which gave us further insight into the quality of people's care and what it was like to live or work at Sedgley Court. We also spoke with six members of staff including the registered manager, two deputy managers, the chef and two care workers.

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. The registered manager was self-isolating due to Covid-19 restrictions, so contact was over the telephone with them.

We also spoke with the Commissioning Director who attended on behalf of the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The registered manager sent us additional information including people's individual stories and activities which were specifically designed to support people manage the concerns around Covid-19 and the sense of isolation. We spoke with one healthcare professional who regularly visits the service.

# Is the service safe?

## Our findings

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

This is the first inspection at this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "Any problems or issues I would report them to the registered or deputy manager immediately, as it's a priority to keep people safe and well".
- Staff were able to describe risk situations and actions to take. Training records confirmed that safeguarding was a key priority in service provision. An example of this is refresher training was further reinforced in one to one supervisions and team meetings.
- Appropriate safeguarding investigations had been carried out. The registered manager and nominated individual analysed such events, as well as incidents and accidents. The provider supported the registered manager by using analysis to track and highlight trends and concerns to the registered manager. The registered manager identified actions to take to prevent reoccurrence and lessons learned were discussed at team meetings.
- Staff were appropriately trained in safeguarding so that they had the skills to protect people.

Assessing risk, safety monitoring and management

- People and their relatives told us they felt safe in the home. One person told us they, "I always feel safe as I was worried about falling over living alone before". A relative told us, "Staff and managers help us with (name of relative) wellbeing and keeping them safe and well". Staff referred to the home as, "Our second home, with people who are like family, so we must keep them safe".
- Risk assessments identified people's individual support needs and ways to help people stay safe. Risk assessments had been completed and gave staff the information they needed to keep people safe. People had been involved in risk management. For example, one person had an identified the risk of loneliness and had agreed for staff to encourage them to use shared lounge areas to reduce the persons isolation .
- Staff and the registered manager were proactive when people's needs changed. Health professionals were contacted on people's behalf. Care plans and risk assessments were updated following any change of need and people and their relatives were involved in this process. One relative said, "(Deputy or registered manager) always informs me when things change and lets me know of even the smallest issues, I can't ask for more".
- The registered manager had undertaken risk management related to the environment to ensure people were safe by having Personal Emergency Evacuation (PEEPS) in place.
- Appropriate assessments had been made for two people who had difficulties swallowing or were at risk of choking. We saw detailed care and risk plans which identified the difficulties. Speech and language therapy (SALT) assessments had been completed for one person and a referral made for the other with interim measures taken to minimise risks. We saw that kitchen staff referred to the guidance whilst preparing food.

- Systems were in place for all accidents and incidents to be reviewed. The nominated individual identified any patterns and trends to ensure people were safe and any future risk was reduced.

#### Staffing and recruitment

- There were enough staff to meet the needs of people and we saw that people did not have to wait long to be assisted when they required help.
- Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS) and work history checks and references alongside matching appropriate skills and experiences to roles.
- One staff member told us, "I moved here from another provider and I absolutely love it. The managers support us with whatever we need, and they were amazingly supportive during Covid".

#### Using medicines safely

- Some people had medicines prescribed 'as required'. However, protocols in place to ensure staff took a consistent approach when supporting people with these medicines was not always clear. This was discussed with the registered manager.
- Medication audits provided regular oversight of any irregularities with action plans. Medicines audits are completed by senior staff and overseen by the registered manager who compiles the action plans. However, there was a lack of consistency in the quality of auditing as it had not highlighted the inconsistencies withing PRN medication. Body-maps had been completed where required.
- Staff understood their responsibilities in relation to medicine management. Staff told us, and records confirmed, they had received medicines training. Staff had their competency assessed to ensure they followed safe medicine practice. Spot checks were completed regularly by senior staff to ensure that training was effective and appropriate to the needs of staff.

#### Preventing and controlling infection

- Staff had received training in infection control and were able to tell us what equipment they needed. Staff told us personal protective equipment (PPE) was available to them when they needed it. One staff member said, "All rooms have PPE in them".
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection at this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Staff played an essential role in helping people to live healthier lives, which included eating well and stabilising weight, following moving into the home or after staying in hospital.
- Staff ensured people's everyday health needs were met effectively. A family member said, "When my relative first came into this home, they were very depressed, and we were worried about them. Staff have been amazing and when a staff member comes into the room (relatives) eyes light up".
- Staff were creative in the ways they supported people to eat and drink well. A 'restaurant-like' experience was created with tables laid and fresh linen, with napkins and people were offered wine with meals. This promoted positive dining experiences.
- We observed the support staff gave to people during a mealtime. One staff member offered a gentle, encouraging approach to a person and ensured they recorded what the person had eaten and drunk.
- The home's chef discussed menu planning with people to ensure their preferences were included. At the point of serving meals, staff ensured choices were offered by showing people plated options.
- All care plans included appropriate healthcare plans with details on appointments and assessments on future needs. Appropriate discussions with healthcare professionals were recorded in notes for ease of access.

Staff working with other agencies to provide consistent, effective, timely care

- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with the healthcare professionals and the deputy managers, as well as keeping families informed. A district nurse told us, "The staff really make sure that every detail is taken into account and discussed. Nothing is too much trouble for them. When we (district nurses), give advice, this is well noted and things change immediately".
- Staff worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
- We saw from records that staff work cooperatively with other health and social care professionals such as GPs, Community Nurses, Opticians and Chiropodists to ensure people received the care they needed.

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

- People's needs were assessed prior to commencing care. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- People's needs and preferences were met by staff who knew them well. One person said, "The staff try to

get to know everything about us so they can help us better".

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

- Sedgley Court is a purpose-built home, with the internal décor being decided by the provider in line with their 'corporate colours' for homes. Whilst well-maintained, the décor did not consistently meet the needs of people living with dementia or for those with visual impairments.
- The home offered 'in-house' facilities for people which they could access if they wished to. This included a cinema room, bar, library, a hairdressers and outside terraced area. One person said, "It's like having the high street inside our own building".

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. We found that they were.

- The managers and staff were working within the principles of the Act.
- Best interests' assessments were completed. These assessments were updated as required, and the registered manager was arranging best interests' meetings where needed. We saw examples of people being asked about their care and consent was always sought to provide personal care such as wiping a person's mouth.
- Relatives told us they observed staff gaining consent from their loved ones.
- People told us, "(staff) are always lovely when they help me shower, they listen to me and check the water is not too hot or cold". People and their loved ones told us they were able to make choices about their day to day care. A person told us that, "They always try to include me into things and always ask."
- Staff were able to demonstrate a good understanding of the principles of the Mental Capacity Act and understood what actions to take if someone had refused care.
- Where people had a lasting power of attorney (LPA) in place, the correct documentation was in their care plan to evidence who could make decisions on their behalf. An LPA is a legal document that lets a person appoint someone to help make decisions or to make decisions on their behalf.
- Staff had received training in mental capacity and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA. They knew that they would need to ensure any decisions taken are risk assessed and in line with care plan objectives.

Staff support: induction, training, skills and experience

- People and relatives told us that staff had the right skills and knowledge to care for them well. One relative told us, "My relative is well looked after as staff can judge their mood and provide the support they need at that time. Even when (relative) is upset, staff are so patient with them".
- The registered manager ensured staff had support to develop their skills through a flexible and robust approach to training. Staff told us that specialist knowledge such as Hoist usage was always face to face

with a manager guiding usage and assessing competency.

- Staff told us they had a comprehensive induction process which equipped them with the skills they needed to deliver safe care. Staff told us that where specific training was needed to meet an individual need this was arranged immediately. They told us training was engaging and kept them interested. One staff member said, "When I came here, I understood the training far better than at my old place of work".
- Staff confirmed they attended one-to-one supervision meetings where they discussed their role, training, development needs and issues relating to their work. Staff told us these meetings were useful and they felt able to discuss any issues openly.

# Is the service caring?

## Our findings

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

This is the first inspection at this service. This key question has been rated 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

- There were no diversity plans in people's care planning. Pre-admission plans identified people's religious and cultural needs, however this was not translated into a care plan which meant staff did not have important information to refer to when needed. The nominated individual told us this was an oversight and would ensure cultural and religious support care plans would be implemented. However, other care plans such as peoples plans on 'personal interests' provided some information regarding any cultural and religious beliefs, if held.
- People felt well supported and relatives felt their family members were treated with kindness and compassion. A person said, "They (staff), know what I like and don't like." A relative told us, "Staff are very friendly, kind and take time to have conversations. They engage with relatives and residents, especially during Covid-19, when everyone was stressed and confused." Another relative said, "It's like family the way the staff treat people."
- People and their relatives felt staff listened to them and they could talk to staff. A person told us, "They are very friendly, very caring and they listen to me."
- People had end of life care plans which took account of their wishes for when they reached end of life care. Families were consulted in the process.

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

- People and their relatives were able to express their views and make decisions about their care. One person said, "Staff always listen to what I want. The activities staff go out of their way to do things we are interested in. That could be anything from getting dressed up for dinner to turning the whole place into a cruise ship".
- House meetings are a regular occurrence and staff used different communication methods to try to engage people. We saw evidence of picture boards as well as staff using basic language.
- People's views and preferences about how they wanted their care to be provided were incorporated into person-centred care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's dignity whilst promoting independence. A person told us, "I can't do everything myself like I used to, but staff will follow my lead each day on what support I want and need".
- People's confidential records were stored safely.
- People told us staff took their time and did not rush them. A staff member said, "It's better to make (people) happy by taking time rather than issues later".
- Staff spoke passionately about their roles and were committed to empowering people and providing the

best quality care possible. We heard multiple examples how staff supported people to increase their confidence and independence, some of whom had communication barriers.

- Staff received care planning training and knew people's needs well.

# Is the service responsive?

## Our findings

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

This is the first inspection at this service. At this inspection this key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provides good services to enrich people's lives and fulfil people's ambitions. One person told us, "Nothing is small or big enough for them to ignore. During Covid, the staff kept us all sane as we could not go out or see our families. They became our families. Video calls were an important part of keeping in touch".
- People told us that there were various activities that staff always tried to include everyone regardless of ability. One person told us, "They just ask us what we want and wherever possible they do it. It's like magic". We saw evidence of where people expressed a desire to go on a cruise. The registered manager and staff decorated the inside and outside of the building to look like a cruise ship and people came with suitcases to board the "good ship Sedgley". One person was brought to tears with happiness. People and relatives told their family members loved this experience and the trouble the staff had gone to.
- Staff were innovative in how they tried to enrich people's lives. An Ice Cream van was brought to the home and people were supported to go outside and order what they wanted. One person said, "I have not been able to go out to an ice cream van in many years. This made me feel alive and like a child again".
- We saw many cards and thank you notes from family and friends which were unanimous in their praise for the registered manager and staff for the innovative levels of support given to their loved ones. They expressed gratitude for helping with their family members mental health as well as physical wellbeing.
- People were cared for by a consistent team of staff. This promoted continuity of care and ensured, as far as possible, that they had support from staff who knew and understood their needs and preferences. We saw from records that most staff had been employed at the service since the service opened, or close to that time. This meant that they knew people and their preferences well.

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

- People received personalised care that was responsive to their needs. One relative told us, "All I have to do is ring the office or email and straight away they will change things. (Relative) has put on weight and is happier in themselves. They like to do different things depending upon mood, and the staff will arrange an activity on the spot".
- Care plans were person-centred and considered people's preferences, likes and dislikes. Risk management and mitigation formed a part of care planning to support independence and personalised support. The plans were used to provide care that focussed upon a person's individual personality. Relatives highly commended the staff's ability to know when a person was upset or unhappy and use person centred skills to help uplift the mood. One relative said, "When my (relative) sometimes forgets things, they get

upset. However, the staff know this and quickly act to deflect them".

- People and their relatives were involved in the development and ongoing review of their care. Care plans were reviewed regularly or as and when their needs changed. One family member told us "They always ask me at review times. For example, they wanted to know if my relative had a like or desire for their birthday".
- Staff were kept informed about changes in people's care and support needs by the deputy or registered manager. Staff told us "the manager always tells us directly about any changes and writes it in the daily log. This way we get up to date information that is relevant and will help us understand people's needs".
- We saw that people were comfortable in various communal settings around the home, and one person said, "I feel truly at home. I can do what I want within reason. When there are too many people in one area, I can move to another as this place has so many areas. I love the Library the most. Reading is my guilty pleasure and I love the fact that there are so many books here".

#### 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.

- Staff supported people to use computer technology to stay in touch with family and relatives. This was especially important during the Covid-19 lockdowns. A person told us, "without seeing video, I would have not spoken to my family for over a year. It's lovely how helpful they are".
- Where people's communication abilities were limited, they had communication care plans in place to support staff to know how best to interact with them.
- The nominated individual told us they provided information in other formats. For example, by providing care plans in easy to read format or using translation services to communicate with people who did not speak or understand English. Some people had care staff read documents for them or asked staff to forward important documents to family members.

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

- People and their relatives were aware of how to raise concerns or complaints with the provider. However, people we spoke to told us, "We have no reason to complain, if something is wrong, they fix it straight away".
- Complaints were recorded in an action plan which enabled the provider to review and analyse themes and patterns of concerns raised and use this information to make improvements to the service. At the time of inspection there were no complaints against the service.
- The provider investigated and responded to complaints appropriately and in line with their policy.
- Staff responded to people's needs in an appropriate manner. One person became anxious and did not use verbal speech so could not tell staff what they were worried about. A staff member sat close to them and gently spoke to them which calmed the person.

#### End of life care and support

- People had end of life care plans which took account of their wishes for when they reached end of life care. Staff worked collaboratively with other health and social care professionals in meeting end of life care needs.
- Feedback from professionals and families about how staff cared for people at the end of their life, with professionalism, dignity and respect for people's wishes, was very positive.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection at this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The staff and registered manager demonstrated a person-centred approach for the people they supported. People and families told us they had choice and control and were involved in day to day decisions.
- People described quality of the service as exceptional with one person telling us, "I would recommend anyone to come and live here. My life is so much better than when I lived in my own house".
- People felt well supported and staff, people and relatives expressed confidence in the management team. A staff member said, "The registered manager is very good. They are very easy to talk to and explains things to us". Another said, "We are so well treated and respected by both the managers and the people living here. It's a lovely place to work because we get time to support people how they want. I love to see them blossom".
- Staff practice, culture and attitudes were monitored. We saw from audit documentation that the deputy or registered manager undertook spot checks and competency assessments on the staff team. This enabled the registered manager to monitor the staff team and ensure the delivery of good care. Staff were very attentive to people's needs and used appropriate language in interactions.
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The nominated individual told us, and records confirmed, audits had taken place and action plans had been created that identified areas of improvement. When actions were achieved, this had been recorded on the audit. However, the quality of the audits had not been consistent as diversity plans and PRN medication recording consistency was not explored within the auditing system.
- We saw an extensive training matrix which included provided staff with effective training to meet the needs of the people living at the Home.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision. We saw notes and schedules that reflected this. This gave staff the opportunity for learning and development.
- The registered manager had notified CQC of events which had occurred in line with their legal responsibilities.

- People, their relatives and staff were given the opportunity to give feedback via discussions. This gave them the chance to express their views and opinions. Feedback was used by the registered manager to inform decisions at the home such as menus and visiting.
- Where people requested, the staff would communicate with external professionals on their behalf. Support plans evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

#### Continuous learning and improving care

- The registered manager completed quality audits that look at patterns of complaints and incidents and the training of staff and managers. They are supported and monitored by the providers larger external training team. This means that the homes leadership team are better informed of competencies and are able to call upon resources as and when required. Action plans are completed from audits, when concerns are highlighted.

#### 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 and nominated individual understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement. They did this by ensuring that their policies around whistleblowing were well communicated and understood by staff and families, and that staff were aware of safeguarding requirements. The duty of candour was met.