

Belmont Sandbanks Limited Edendale Lodge

Inspection report

Station Road
Crowhurst
Battle
East Sussex
TN33 9DB

Tel: 01424429908

Website: www.belmonthealthcare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Edendale Lodge is registered to provide support to a maximum of 35 people and 22 people were living at the service at the time of our inspection. The service is intended for older people, who may be living with a physical disability, sensory impairment or a dementia type illness.

People's experience of using this service:

People told us and we observed that they were safe and well cared for and their independence was encouraged. Comments included, "I like it here," and, "I've settled in now."

- Whilst the provider had a quality assurance system to review the support and care provided, there was a need to develop the audits to ensure that when issues were identified that a date and action was recorded to enable the provider to evaluate actions taken to consistently drive improvement. For example, ensuring medicine errors and discrepancies were acted on and appropriate action taken. There were policies and procedures for medicine administration but these had not always been followed by staff. Staff feedback regarding the lack of opportunity to provide meaningful activities was known but not yet acted on. Care plan audits had not identified the need to develop the care plans to provide more in-depth guidance for new staff to follow. These were areas that required improvement.
- There were safeguarding systems and processes that protected people from harm. Staff knew the signs of abuse and what to do if they suspected it. One staff member said, "We receive training in safeguarding, I wouldn't hesitate to raise a safeguarding if our residents were at risk."
- There were sufficient staff to meet people's individual needs: all of whom had passed robust recruitment procedures that ensured they were suitable for the role.
- There were systems to monitor people's safety and promote their health and wellbeing, these included health and social risk assessments and care plans. The provider ensured that when things went wrong, these incidents and accidents were recorded and lessons were learned.
- Staff received appropriate training and support to enable them to perform their roles effectively. Visitors told us, "Staff seem knowledgeable, look after my relative really well," and "The staff are approachable and keep us informed."
- People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes. People gave positive feedback about the food. Comments included, "Plenty of choice and always tasty," and "I like the food."
- The environment was comfortable and was adapted to meet people's needs. One person said, "Good place to live, I like being outside."
- People and relatives told us staff were 'kind' and 'caring'. They could express their views about the service and provide feedback. One person said, "We are looked after."
- People's care was personalised to their individual needs. There was sufficient detail in people's care documentation that enabled staff to provide responsive care.
- People and relatives provided consistently positive feedback about the care, staff and management. They said the service was safe, caring and well-led. One visitor said, "I visit a lot and my relatives are very settled and happy."

- People were supported to keep in contact with their families.
- The care was designed to ensure people's independence was encouraged and maintained.
- People and families were involved in their care planning. End of life care planning and documentation required further development but this had been identified and work was on-going.
- There was a happy workplace culture and staff provided positive feedback about the management style.
- Referrals were made appropriately to outside agencies when required. For example, GP visits, community nurses and speech and language therapists (SALT). Notifications had been completed to inform CQC and other organisations when events occurred.

The service met the characteristics for a rating of 'Good' in three of the five key questions we inspected with the responsive and well-led question being 'Requires Improvement.' Therefore, our overall rating for the service after this inspection was 'Requires Improvement'.

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

Rating at last inspection:

- This was Edendale Lodge's first inspection. Edendale Lodge was purchased by Belmont Healthcare in 2018 as an existing service. A sister home, Edendale Care Home closed and the staff and people transferred to Edendale Lodge from if they had wished to.

Why we inspected:

This was a planned inspection based on the date of the registration of the service.

Follow up:

- All services rated as 'Requires improvement' are re-inspected within one year of inspection.
- 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Edendale Lodge

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 and two experts 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 service is required to have a registered manager:

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

The service type:

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

Notice of inspection:

We did not give the provider any notice of this inspection and it was unannounced.

What we did:

Before the inspection we reviewed the information, we held about the service and the service provider, including the previous inspection report. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with:

- 12 people and observed care and support given to people in the dining room and lounges.
- Three people's relatives/visitors.
- Eight members of staff.
- Two external healthcare professionals.
- Five people's care records.
- Records of accidents, incidents and complaints.
- Four staff recruitment files and training records.
- Audits, quality assurance reports and maintenance records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- Risks within the service were managed safely and consistently. The provider carried out comprehensive individual risk assessments to ensure people were supported safely. For example, risk assessments for pressure care, moving and handling, choking and nutrition, and falls were clear in identifying the risk and the generic steps to keep people safe.
- Where people needed constant monitoring due to health risks, we saw staff were aware and appropriate checks were in place to manage the risks. For example, food, fluid and repositioning charts were used where appropriate. These were monitored and action taken as required, such as encouraging more fluids and offering fortified snacks.
- Staff could tell us about risks to people's health and wellbeing and how they managed to keep them safe and maintain their independence.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal emergency evacuation plan (PEEP).
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

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

- The provider had effective safeguarding systems and all staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff had received appropriate and effective training in this topic area from the local authority. One person told us, "It's really important to be able to recognise the signs of abuse, whether its verbal, physical or financial, we monitor peoples skin for any unusual bruising, I would report it straight away."
- Staff knew how to recognise signs of abuse and act upon these, including referring any incidents to the local authority.
- There were policies and procedures for whistleblowing and safeguarding, as well as policies in relation to emergencies, fire safety, medicines, bullying and harassment. Staff told us they felt protected to whistleblow. A whistleblower is a person who informs in confidence on a person or organisation seen to be engaging in an unlawful or immoral activity. A care staff member said, "We have had training."
- People told us they felt safe living at Edendale Lodge. One person said, "I feel safe living here." Another person said, "I'm safe." As not everybody could tell us their views, we observed interactions between staff and people. People were seen to approach staff comfortably and staff were seen to respond in a kind and supportive way. When people were feeling distressed or were seen to be unsteady staff responded

appropriately.

Staffing and recruitment:

- There were sufficient staff to support people safely. Since the provider took over the service there had been staff changes with care, domestic and maintenance staff leaving, some at short notice. However, the registered manager and management team worked tirelessly at recruiting new staff and the staff team was nearly complete.
- Staff supported people when needed and in a safe way. A family member told us, "I feel my [relative] is very safe. There is always staff visible in the lounges, people are never left alone."
- Staff told us there were no concerns with staffing levels. A staff member said, "Staff have left and we have a lot of new staff starting, but we have had agency staff to cover shortfalls." Another staff member said, "It can be busy but everyone helps out."
- An on-call system was operated for night time emergency situations such as hospital admission or if someone was unwell. For example, the registered manager had been called in recently when someone had become unwell and needed to go to hospital. This ensured there were still enough staff in the service to keep people safe.
- The provider continued to undertake checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely:

- Staff were trained to handle medicines in a safe way and completed a competency assessment. This ensured their knowledge was up to date.
- Medicines were stored and disposed of safely.
- Each person had a medicine administration record (MAR). Areas for improving practice were discussed with the registered manager. For example, using the trolley for dispensing medicines would reduce the issue of missed signatures as the MAR would be with the medicine giver and there would be less possibility of the medicine giver being distracted on returning to the clinical room and forgetting to sign the record.
- Staff obtained people's consent and ensured they had a drink when given their medicines. They were discreet in checking the person's medicine had been swallowed and were patient and understanding.
- There were people who may need their medicines given covertly. Covert means giving medicines in a disguised format. These decisions were supported by a best interest meeting and discussed with the GP, Pharmacist and family.
- Medicines prescribed on an 'as and when required' basis (PRN) had protocols in place which informed staff of when the medicines were required. The registered manager informed us the PRN and homely remedy guidance was currently being reviewed and training would be given to ensure all staff were confident in this area. The optimizing medicine team from the NHS was currently working with the GP's who were involved with the service and they were midway through their review of Edendale Lodge.

Learning lessons when things go wrong:

- The provider carried out regular monitoring of accidents, incidents, complaints and issues raised by staff and people who used the service and their relatives. We saw these had been evaluated to see if there were any ongoing trends and what learning opportunities there were to reduce reoccurrences. For example, it had been recognised some people had an increased number of falls. There was evidence of involvement of the GP and frailty team. There had been a decline in re-current falls and this showed lessons had been learnt.

Preventing and controlling infection:

- Edendale Lodge was clean.
- Staff continued to have access to personal protective equipment (PPE) such as disposable gloves and aprons. Good practice was seen throughout the inspection.
- Domestic staff were employed to support with daily cleaning.
- Daily environment checks and weekly room checks were carried out to ensure infection control was maintained. These included checks on areas such as, food preparation areas, laundry areas and bedrooms.
- Staff were required to complete training in food hygiene, so they could safely make and serve meals. Records confirmed this. The service had a rating of 'five' (the highest rating) from the Food Standard's Agency, who are regulators for food safety and food hygiene.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience:

- The provider employed a training project manager who co-ordinated all the induction, training and refresher training. At the time of inspection, she was completing a staff standardisation training programme. This ensured all staff had received the same standard of training in all essential training.
- Staff had regular training to ensure they had the right knowledge and skills to carry out their roles. Staff training included safeguarding adults and children, moving and handling, dementia and medicine training.
- There was a combination of e-learning and face-to-face training.
- Staff training records reflected the information provided by the registered manager and confirmed that staff had been supported to gain the Health and Social Care diploma.
- Staff spoke positively about the training sessions they had received. One staff member told us, "The training is really good, thorough and very interesting." A relative said, "Staff seem to be knowledgeable, know what they are doing."
- Records showed staff supervision had taken place regularly and the staff said they were supported.
- New staff received a four-day induction and shadowed experienced staff before they worked with people on their own. The Care Certificate was used as part of the induction process as good practice. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life. Staff on their induction said, "All is going well," and "Really enjoying it so far."

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

- The provider worked well with a variety of health and social care professionals. Those we had contact with were positive about the service. One told us, "The staff know people well, quick to pick problems."
- There had been joint working with the falls team and occupational therapist to encourage independence and prevent falls.
- Arrangements were in place to share information between services as appropriate. For example, the service had an information sheet whereby relevant information about a person was always available should they be taken to hospital in an emergency.

Supporting people to live healthier lives, access healthcare services and support:

- A range of professionals from primary and hospital health services were involved in assessing, planning, implementing and evaluating people's care and treatment.
- Professionals that visited people at the service included GPs, district nurses, dietitians, speech and language therapists (SaLT), podiatrists, physiotherapists, and social workers. This was clear from the record of appointments in the care documentation.
- People were assisted with access to appointments with external professionals and when diagnostics tests like blood samples or x-rays were needed.

Supporting people to eat and drink enough with choice in a balanced diet:

- People's food preferences were considered when menus were planned. Comments from people included, "Good food, always tasty," "Lots of choices, tasty food," and "I like the food here." A relative said, "The food has really improved, smells and looks great."
- There were appropriate risk assessments and care plans for nutrition and hydration. This told staff who may be at risk from weight loss, and what actions staff needed to take to prevent further weight loss.
- Choking risk assessments were completed where a risk was identified. Referrals to a speech and language therapist (SALT) were made when necessary.
- People had correctly modified texture diets where there were risks of choking. This included soft, pureed or fork-mashed meals. Appropriate plans were in place to use high calorie ingredients to fortify meals. This prevented weight loss.
- People's drinks were thickened when needed, to prevent the risk of choking on fluids.
- The registered manager had a 'tracker' which noted people's weights and malnutrition scores. These could be traced over time to check whether there were any risks and flag staff to request a dietitian's input.

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 make specific 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 with appropriate legal authority. 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.

- The registered manager informed us of the people who had been referred for a DoLS authorisation. The service had completed appropriate assessments in partnership with the local authority and any restriction on the person's liberty was within the legal framework. We found that the service had submitted notifications to the CQC when DoLS had been authorised.
- Staff received training in the MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. The staff we spoke with confirmed this. One staff member told us, "Everybody should be supported to make choices and if they can't, we need to make sure decisions are made properly on their behalf."
- Records showed people signed to consent for their care and treatment.
- Staff had a good understanding of equality and diversity and there were policies for staff to refer to. The policy provided clear details about the groups covered by the Equality Act 2010; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation and, that these are now called 'protected characteristics'. Staff were confident people's equality, diversity and human rights were protected and they were aware that as employees they were also protected.

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

- The building had been adapted and a new extension added in 2014.
- There was a rolling plan of redecoration for the older part of the building. The new extension had a large outside area and a safe central patio area, which people could access in good weather. Large communal lounges and seating areas gave people a choice of areas to use. For example: if they wanted to sit quietly or had visitors and the main lounge was busy, there were further areas in the service that could be used.
- There was level flooring throughout the ground floor.
- Lifts and stair lifts provided access to all parts of the service. This allowed people to choose where they spent their time.

- There were sufficient communal bathrooms with both showers and baths offering people a choice. Ensuite facilities were also available.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well-treated and supported; equality and diversity:

- People received kind and compassionate support from staff.
- People were treated with kindness and were positive about the staff's caring attitude.
- Throughout our inspection, people and families provided consistently positive feedback about staff and the service. Visitors told us, "A really nice atmosphere and "Always greeted with a smile."
- Relatives confirmed how care workers would work to people's personal instructions and cared for them in the way they chose.
- People's equality and diversity was recognised and respected. People were encouraged to maintain their independence and live a life they wanted. One staff member said, "Everybody is treated the same way, some people are more mentally frail but we treat everybody with respect." One person told us, "I prefer my own company, but I do have lunch sometimes in the dining room."

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

- People and families were involved in planning their care delivery. Some people could tell us they were involved in planning their care. One person told us, "I do talk to staff about what I want."
- Records confirmed regular meetings were held with people, and their relatives or friends had the opportunity to attend. Multi-disciplinary meetings were held and people were involved as much as possible in these meetings to discuss their needs and make decisions about the care.
- One person told us they had been involved in planning their move to the service, they said "I chose to come here."

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

- People's right to privacy and confidentiality was respected. We saw people were assisted to their bedroom when they needed assistance. A relative said, "If we have a meeting we either go to my relatives' room or use an empty lounge if there is one." A visiting professional commented, "I've never had any concerns about the staff, they respect people's privacy when I come to the home to visit and I see people in their room or in the quiet room."
- Staff continued to promote people's independence, one person told us, "Staff encourage me to do things, for myself and help if I need it. I can choose when I get up and go to bed, what I eat and what I get up to."
- Staff continued to treat people with dignity and respect and provided support in an individualised way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery.

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care delivery people received was individual to their needs, however people's social needs were not planned for and there was very little stimulation for them.
- The layout of the main communal room where up to 17 people spent their time had minimal items for people to interact with, such as books, dementia aids and memory aids. There was a television but due to the placement of chairs only five people were able to see the screen. This meant 12 people had no visual or sensory stimulation.
- The activity room was not used to its full potential, as the doors remained closed and were heavy for people to open without staff assistance. There were jigsaws and games stored but not accessible to people and not offered to people during the inspection.
- External entertainers visited such as pet therapy and singers and photographs of these events were displayed in the home. Staff told us, "We have all discussed what we can do to develop the social activities and we want to change the dining room and lounges," and "When we can, we sit with people, talk and do nail pampering, we have pets visit which people love."
- The registered manager confirmed that staff discussions had taken place and there were plans to redesign the communal areas. She also confirmed due to staff changes and slow recruitment, training and people's physical care had taken priority. We acknowledged the problems that the service had dealt with since taking over the service and the fact that the registered manager and staff were aware of the need to improve people's social outcomes. However, this was an area that required improvement to improve people's outcomes.
- Care plans contained information about people's diverse physical, social and mental health needs. Their history, likes, dislikes, sensory needs and any preferences for the delivery of their care was recorded. However, as discussed with the registered manager these needed to be developed to include clear directives for staff to follow to ensure all new staff provided consistent safe care.
- Reviews took place to ensure people's needs were met to their satisfaction and involved of their family or legal representative. Where people had specific health care needs, these were clearly identified and staff could explain where and how this support should be provided.
- Where an advocate was needed, staff supported people to access this service.
- People's needs were attended to quickly. There was always a staff presence in the communal areas. Not many people could use a call bell but people who remained in their rooms were regularly checked by staff.

Improving care quality in response to complaints or concerns:

- There was a process for recording and investigating complaints.
- There was a complaints policy available in written and pictorial format. People and their families also had access to a 'service user guide' which detailed how they could make a complaint.

- Some people told us they knew how to make a complaint. One person said, "I know how to make a complaint; I would go to the manager." A second person told us, "I've got no complaints about anything and feel happy living here."
- We saw complaints and concerns were very minimal. The service had one complaint logged and the registered manager had acted on this.

End of life care and support:

- Managers and staff worked with other healthcare professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment.
- This included having 'anticipatory medicines' available, so people remained comfortable and pain free.
- End of life care plans were in place for people, which meant staff had the information they needed to ensure people's final wishes were respected. Where people had chosen not to engage or could not participate in these conversations, with the person's permission, discussions had been held with family and those closest to them.
- One person was approaching their end of life. Their care documentation had reflected care had been adjusted for this stage of their life. It emphasised the need for constant monitoring of pain and of ensuring that food and fluids should be offered regularly in small amounts. We discussed the gold standard framework for end of life care and the management team confirmed that they were planning to introduce this learning within the home.

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.

Aspects of leadership and management did not consistently assure person-centred, high quality care.

Understanding quality performance, risks and regulatory requirements:

- The provider and registered manager had implemented quality assurance processes. These included audits of care plans, staff files, complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys. However, the systems had not identified some of the shortfalls we found. For example, whilst there were systems to record medicine errors, these had not been always been followed and we found some missed signatures, and hand-written care plan audits had not detailed how staff should manage a person refusing medicines and when to use medicines covertly.
- There was a need develop the audits to ensure when issues were identified that a date and action was recorded to enable the provider to evaluate actions taken to consistently drive improvement.
- Weekly fire alarm and lighting checks had not been consistently recorded. We discussed this with the registered manager who informed us the fire record book had disappeared with the change of maintenance person. Since the new maintenance person had been in post the records had been consistent.
- Staff and the management team had identified that the social needs of people were not being consistently met. They were able to say what needed to be done but these had not been taken forward with a plan of action.
- We spoke with the registered manager who advised there were still areas of improvement to be implemented but were proud of what had been achieved since the service was registered. This included recruiting staff and training them to a high standard and the continued repair and refurbishment of the premises to ensure people's safety and comfort.
- A relative commented there had been improvements since the new provider took over and they were happy with how things were at the home. The relative identified areas that in their view had improved recently, such as staff engagement.

Working in partnership with others:

- The service had worked hard since the registration of the service improving partnership working with key organisations to support the care provided and worked to ensure an individual approach to care.
- Visiting health care professionals were positive about the way staff worked with them and this ensured advice and guidance was acted on by all staff. Comments received included, "Staff listen and are knowledgeable about the people they support."
- The service worked with other local health and social care professionals, community and voluntary organisations.
- There were connections with social workers, commissioners and the community team for people who lived with dementia.

Managers and staff being clear about their roles:

- There was a management structure in place, which gave clear lines of responsibility and authority for decision making about the management of the service and provided clear direction for the staff. The management structure consisted of the registered manager and deputy manager within the service who reported to the area manager and then the provider.
 - Staff had clearly defined roles and were aware of the importance of their role within the team.
- Engaging and involving people using the service, the public and staff:
- There was a positive workplace culture at the service. Staff said they had been able to raise concerns and felt listened to.
 - Staff worked well together, and there was a shared spirit of providing a good quality service to people. One staff member said, "I like working here, very supportive manager and team."
 - Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service. The registered manager sought feedback from the staff through regular meetings and day to day communications. The team discussed various topics in the meetings including the support and care of people who use the service, policies and procedure, tasks and actions to complete, any issues and ideas.
 - Regular feedback was sought from people who used the service and their relatives or advocates. This was used to inform the provider how well the service operated. These surveys were collated and the survey outcomes shared with people, families and staff. The actions to be taken were also shared. One visitor said, "We give feedback all the time and are more than happy with things, very caring and kind staff."

Continuous learning and improving care:

- The registered manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. This was confirmed by the documents seen and from the staff we spoke with. One staff said, "We monitor all falls and injuries, we then contact the falls team for advice and this has really helped and reduced falls." The lessons learnt were used to enhance staff knowledge and to improve on the service delivery.
- Accidents and incidents were documented and recorded. Incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC. Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. We saw specific details and follow up actions by staff to prevent a re-occurrence was documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated learning from incidents and accidents took place.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- People, family and staff felt they could talk to the registered manager and staff at any time and the regular meetings provided an opportunity for them to discuss issues and concerns with other relatives, friends and management on a regular basis. One visitor said, "I can talk to the staff, they listen and take action."
- The provider was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The service had notified us of all significant events which had occurred in line with their legal obligations.
- All staff were keen to emphasise the service would advocate for people if required. For example, in respect of ensuring medicine reviews took place. This meant people were only on the medicines currently required as opposed to taking those which were no longer relevant or the best for the person.