Agemco Ltd

Capricorn Cottage

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

This inspection took place on 23 and 24 August 2018 and was unannounced.

Capricorn cottage 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.

Capricorn Cottage accommodates 34 people in one single storey building. There were 26 people living at the home on the day we visited. Twenty-two people lived there permanently and four people were at the home for respite care.

The care service was developed prior to the values that underpin Registering the Right Support were published and therefore does not conform to the best practice guidance around the number of people living within the home. However, they do conform to other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection the service was rated as Requires Improvement at this inspection we found the provider had made the improvements needed and was now rated Good.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were happy and relaxed and engaged with the staff to discuss their care needs,

Staff were safely recruited and there were enough staff to meet people's needs. Training and support was provided to ensure staff had the skills to care for people safely. Risks to people were identified and people's medicines were safely administered and accurate records kept. The home was clean and tidy and staff knew how to keep people safe from the risk of infection. People were able to access healthcare professionals and advice when needed.

The home was nicely decorated and each person had been supported to individualise their bedrooms. The registered manager had developed a culture of increasing people's independence and abilities. Staff spent time with people to get to know their individual needs and used this to develop their care. Where needed technology was used to increase people's independence. People were supported to make decisions about who they wanted involved in their care planning.

The registered manager monitored the quality and safety of care provided and took action to resolve any concerns. Incidents and complaints were investigated and changes made to stop similar incidents occurring. The views of people living at the home were used to improve the care provided.

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.

Staff knew how to safeguard people from harm and risks to people were identified.

There were enough staff to meet people's needs and safe recruitment practices were followed.

Medicines were safely managed.

The home was clean and people were protected from the risk of infection

Incidents were investigated and action taken to prevent them reoccurring.

Is the service effective?

Good

The service was effective.

The registered manager took account of best practice guidelines.

Staff received training and support to enable them to provide safe care.

People were offered a choice of food suitable to their needs.

People were able to access healthcare professionals when needed.

The environment was safe and met people's needs.

People's rights under the Mental Capacity Act 2005 were protected.

Is the service caring?

Good

The service was caring.

Staff had the time to get to know people and their preferences.

People were encouraged to make choices about their lives.

People's privacy and dignity were protected and promoted.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and care plans accurately recorded people's needs. People's end of life wishes were recorded.

People were supported to access the community and to undertake activities to improve their independence.

People were supported to make a complaint and complaints were fully investigated.

Is the service well-led?

Good

The service was well led.

There were effective audits in place to monitor the quality of care provided.

The registered manager was approachable.

People were asked for their views of the service.

Capricorn Cottage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 24 August 2018 and was unannounced. On the first day our team consisted of two 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. On the second day one inspector returned alone to complete the inspection.

In preparation for our visit we reviewed information that we held about the home. This included the action plan completed by the provider following our last inspection. As well as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies including the local authority contracting and safeguarding teams. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, deputy manager, a senior care worker, two care workers and the maintenance person. We also spoke with seven people living at the home and spent time observing care so we could see how staff interacted with people living at the home.

We looked at a range of documents and written records including five people's care files and three staff recruitment records. We also looked at information relating to the staff training, administration of medicines and the auditing and monitoring of service provision. During our inspection visit, we asked the registered manager and deputy manager to email us with some additional information regarding staff training and supervision. They provided it promptly when we requested it.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "Yes, I get frustrated when other residents shout loud, staff sort it." They were also clear that they could talk to staff if they were worried about anything. One person said, "I go to the staff, my keyworker, that's [name of keyworker].'

We found that people were safeguarded from situations in which they may experience abuse. Staff confirmed to us that they had training to recognise and respond to suspicions people were at risk of harm or abuse. They were able to give us examples about what they would consider to be potential abuse and were clear about their obligation to report it. This included incidents that might take place between people living at the service. We noted that on one occasion senior staff considered colleagues had not responded quickly enough to a person's request for assistance. They had addressed this and recorded discussions about improving the practice for all colleagues.

We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. For example, we saw that people's ability to move around the home was assessed. Care plans clearly recorded any equipment they needed to support them to move and the number of staff who should be present when the person was moving. Care plans also recorded people's ability to identity and manage risks for themselves.

Risks associated with the safety of premises and equipment were monitored so that these could be minimised. We saw certificates showing that equipment, such as hoists used to assist people with moving and transferring, were maintained and tested regularly. Health and safety audits recorded checks that emergency exits were clear and unobstructed, so that staff could support people to leave the home quickly if necessary. However, we noted that one double door, marked as a fire exit and included in the emergency floor plan, was partially obstructed by a dining table and chairs. We discussed this with the registered manager who agreed to review the placement of the furniture.

Risks associated with fire safety were assessed. Staff made regular checks on emergency equipment for detecting, containing and extinguishing fires to ensure this would work properly in an emergency. We noted that records of weekly checks could be improved by better recording of the specific location of call points tested. This was because the records showed "test only" for some entries during June and July 2018, rather than recording which call point had been activated. Fire evacuation plans were in place for people so that emergency services would have the information needed to ensure a quick evacuation of the home if necessary.

Risk assessments took into account the safety of water supply and storage, and how risks of Legionella outbreaks were to be managed. Records for testing the temperature of hot water outlets did not show the test was carried out in accordance with the guidance on the record form. However, we noted that the system had been professionally tested on 5 June 2018 and there was no contamination detected. We raised this with the registered manager and maintenance person and they agreed to include the necessary tests into the checks.

The registered manager told us that they had carefully established how many care staff and other members of staff needed to be on duty. They said that they had considered the number of people living in the service and the care each person needed to receive. Staff spoken with told us that they felt there were enough of them to care for people in a safe way.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the home. Staff appointed were subject to an enhanced disclosure with the Vetting and Barring Service (DBS). These checks reveal whether applicants have a criminal record that required further discussion, or were barred from working in care services. We found that two people had started their employment, before their DBS had been received by the home. We raised this with the registered manager who showed us that another check called adults first had been completed and assured us that staff had been fully supervised until their DBS had been received.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the home. For example, we saw people had completed application forms and the registered manager had completed structured interviews. Any gaps in people's employment history had been identified and investigated. The required checks had been completed to ensure that staff were safe to work with people who live at the home.

We found that suitable arrangements were in place to safely order, administer and dispose of people's medicines in line with national guidelines. People told us that they were supported to take their medicines in line with their prescriptions. One person told us, "I take my tablets in the medical room, where [name of carer] gives them to me at night." Another person told us their medicine was administered, "Yes, morning, afternoon and evening, on time."

Staff told us that only senior support workers and night staff administered medicines. The training schedule highlighted that e-learning in medicines management was mandatory for these staff. In addition, records showed that the registered manager has completed assessments of their competence to administer medicines safely.

The registered manager had ensured that systems were in place to support the safe administration of medicines following best practice guidance. For example, we saw that there was a photograph of each person to aid identification. Staff were able to tell us about the timing of people's medicines and knew who needed to have their medicine before food and how long they needed to wait to eat. Where people had medicines prescribed to be taken as required, we saw that there was clear guidance available to staff to support them to administer the medicines in a consistent manner.

Areas of the home we visited were visibly clean. We saw that the management team made regular checks on the standard of cleanliness in the home and infection control measures. This included checks on the condition and cleanliness of mattresses and the provision of appropriate supplies for staff to wash their hands properly.

We saw that staff had access to supplies of personal protective equipment such as aprons and gloves. The training schedule showed that infection prevention and control was mandatory and staff needed to renew it each year. We noted that six staff had not completed the training, but four of them had only been employed during July 2018, the month before our inspection visit.

We found that the registered persons had established suitable arrangements to enable lessons to be

learned and improvements made if things went wrong. This included the registered manager and the deputy manager carefully analysing accidents and near misses so that they could establish why they had occurred and what needed to be done to help prevent a recurrence.

Records showed that there were audits of accidents and incidents taking place in the service to see whether any trends were identified. These also showed whether any remedial action needed taking, for example, to address risk. We saw records of one incident showing that an individual risk assessment was updated after an incident, to help enhance a person's safety.

Good

Is the service effective?

Our findings

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Each person received an in depth assessment before they started to use the service. This allowed the registered manager to ensure that staff had the skills needed to provide safe care to people.

In addition, people received care which showed that staff were aware of the best practice guidance when providing care. This knowledge supported people's increased independence and allowed them to develop skills around independent living.

Records showed that new care staff had received introductory training before they provided people with care. In addition, they had also received on-going refresher training to keep their knowledge and skills up to date. The deputy manager showed us the e-learning that was available for staff and how they monitored the training required. They confirmed to us that they were arranging for additional training for staff, where they had identified gaps.

We noted from the staff survey responses in April 2018, that four out of nine of them suggested they would have liked more time to complete their induction training. We noted however, that the deputy manager had completed training with Lincolnshire County Council in July 2018, in "assessing for compassionate care." They told us that there were plans to improve induction by wider use of the Care Certificate for those staff who did not already have it or had not achieved other qualifications in care. This is recognised as best practice in induction for care staff. They told us that, in the care home, two staff had started working towards the Care Certificate and another was due to do so.

Staff confirmed to us that they had received practical training in moving and handling so they could support people safely. A senior support worker told us that staff who had not completed practical training in moving and handling, were not allowed to assist people who required the use of equipment to move and transfer safely. The deputy manager and one of the staff spoken with confirmed recent specialist training in diabetes management so that they were better able to support people with this condition. They confirmed that other members of the staff team would also be attending this training to enhance their knowledge.

The registered manager explained to us that staff had a responsibility to ensure they arranged supervision sessions when these were due. The schedule the registered manager supplied to us showed that this was a mixture of discussion and of observation of staff practice. We found that staff files contained information confirming when staff had received coaching and support sessions. They also showed that, where there was a need to improve staff performance, a more senior member of staff explained clearly what was required to improve standards of conduct.

Staff told us that they felt well supported by their senior colleagues and could go to the registered manager or deputy if they needed additional advice or guidance.

People told us that they were happy with the food provided and we saw that they enjoyed their lunch. People were offered choices of food at each meal. Some people had adapted cutlery or plates to help them remain independent with eating. One person told us, "You can choose what you want. Once I asked for Toad in the hole." They told us that this had been made for them.

At our last inspection we had concerns about people's weight management. At this inspection we saw that the meals offered to people had been reviewed and healthy balanced menus had been created. For example, biscuits and crisps had been replaced with fruit. All the food in the home was freshly cooked. We saw that where people were at risk of being unable to maintain a healthy weight, they had been referred to a healthcare professional for advice and support. Their food was fortified to increase their calorie intake. An example of fortifying food is using cream and butter in mash potatoes instead of milk. In addition, people were offered extra portions of food and one person regularly had a second breakfast. We saw for people at risk of becoming underweight food and fluid charts had been fully completed.

This review of the menu had a positive effect on people. People who had been at risk of malnutrition had gained weight and where needed other people had lost weight. The registered manager explained how providing a balanced diet had improved people's health and reduced their need to take medicine. An example of this was twenty people living at the home had been able to stop taking laxatives with no ill effect.

Where people were at risk of choking, staff had referred them to a healthcare professional for advice and support. Some people needed a modified diet, for example, they needed their food cut up small or mashed with a fork. People were offered food which met these needs. People's care plans accurately recorded their needs around food.

The registered manager had increased people's ability to be independent by providing the equipment for people to make their own hot and cold drinks. This meant that people who were able to, could help themselves to a drink whenever they wanted. In addition, we saw that people who were unable to be independent were frequently offered a drink of their choice.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. The registered manager ensured that all information was available when a person went to the hospital or to see their GP. People we spoke with were happy with the care they received from their GP.

People were supported to live healthier lives by receiving on-going healthcare support. One person told us, "If I get any pain they call the Doctor in, he comes to see me, he's very nice actually." In addition, people were supported to access dental care and to go to an optician.

The registered manager asked people in a survey in April 2018, whether they were enabled to attend health appointments. We saw that responses indicated people were but also suggested possible improvements in how people accessed advice and support with their health. For example, one person said they saw the doctor when they needed to, but that they would like to go to the surgery more. We saw that they had made plans to improve the access to GP's following the survey.

We found that the accommodation was designed, adapted and decorated to meet people's needs and expectations. All bedrooms and communal rooms were on the ground floor making access safe and easy. Bedroom doors looked like front doors with the number, a knocker and letter box on each of them. Bedrooms were of variable size but all were personalised with people's belongings.

Since out last inspection the reception area had been decorated and was a bright and welcoming area to walk into. There were security cameras in the home and people living at the home had been told about them. One person pointed out a poster and said, "There's a camera and that shows you the area where that works."

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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Staff were able to describe to us how they offered people choices in their day-to-day lives, for example by showing people options for clothing so they could decide what to wear. They were aware that more complex decisions required consideration in line with the MCA, to establish whether people understood essential aspects of their care and treatment. One of them also explained how people's capacity to make choices and decisions could fluctuate with their health and wellbeing.

Staff confirmed they had training in the MCA and DoLS so that they understood the principles of supporting people who may not be able to make an informed decision. They were aware that consideration of people's capacity to make decisions had to be considered for each specific, individual decision, to establish what was in their best interests. Staff told us about the process followed, involving health professionals, to establish whether a person understood the need for a particular course of treatment and what was in their best interests.

Good

Is the service caring?

Our findings

We saw that the service ensured that people were treated with kindness and that they were given emotional support when needed. Staff spoke respectfully about the needs of people they were supporting and knew about their likes and dislikes. People were comfortable talking with the staff. We could see that the changes in staff and care that the registered manager had implemented had a positive impact on people living at the home. People were happier, more relaxed and more engaged with people. This more relaxed happier atmosphere had meant that people had needed less medicine to help them manage their emotions. An example of this was a person who was being given a medicine to help them calm down. Records showed that they had needed the medicine about once a month. However, since February 2018 they had not needed to take this medicine at all.

People had been assisted to choose coordinating clothes and looked smart and well presented. We saw that their personal preferences had been considered. For example, some people chose to wear shoes while others had their slippers on. A staff member told us how they had engaged some people in reminiscing about their past. They told us that they had found out a lot more about people and their preferences from doing this.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. For example, people were asked when they wanted to get up or go to bed. One person told us, "I get up when I want, quarter past six, I get dressed and go down in the lounge where we have our breakfast and stuff. I had cornflakes and toast and a cup of coffee."

Some people living at the home were unable to vocalise their wishes. However, staff understood people's different communication styles so that people were still able to make choices. In addition, they used other communication tools to support people to express their feelings. An example of this was one person who was getting upset with some workmen in the home. The registered manager arranged for them to have a happy face and a sad face. This allowed the person to express their mood and removed some of their frustrations. Another person used a whiteboard with staff so they could communicate their needs.

The registered manager was changing things so that people were able to be more independent and make choices. An example of this was changing breakfast to a buffet style meal, so that people could see what was on offer and this increased people's choice. The registered manager told us that this was allowing them to get to know people's likes better and gave an example of a person disclosing that they liked hot milk on their cereal. The registered manager explained that by widening their choices it had supported people to air their likes and dislikes and people were starting to ask for what they wanted instead of making a choice between two options.

People's privacy, dignity and independence were respected and promoted. Suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use. In addition, computer records were

password protected so that they could only be accessed by authorised members of staff.

People told us that they were able to be private if they wanted and that staff respected their privacy. One person told us, "I've got a lot of books and jigsaws if I want a bit of privacy I go to my room." Another person said, "Staff knock on my door and check that I'm alright."

Staff told us that they felt people were now more encouraged with their independence and to maintain or develop skills in this area. They gave us examples of people who helped with activities such as putting their washing away. One staff member said that they felt practices had been rather institutional in the past with people less involved. They told us, "People are encouraged to do more now. That didn't happen before." They gave us examples of people taking turns to set tables at mealtimes even if that was just laying out napkins, and that everyone was encouraged to "…have a go." They gave another example of a person, who was increasing their independence. Staff told us that they used to ask if they could have a shower, now they wold just take themselves for a shower when they wanted one.

The registered manager explained how they were moving people away from institutionalised practice and helping them to have more respect and dignity. For example, they had worked with one person to get them to shut the door while they were in the bathroom. They had also encouraged the person to sleep in their bed instead of remaining in the lounge overnight. This had been a slow process but the person was now taking themselves to bed every night and sleeping better.

The registered manager had also supported people to make positive changes in their lives and to take some responsibilities and make choices. For example, one person had decided that with support they wanted to manage their own finances. Additionally, people who had the capacity to make their own decision were supported to say who they wanted involved in their care reviews instead of relatives automatically being invited. Arrangements had also been made for every person to have access to an advocate if needed. An advocate is an independent person who can speak for people if they were unable to put their own views across about decisions which affect them.

Good

Is the service responsive?

Our findings

We found that people received personalised care that was responsive to their needs including their right to have information presented to them in an accessible manner. People were actively encouraged to attend their annual reviews and care plans were discussed in these meetings. The registered manager had taken account of the accessible information standards and had used different methods of communication when involving people in their care plans. This included providing information in a pictorial format to gather people's preferences and likes and dislikes. Staff were developing a picture book to use for one person to support them in making choices about what they wanted to do and what they wanted to happen. They told us this would include simple things like whether the person wanted their window open or closed. They recognised that this would help address occasional frustration when the person was not able to make themselves understood.

The registered manager had taken action to ensure that people could access and receive care when needed. For example, they had arranged for a special call bell that would allow for a person to ring for care when needed. This person was unable to use a standard call bell and so had been reliant on staff checking that they were okay. This meant they would able to be more proactive in accessing the care for themselves. Another person who was unable to use a call bell had a special alarm on their bed and so staff would be alerted the moment they needed personal care.

People's care plans contained all the information needed for staff to provide safe care which would meet the person's individual needs. We saw that where people had complex needs relating to certain areas of care, the manager had ensured that staff had the skills needed to support the person. For example, some people living at the home had diabetes and we saw that the staff had worked in conjunction with the diabetic nurse to help people maintain a diet which stabilised their blood sugars.

We saw that where people needed equipment, the registered manager had ensured that this was in place, serviced regularly and in good order. Where concerns arose over people's equipment the registered manager had liaised with the appropriate agencies to get the equipment replaced or repaired. For example, we saw that one person's wheelchair was in need of attention and needed altering to ensure they remained in a more stable position. The wheelchair service had been out to review the person's needs and plans were in place to replace this wheelchair.

People showed us and records confirmed that they were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. We saw that people were offered the opportunity to access the local community. On the day of our inspection five people walked to a local café and two people went out shopping, one was accompanied by a volunteer. The grounds were pleasant and there was an outdoor 'café' area where people can sit to read magazines and have a drink of coffee. The home was organising a summer fete for the weekend and had invited the local community to join them.

People told us they were happy with the activities offered to them. One person said, "I do a lot of jigsaw puzzles. I help the staff with the other clients. They do activities and I help them. 'I'm doing a project at the

moment on Lord Nelson, I'm doing it myself I've got a book about him." Staff informed us that one person was going on holiday during the week following our inspection visit. They said that six people had been on holiday last year and the management team told us that others were discussing arrangements and what they might like to do.

The registered manager had also used activities to support people to be more independent. An example of this was one person who was supported to manage their own laundry with support from staff. In addition, the laundry baskets for people had been relabelled with their photograph so that people could fetch their own laundry back from the laundry room independently. Another person had a dislike of going to hospitals and so some outings had been planned to the hospital coffee shop to see if they could make hospitals a positive place for the person to visit. This would make necessary visits to the hospital more pleasant for the person.

Suitable provision had been made so that people could be supported at the end of their life to have a comfortable, dignified and pain-free death. We saw that staff had discussed people's end of life wishes with them. While no one at the home was currently near the end of their life, staff were aware of the support they could access from other healthcare professions.

There were arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. The registered manager had worked with people to reassure them that they could raise concerns about anything they were worried about. We saw that people's confidence in raising concerns had started to improve and one person told us that they had raised a complaint and the issue had been sorted.

Other complaints from relatives and other people involved with the home had been investigated and the registered manager had responded to issues of concern. The complaints record included information about the findings in response to issues and actions taken, including responses sent to complainants.

Good

Is the service well-led?

Our findings

The registered manager and deputy manager were observed through the day talking with people. We saw that people trusted them and came to them with any worries or concerns that they had. People knew who the registered manager was and also knew they could find them in the office.

We noted that the registered persons had taken a number of steps to ensure the service's ability to comply with regulatory requirements. There was a registered manager in post. The results of our previous inspection were on display for people living at the home and visitors to see. The registered manager had fulfilled their legal requirements to tell us about events that happened in the home.

We found that there was a system of audits in the home which monitored the quality and safety of the care delivered. For example, we saw audits on medicines management and infection control. We saw that where concerns were identified action was taken to resolve the issue and keep people safe.

We found that people using the service, staff and professionals connected with it were asked for their views about how it was running and whether improvements could be made. This was through an annual survey with the registered manager analysing the findings and actions to improve where these were needed.

Less formal methods of gathering people's views did take place although these were not always regular in nature. Residents meetings took place and a records of the meetings were available to people in a pictorial format. In addition, there was a meeting for people's relatives which took place just before our inspection visit, on 6 August 2018. Minutes recorded the views of family members and their suggestions. This included discussions about health screening for people and how this could be improved and which the deputy manager was following up.

People were also supported to get involved with the running of the home. A staff member recruited around four months before our inspection visit confirmed to us that one of the people living in the home attended their interview and also showed them around the home. The interview records recorded the person's involvement. In addition, people told us that they were able to sit in on any of the staff training if they wanted two.

We found that the registered persons had made a number of arrangements that were designed to enable the service to learn and innovate. This included members of care staff being provided with written policies and procedures that were designed to give them up to date guidance about their respective roles.

Staff and the management team acknowledged to us that there had been institutional practice in the service in the past. Staff and the management team told us about the progress that was being made to make people more independent and more willing to raise concerns. For example, one staff member outlined how they felt it was progressing. They said that shifts flowed more easily and were better organised so things did not get missed. They felt communication was good. They told us that people's mealtime experiences were less chaotic, people's independence was better encouraged and they were more involved

in activities of daily living. They, and the management team, acknowledged that some long-standing staff had found this difficult to adjust to. However, they felt that staff could now see that the changes were for the good of the service and people's experiences.

We found that, from the resolution of complaints that the registered manager understood and applied the Duty of Candour where appropriate. She understood the need for an open and honest approach when things went wrong.

We found that the service worked in partnership with other agencies to enable people to receive 'joined-up' care. Staff gave us examples of how they tried to develop community links and involvement. They told us this involved encouraging people from the village to get involved in events within the service. A staff member told us how students from a local school had visited and supported people for two hours on a Monday morning with activities. They felt this had enabled the students to see what the service did and how it worked. They also told us how some people had been involved in a flower show at the local church.