

HC-One Oval Limited

Wombwell Hall Care Home

Inspection report

Wombwell Gardens
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Gravesend
Kent
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Tel: 01474569699

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Wombwell Hall Care Home is residential care home providing nursing and personal care for up to 120 people. Peoples' needs were varied and included those living with dementia, recovering from strokes and requiring nursing in bed. The service was arranged across four different units, each accommodating 30 people. At the time of our inspection there were 68 people living at the service and one unit was temporarily closed for refurbishment.

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

People told us they felt safe in the service and liked living there. One relative said, "I am 100% happy with the home. The staff are so kind to my wife and me and nothing is too much trouble for them." People received safe care and treatment and there were enough staff to meet peoples' needs. Medicines were managed safely, and lessons were learned when things went wrong.

People and their relatives were involved in decisions about their care and they received care which promoted their dignity and independence. Relatives told us they had been kept up to date with any changes during the COVID-19 pandemic when visiting was restricted. A relative said, "Yes, I do feel involved in decisions made about her care. When I go to the home, it's like being at home for me too."

Quality assurance processes were in place to monitor the service. The managers promoted an open-door policy and staff told us that they had a lot of confidence in the management team.

People told us they had choice about their meals and would always be offered an alternative if there was nothing on the menu they liked. A range of activities were planned throughout the service, but people could choose whether to attend, depending on their interests. One person said, "I don't usually get involved in anything, I prefer to spend time in my room."

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

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 May 2019) and there were multiple breaches of regulation. We carried out a targeted inspection on 21 July 2020 to follow up on specific concerns which we had received but there was no change to the rating. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 5/6 March 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care, consent, safe care and treatment, staffing, fit and proper persons and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective, responsive and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions that were not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wombwell Hall Care Home on our website at www.cqc.org.uk.

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?

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wombwell Hall Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Wombwell Hall Care Home 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 who had not yet registered with the Care Quality Commission; their application was in progress. This means that the provider was 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 received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse, serious injury or when a person dies. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We

used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with nine people who lived in the service and five relatives about their experience of care provided. We spoke with 20 members of staff including the manager, deputy manager, clinical services manager, nurses, care workers, activity staff, maintenance staff, housekeeper, kitchen staff and a receptionist. We reviewed a range of records, this included six peoples' care records and multiple medication records. We looked at four staff recruitment files. A variety of records relating to the management of the service were reviewed, including policies, procedures and audit records.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at training and supervision data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant that people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last comprehensive inspection, the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a targeted inspection in July 2020, but there had been no significant improvement and the provider was still in breach of regulation 12.

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

- Care plans and risk assessments were comprehensive, well organised and up to date, and contained enough information for staff to provide safe care. There were specific instructions for staff to deliver safe care and minimise risks, such as falls, choking or skin damage. There were detailed assisted movement assessments in place. Daily records of care and monitoring tools, such as repositioning charts, were in place and had been completed.
- People received safe care and treatment. Staff told us they had time to read the care plans and risk assessments and confirmed that they contained a good level of detail to enable them to support people in the right way. One person said, "They know me well and know exactly what I need."
- The provider had a robust system in place for regular reviews and monitoring of risk assessments. Staff told us that any changes in a person's care or support needs were always discussed at handover meetings. Handover meeting notes confirmed this. Relatives told us that they were updated if there were any changes to their loved one's care.
- Pressure mattress checks were planned, completed regularly and recorded correctly.
- Environmental risks were suitably managed including fire safety, the maintenance of appliances, electrical and water safety. There was a central register of maintenance checks and there was evidence of remedial action being taken. Staff had been given guidance on fire safety and knew how to move people safely if the fire alarm sounded.

Using medicines safely

At the last comprehensive inspection, the provider had failed to ensure the safe management of medicines. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of

regulation 12.

- Medicines were managed safely in line with national guidance. Medicines were securely stored in clean, temperature-controlled conditions. Medicines were ordered promptly so that there was enough in stock. A relative told us, "I know the staff manage my [loved one's] medicines. They order them and give them to her and gently make sure she takes them. It's all very organised."
- Medicines were administered by nurses or nursing assistants. Nursing assistants had received additional training and had been assessed as competent. Training and competency records were up to date.
- Medicine administration records were complete and accurate. There were clear guidelines in place for staff to administer 'as required' medicines, for example pain relief. When these medicines were used, staff recorded whether the medicine had the desired effect.
- Medicines were audited regularly. Medicines errors were documented, investigated and lessons learned were shared with the team during clinical meetings. Nurses wrote reflective accounts which were used as a learning tool after medicines errors.

Staffing and recruitment

At the last comprehensive inspection, the provider had failed to ensure sufficient staff were deployed to meet peoples' needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a targeted inspection in July 2020 and found the provider was still in breach of regulation 18. The provider failed to ensure robust recruitment processes were followed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulations 18 or 19.

- Enough staff were deployed to meet peoples' needs. The rotas showed that planned shifts were filled. Call bells were answered quickly, and care was seen to be delivered promptly. People living in the service and their relatives thought there were enough staff most of the time. One person said, "I don't usually wait too long if I need anything." One relative said, "There are enough staff around because I've seen residents getting all the care they need. You don't hear call bells ringing all the time."
- Peoples' dependency levels were assessed when they moved in and again each month which enabled the manager to calculate their staffing needs. Most staff agreed that there were enough nurses and care workers. One staff member told us, "Staffing has been great."
- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and Disclosure and Barring (DBS) records. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.
- Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their personal identification number to confirm their registration status. Nursing staff were required to update their registration annually.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and were able to tell us what signs to look for and what action to take if they were concerned. Staff told us and records confirmed that training in safeguarding was up to date. Staff knew how to report signs of abuse and were confident to do so. They said that action would be taken if they reported something.

- Records showed that staff recorded and reported allegations of abuse to the appropriate safeguarding authorities. Safeguarding records were completed and showed that staff cooperated with investigations.
- People and their relatives told us they felt safe in the service. One person told us, "I feel very safe. I like it here." A relative said, "I think the staff are very kind and whenever I call the service, the person I speak to always seems to know how my family member is doing. I find that very reassuring."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was 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.

Learning lessons when things go wrong

- There was a robust system in place for recording accidents and incidents and staff supported people after incidents to ensure their wellbeing. Staff knew what to do if someone had an accident.
- Accidents and incidents were investigated. Investigation records were thorough and included any action plans and the sharing of lessons learned. Actions were taken to prevent recurrence, for example, low rise beds or crash mats were implemented following falls.
- Monthly analyses of accidents, incidents and key clinical indicators, for example weight loss or infections, were carried out to identify trends and reduce risk of recurrence, for example trends in falls or pressure ulcers.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection, the provider failed to ensure peoples' rights were upheld within the principles and procedure of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 11.

- The service complied with the MCA. There were decision specific MCA assessments in place which were completed correctly and subject to regular review. The decisions people were being assessed as being able to make were clear and there were instructions for staff to support people with these decisions. People deemed unable to make complex decisions had clear reasons documented about what had been decided in their best interest and who was involved.
- The manager had made appropriate DoLS applications to the local authority and there were systems in place to keep these under review.
- Care was provided in the least restrictive way. Consent was documented in peoples' care plans and people told us, and we observed that staff obtained consent from people before offering them support.

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

At the last inspection the provider had failed to ensure peoples' care and support was individual and met

their needs and preferences. Some people were not provided with the necessary support to make sure they could eat their meal comfortably and to maintain their health and well-being. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 9.

- People were supported to eat and drink safely in line with recommendations received from Speech and Language Therapists (SALT) and dieticians.
- People were protected from risks of choking with modified food and fluids following assessments by SALT. Nutritional plans were reviewed regularly. The chef attended daily update meetings to ensure they were kept up to date with any changes.
- Some people went to the dining room for their meals and some ate in their rooms. There were enough staff to support people who needed assistance to eat and drink, either in the dining room or in their rooms. Since our last inspection the manager had introduced weekly dining audits to monitor the standard of meals and menus were changed in response to feedback.
- People told us the menu was varied and they got choices. One person said, "There are some things I don't like, but they always offer me an alternative." Another person said, "I'm a really fussy eater but it's not bad."

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

- Peoples' care plans were comprehensive; they contained enough information for staff to know about peoples' individual choices and wishes. Care plans were reviewed and updated regularly, usually in liaison with relatives. One relative told us that the staff had kept in touch and given them updates about how their loved one was settling in. Another relative said, "I have been told about developments in my relative's care and advised about things such as doctor's appointments."
- Care delivery was person-focused and responsive. Staff were kind and considerate. They recognised and responded to individual needs, such as a person being provided with a treasured keepsake to remind them of their baby grandson.
- Suitable provision was in place to support and reassure people living with dementia. Staff knew what situations could result in a person becoming upset and worked to avoid these. One relative said, "The staff are very kind and caring and have developed strategies for responding when my [relative] is upset."

Staff support: induction, training, skills and experience

- Nurses and care staff had received training and had the knowledge and skills they needed to safely provide care. Staff we spoke to told us that they had received appropriate training and that training updates were arranged for them. The staff training matrix demonstrated that training was up to date.
- Staff had regular supervision meetings and felt supported by the management team. One staff member told us, "The support from management is great. They are all amazing."
- Nurses attended clinical meetings and had regular clinical supervision meetings. Nurses worked within the Nursing and Midwifery Council's Code of Conduct and re-validated every three years in accordance with regulations.

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

- Nurses and care staff had a good understanding of people's healthcare needs and knew how to support them to achieve good outcomes. One relative said, "The staff handle my mum's medication and check with the doctor if she needs anything changed."
- Where people required support from outside healthcare professionals, this was organised by staff. Doctors

visited the service weekly to address any issues. A relative said, "If my wife needs to see the doctor the staff quickly make the arrangements and they don't hang around."

- Care plans contained health assessments and records of professionals' meetings with other health care professionals. Information was shared with others, such as hospitals, if people needed to access their services.

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

- The service was arranged on one level with ease of access for people of all abilities. We saw people walking and using self-propelling wheelchairs safely around the service, including in the communal areas.
- Peoples' rooms were personalised with photographs, ornaments and things that were important to them, such as blankets and cushions. One relative told us the bedroom was always well presented. Rooms had access to the outside and we saw people enjoying the gardens.
- Bedroom doors only had the name of the person in small print. We spoke to the manager who immediately put an action plan in place to include a photograph of the person to aid recognition, and to improve the signage on toilets and bathrooms.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection the provider had failed to ensure peoples' care and support was individual, met their needs and preferences and provided meaningful occupation. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 9.

- Care plans were personalised and reflected peoples' choices. 'This is me' sections in care plans were very detailed and included cultural and spiritual needs. There was an enthusiastic activities team who arranged various activities for people. Some were small group activities and some activities were one to one. This depended on peoples' preferences and their mobility. Each person had an activities journal which was completed to a high standard and contained details of interactions and activities with people. Staff were busy planning for the 'Wombwell Olympics'.
- External entertainers visited the service and there were monthly themed days, for example, pyjama days. Peoples' spiritual needs were met by visits from local pastors. There were specific things in place for people who were unable to leave their room, for example 'rummage boxes'. The activity coordinator told us they try to adapt everything for people who were unable to leave their rooms.
- Most people told us that there was a lot to do, although through choice, not everyone joined in with the activities. One person said, "I like to spend most of the day in my room. I prefer that." One relative told us that the activities could be more imaginative. However, another relative said, "There are activities for people to do and the activities staff are always thinking of ways to get people involved. It's good as it motivates people to be active and not sit around too much with time on their hands."
- People were encouraged to use the communal areas where they were able. One person told us they liked sitting in the lounge as there were people to speak to. Another person said, "I like this place and having things to do and not being on my own".

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 were observed communicating effectively with people. There were no pictorial menus, but staff were seen discussing food choices with people and taking the time to explain the options available to each person. Where people required spectacles or hearing aids, staff made sure they were working and used them properly to support better communication.
- For a person whose first language was not English, there were picture cards used to describe the main elements of the person's care and staff sometimes used google on their phones to translate words. There were no other translation systems available. Staff said that most people would benefit from pictorial menus and picture/memory boxes, particularly for those people living with dementia.
- Signage on bathrooms and toilets was confusing, for example hand made signs which said 'engaged' when the room was vacant. One room had a sign saying WC on top of a picture of a bath. Further developments were needed to meet the AIS in terms of signage around the home. We told the manager and an action plan was developed straight away with timescales to improve the signage. Two elements of this plan had already been completed.
- There were user-friendly and accessible documents available such as a safeguarding leaflet and the monthly newsletter.

Improving care quality in response to complaints or concerns

- We reviewed records of complaints. The manager had a proactive approach when receiving and responding to concerns about the service. Complaints were thoroughly investigated, and the outcomes and actions shared with the complainant in a timely manner.
- Where there had been mistakes the manager apologised and learnt lessons from the incident. People were encouraged to write reflective accounts and lessons learned were shared with staff so that the risk of similar incidents could be minimised.
- People we spoke to and their relatives knew how to raise concerns and were confident that something would be done if they did so.

End of life care and support

- The service was able to provide end of life care and support which enabled people to remain in the service if their needs increased and not have to move to a new service.
- Care plans included clear instructions about end of life care wishes and staff were aware of these. These plans had been written in partnership with peoples' relatives.
- Staff worked with other health care professionals, such as specialist nurses, hospice teams and GPs to provide end of life care when required. Medicines were available to them to keep them as comfortable as possible.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection the provider had failed to listen to peoples' views and act on feedback. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The manager has fostered a positive culture within the service where people felt empowered and involved. The manager and the provider demonstrated a clear commitment to continuous improvement. Staff told us there was an open and honest culture. One staff member described the culture as, "Lovely, happy and everyone pulls together." Another staff member said, "It's open and friendly with good teamwork." A member of the management team did a 'walk around' every day and these were documented.
- Staff were invited to meetings and were encouraged to contribute. Staff said they were asked one by one if they had anything to say, but they were also offered the opportunity to discuss anything privately. A staff member said, "If we prefer, we can email or phone the manager."
- People told us staff listened to them and supported them in ways they wanted. One relative said, "All the staff are lovely to mum and I can see she likes them. I've only ever seen mum and the other residents treated with genuine kindness." We saw notes of meetings held with relatives and with people who live in the service. One person said, "I know who the manager is, and I can talk to them at any time."
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. This is so we can check that appropriate action has been taken. The manager had correctly submitted notifications to CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last comprehensive inspection, the provider had failed to ensure a robust approach to improving the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a targeted inspection in July 2020, but there had

been no significant improvement and the provider had failed to ensure there were accurate records about peoples' care and treatment and the provider was still in breach of regulation 17.

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

- There was a clear management structure, nurses and care staff understood their responsibilities to meet regulatory requirements. They had access to policies and procedures to help them consistently provide people with the right assistance. Staff told us managers were very supportive and that they were treated fairly. One staff member said, "[Manager] is very approachable, she listens and takes action." Relatives told us they thought the home was managed well. One relative said, "I find the manager to be alert and helpful."
- The manager met daily with unit managers, nurses and a representative from other departments to ensure that key information about people's safety and messages were shared in a timely way. Daily handover meetings were held to ensure that staff on duty had up to date information about the people they were supporting. All meetings were accurately documented.
- The provider had a robust quality monitoring system. There was a home improvement plan in place which was regularly reviewed by senior managers. A range of audits were undertaken, for example, in medicines, infection control, care plans, health and safety and clinical indicators. The manager told us, and records confirmed that regular meetings took place where key clinical indicators were discussed, such as wound management, weight loss or falls. Action plans were in place to ensure that issues were addressed and reviewed, for example, referrals to dieticians or tissue viability nurses. Care records were comprehensive and up to date.
- Nurses attended clinical meetings where clinical risks, such as weight loss or wounds, were discussed. Lessons learned from incidents, accidents or complaints were shared with the team. The Clinical Service Manager (CSM) discussed any resultant actions, for example, following a medicine error, nurses now count all medicines when they are delivered from the pharmacy. Records showed that nurses had made suggestions for improvement which were being investigated by the CSM.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities.
- Relatives told us, and records confirmed that staff were in regular contact with them, particularly during the COVID-19 pandemic, and had informed them of accidents or incidents involving their family members.

Working in partnership with others

- The manager worked in partnership with local health teams during the COVID-19 pandemic to ensure people were receiving appropriate care and support. The manager had a good working relationship with local safeguarding and commissioning teams.
- Managers and nurses liaised regularly with other health professionals, including GPs, tissue viability nurses and Speech and Language Therapy (SALT) teams.
- GPs undertook weekly reviews for the people living in the service and people we spoke to and their relatives knew about this.