

Aveland Court Care Limited

Aveland Court Care Home

Inspection report

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Date of inspection visit:

24 November 2020

25 November 2020

Date of publication:

15 December 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Aveland Court is a residential care home providing personal care to 16 people aged 65 and over at the time of the inspection. The service can support up to 30 people in one adapted building.

We last inspected this service on 3 and 4 March 2020, the service was rated as Inadequate because we found the registered provider to be in breach of eight regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action to impose conditions on the providers' registration to help ensure that people were no longer exposed to the risk of harm.

Following the last inspection, we asked the provider to complete monthly action plans to show what they would do and by when, to improve.

During this focused inspection on 24 and 25 November 2020, we found that significant improvements had been made towards meeting the requirements to help ensure that people received safe, effective care.

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

The provider had appointed a new management team providing stable, consistent leadership and support. The management team demonstrated a commitment to driving continued improvement to develop the service and provide people with person centred, high-quality care.

People, their relatives and staff told us the managers were open, supportive and displayed good management skills. Robust systems had been developed to assess and monitor the quality of service offered to people.

People told us they felt safe living at the service and our observations found they were comfortable in the presence of staff. Since the last inspection the management team had developed robust safeguarding policy and procedure. Safeguarding training had been implemented and all staff had been trained to recognise and protect people from the risk of abuse.

Risks to people's health and well-being were being assessed, mitigated and managed. All care plans had been reviewed and now accurately reflected people's individual needs.

People were supported to eat and drink enough to maintain their health and reduce the risk of dehydration and malnutrition. People's nutritional needs were assessed and there was information in care plans detailing people's nutritional needs.

People were supported to maintain good health and access healthcare services. When people required extra support from health professionals, staff were seeking advice and support and following guidelines to keep

people safe and well.

Medicines management had improved since our previous inspection. People received their medicines as prescribed for them.

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

People were being cared for by staff that had the necessary skills, knowledge and understanding. Since the last inspection the management team had introduced a comprehensive training programme in a range of subjects to ensure staff knew how to care for people safely and reduce the risk of harm.

There were enough staff working at the service and we saw that recent recruitment files contained the records necessary to evidence that people were protected by staff that had been safely recruited.

The home was clean and tidy on the day of our inspection and the provider had appropriate systems in place to prevent the risk of infection.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (published 29 May 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since the last inspection. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 4 March 2020. 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.

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 and Well-led which contain those requirements.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions 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 Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aveland Court 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Aveland Court 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

On the first day of the inspection the inspection team consisted of one inspector, assistant inspector and inspector from the medicines team. On the second day of the inspection an Expert by Experience spoke with people living at the service via video link and spoke with people's relatives over the telephone.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager. The manager was not registered with the Care Quality Commission. This means that the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and action plans the provider had sent to us. We sought feedback from the local authority's quality team. 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 judgement in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the manager, deputy manager, care workers and domestic staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at training records and three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from potential abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of regulation 13.

- Since the last inspection the management team had developed robust safeguarding policy and procedures. Safeguarding training had been implemented and all staff had been trained to recognise and protect people from the risk of abuse. Safeguarding people from abuse and what sort of behaviour is considered abusive, was discussed during staff supervisions and staff were supported and encouraged to report any poor practice they witnessed.
- Staff told us they were confident the manager would act appropriately to any concerns raised and they would not hesitate to whistle-blow if they needed to. One staff member told us, "I would report it to my manager straightaway. If I felt the manager was not taking action, I would safeguard it and contact the safeguarding team. There is information on the noticeboard out there and whistle-blowing information."
- People told us they felt safe living at the service and our observations found they were comfortable in the presence of staff. One person told us, "I feel safe because it is friendly, and I have a nice room. I am not left on my own for a long time like in some other places." Another person said, "Yes I feel safe and the staff make me feel safe, they are just there."
- Relatives told us since the new management team had taken over, they felt confident that people were safe from harm and the risk of abuse. One relative said, "I was concerned before though, but not since the new manager came. The staff there now are great, and the bad staff have gone." One relative told us about how the service dealt with a serious concern with their relative, they said, "I was involved with all the meetings and the issue was brought to my attention. It was all sorted out. The manager has been checking on me that everything is okay now."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last 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 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since the last inspection we found the provider had taken action and people were no longer at risk of harm.
- Systems were in place to identify and reduce the risks involved in the delivery of care to people. People's care records included assessments of specific risks posed to them, such as risk of falls and risks arising from moving and handling, pressure areas and nutritional needs.
- Care records contained guidance for staff about how to support people to reduce the risk of avoidable harm. For example, where people lacked the ability to mobilise independently care plans explained the equipment and the number of staff needed to assist the person, and the actions staff should take to minimise risks to people's health and wellbeing.
- Risk assessments were reviewed each month or more frequently if a person's needs changed. This supported staff to take appropriate action to reduce risks to people as risk levels changed.
- The provider maintained the safety of the building and equipment through regular checks, servicing and maintenance.
- Fire safety systems were serviced and audited regularly. Individual personal emergency evacuation plans (PEEPs) indicated any risks and support people needed to evacuate them safely.
- Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency.
- Accidents and incidents were promptly and thoroughly recorded by staff. Records showed that the manager reviewed all accidents and incidents each month and analysed any potential causes to identify areas for development or improvement.

Staffing and recruitment

At the last inspection the provider failed to ensure there was enough effectively deployed staff to meet people's needs in a timely way. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of Regulation 18.

- At our last inspection we found there were insufficient staff and the way staff were deployed meant that people's needs were not always met, and people were not always kept safe. There was a lack of staff presence in communal areas which put people at risk of harm.
- During this inspection we observed there were sufficient numbers of staff to meet people's needs and keep them safe. The atmosphere at the service was calm, staff were relaxed, and they interacted with people as they went about their work.
- Staff told us they were busy, but said there were enough staff, which minimised risks to people's safety. One told us, "I think we have enough staff for the small client list we have, but if someone is on leave or if someone is off sick, we do use agency. Our staff team is small, but it is manageable."
- The manager told us they ensure staffing levels never went below minimum staff numbers of four carer workers during the day and two at night. Regular agency staff known to people, were employed to fill vacant shifts and managers helped where they were needed. Rotas from the last four weeks confirmed minimum staffing levels had been achieved.
- Staffing levels were reviewed regularly, and an on-call system was in place to ensure staff could call for support at any time.

- The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service. This included obtaining references from previous employers and completing a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions.

Using medicines safely

At our last inspection medicines were not being managed in a safe way and people were not protected from potential harm. 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 we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- There had been improvements to the way people's medicines were managed since our previous inspection. A new medicines room provided a quiet space for staff to prepare people's medicines.
- People's medicine administration record (MAR) charts were completed when doses of medicines were given. These showed that people received their medicines as prescribed for them. One person told us, "I get my medicines when I need them and somebody helps me to take them."
- However, when staff needed to make handwritten amendments to the printed charts, these were not always checked and signed by two members of staff to confirm their accuracy. We spoke with the manager about this.
- Medicines were stored securely. Storage temperatures were recorded and monitored to make sure medicines would be safe and effective.
- Ordering systems had been improved and people's medicines were available to be given when needed.
- If covert administration was being considered, we saw that mental capacity assessments, best interests decisions and pharmacy advice on how to give each medicine, were taken and recorded.
- When medicines were prescribed to be given 'when required', we saw that protocols had been written to guide staff when it would be appropriate to give these medicines. However, these had not all been updated after a recent change, and we saw one person's recent addition had not been included in their protocol. Staff told us they would expand their audit system to check that these were regularly checked and updated.
- There were systems in place to record the application of creams and other external preparations, and records showed that staff signed when these were applied.
- Staff who gave medicines received training and their competency was checked to make sure they gave medicines safely.
- Regular medicines audits were undertaken, and if any incidents were identified then appropriate actions were taken.

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 using personal protective equipment (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.

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 inadequate. 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.

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

At our last inspection the provider had failed to ensure effective systems were in place to ensure people received adequate nutrition and hydration. This was a breach of Regulation 14 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of regulation 14.

- People were supported to eat and drink enough to maintain their health and reduce the risk of dehydration and malnutrition.
- People's nutritional needs were assessed and there was information in care plans detailing people's nutritional needs.
- Where people were at risk of losing weight, staff monitored their food and fluid intake. We saw food and fluid records were complete and demonstrated people were eating and drinking sufficient amounts.
- Staff were monitoring people's weights regularly. When people were reluctant to eat, staff encouraged people and tried to tempt them with foods they enjoyed and regular snacks. A relative told us, "[name] declines food and drink. A staff member did everything to tempt her. I sent her things to tempt her such as chocolate trifles. She needs encouraging to eat and drink." Another relative said, "I know she gets enough, they are fantastic meals. She says she is always full! They make sure she gets enough to drink as she needs help with everything."
- When people had lost weight despite staff intervention, referrals were made to specialist health professionals such as, dietitians and speech and language therapists, for advice and support.
- Staff had a good understanding of each individual person's nutritional needs, likes and dislikes. They knew who needed a little extra encouragement to eat and used a range of techniques to support this. For example, we observed staff helping one person with their meal. The staff member gave the person their fork, reminded them that they had chips, eggs and beans and imitated eating. The person then took their fork and started to eat their meal.
- People told us they enjoyed the food and had enough to eat and drink. One person said, "I do enjoy the food." Another person told us, "I get enough food and I would get help if I needed it. Drinks are brought to me frequently."
- People were offered and shown choices of food and drink. One person said, "I get a choice. They come around with a sheet showing a selection of meals. The same with drinks."

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure all staff had received appropriate support, training, and supervision. This was a breach of regulation 18 (2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of regulation 18.

- Staff had the skills, knowledge and understanding they needed to care for people.
- Since the last inspection the management team had introduced a comprehensive training programme in a range of subjects such as infection control, Mental Capacity Act (MCA) 2005, fire safety, safeguarding, nutrition and hydration and manual handling training. Additional training such as, catheter care and skin care had been included in the training programme to ensure staff knew how to care for people safely and reduce the risk of harm.
- The manager had a system to record the training that staff had completed and to identify when training needed to be repeated.
- Our observations during the inspection confirmed that staff had received training, for example, people were moved safely with lifting equipment and staff assisted people with their food and drink in a safe way.
- New staff completed an induction during which they learnt about their role and responsibilities, read policies and procedures and became acquainted with the environment and people using the service. Prior to supporting people on their own, new staff worked alongside more experienced staff.
- Staff received regular support and supervision from the management team to review their competence and discuss areas of good practice or any improvements that were needed. Staff told us they felt supported by the managers and they felt able to raise any concerns or questions with them.

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

At our last inspection the provider had failed to ensure people received consistent, effective care and access to healthcare services and support when needed. Where healthcare advice was given, this was not always followed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff worked together with other organisations to deliver effective care, support and treatment. The manager described how they had received support from, and worked with, health professionals, such as, medicines optimisation team, quality improvement team and community dietitian, to address concerns about people's health and well-being raised at the last inspection.
- When advice from health professionals had been given, we saw appropriate action had been taken. For example, when advice was given about people's dietary needs, such as requiring a diet high in calories and dietary supplements, we saw this was being given.
- People had been supported to maintain good health and access healthcare services. For example, since the last inspection people had been supported to access a dentist. Detailed oral health care plans and assessments were now in place and records showed people were receiving support from staff to maintain their oral health. A staff member told us, "We encourage people to brush their teeth and if they can't do it themselves, we assist them, and we ensure they soak their dentures overnight. We are pretty good at

checking this with them, it's a part of the personal care we do."

- There were systems and processes in place for monitoring people's health and welfare needs and care plans contained personalised and detailed information about people's health needs for staff to provide effective support.
- Staff demonstrated their knowledge of people's healthcare needs and what they needed to do to support them. For example, staff were able to tell us about the support one person needed with their catheter, we saw this reflected what was detailed in the person's care plan.

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

- At the last inspection we found concerns that reflected care was not always being provided in a safe way. Assessments and records did not include sufficient guidance about how to support people.
- At this inspection we found improvements had been made and care was being provided in line with standards, guidance and regulations.
- Following the last inspection, people's needs had been reassessed and evaluated in order to develop person-centred care plans and robust risk assessments. We saw people had care plans that detailed what support they needed, and staff told us they followed these to provide effective care.
- Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which contributed to good outcomes for people.

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 we found the provider had failed to work within the principles of the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since the last inspection action had been taken and systems had improved to ensure the service was working within the principles of the MCA.
- People's capacity had been assessed when complex decisions were required, such as, people receiving their medicines disguised in their food.

- When people were unable to make the decision, best interests discussions were held including the person, staff and people who know the person well. Previous choices and preferences were considered when making decisions.
- Some people had DoLS authorisations in place. When conditions had been placed on the DoLS authorisation, these were recorded in people's care plans and were being met.
- During the inspection we observed people being offered choices during the day and this included decisions about their day to day care needs. One person told us, "I get a choice, I like to stay up late and watch television in the lounge at night, it's my choice. It is very homely here."
- Staff had received training and had a good understanding of the MCA and the systems in place promoted people's rights. One staff member told us, "We have two people that refuse personal care regularly. I will try again a few times during my shift and then report it to my senior if they still refuse. You can try and encourage, but you cannot force."

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

- The premises and environment met the needs of people who lived there.
- Since the last inspection improvements had been made to the environment. Repairs had been made and redecoration was underway. The service had employed a full-time maintenance person to oversee the work and manage the safety and quality of the premises.
- Communal areas provided space for people to relax and were homely in character.
- There was an enclosed garden that was accessible to people who had mobility issues and a lift to enable them to use facilities on the first floor.
- There were a range of well-equipped bathrooms and toilets.

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 inadequate. 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.

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

At our last inspection the provider had failed to ensure systems and processes were established and operated effectively to meet the regulations. Records were not available or complete. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

- Since the last inspection the service had undergone significant changes and improvements to ensure people received safe, effective care.
- The provider had appointed a new manager and deputy manager who provided stable, consistent leadership and support. The new manager told us they would be submitting an application to become the registered manager at the service.
- The management team demonstrated a commitment to driving continued improvement to develop the service and provide people with person-centred, high-quality care. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- The manager had implemented and maintained an action plan to monitor their progress against the breaches made at the last inspection. This was reviewed on a regular basis which helped ensure that appropriate action was being taken.
- The manager had established and effectively operated systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. This included quality assurance systems and audits as well as provider oversight and management observations to regularly check on people and the quality of care being provided.
- All care plans had been reviewed and now accurately reflected people's individual needs.
- Risks to people's health and well-being were being assessed, mitigated and managed. Where people required extra support from health professionals, staff were seeking advice and support and following guidelines to keep people safe and well.
- People were now being supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.
- Robust medicines management systems and processes were now in place and people received their

medicines safely and as prescribed for them.

- There had been an improvement with the provider's processes to analyse accidents, incidents and safeguarding to promote learning and improve care. We saw where action had been taken and what measures had been put in place to mitigate future risk.
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- Staff were very positive about the changes and how they had improved the support people received. One staff member told us, "Things have improved here, especially the last 12 months. There was a time I felt like leaving. Things are getting done and if there is a problem, things get dealt with. The management are approachable, and we have not had that for a long time."
- People were also positive about the changes at Aveland Court. People commented, "The new managers are lovely, I can tell. They are friendly", "[Manager's name] is a very nice girl, lovely! All very nice to me, very good to me" and "It is a very good team."
- Despite not being able to visit the home freely, relatives told us they had seen positive changes. One shared their views about the new managers, "An improvement on the previous management, they are more professional." Another relative told us, "The staff seem to be far more motivated now."

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

- The culture of the service had not always been person-centred, this had improved. The managers had created a culture that was open, inclusive and put people at the heart of the service.
- Staff were positive about the changes at the service and felt supported by the management team. One staff member told us, "I actually enjoy it, obviously the home has taken quite a knocking but irrespective of the negatives this staff team are really pulling through and [manager's name] and [deputy manager's name] are putting things together in such a short time. I think they should be commended to be honest. It is a lovely home and it has so much going for it. Everyone is person-centred and they are pro-active in their approach and I feel proud to be part of the team."
- Staff were encouraged to raise any concerns in confidence through a whistle-blowing policy. Staff said they were confident any concerns would be listened to and acted on promptly. One staff member told us, "If there's a problem you go to management about it and it will be dealt with when they say it will. They are very caring, and they go out of their way to make sure you are ok. The way they run the place, they are doing such a great job for the staff and residents and everyone gets along so well."
- Staff ensured people's needs were met through ongoing review of their care in line with current legislation and best practice guidance to achieve good outcomes for people.

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 management team were aware of their responsibilities under the duty of candour. The duty of candour is a regulation that all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- The management team had notified relatives, the local authority and CQC of any incidents as they are required to do so.
- Relatives confirmed that the service had been open and honest with them when there had been an issue with the care their loved one received. One relative told us, "I had a concern over my relative and it was sorted out very easily. It was handled well." Another said, "We had independent meetings for wrong dosage of tablets given. They dealt with it very professionally and were very honest and open."

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

- Although formal surveys had not recently been completed the manager told us relatives were actively encouraged to participate in decision making and provide feedback on the service's performance.
- Relatives we spoke with told us generally staff kept in contact with them concerning any changes in people's health. However, some relatives told us communication could be improved. Comments included, "I am not really kept informed, I get an update when I phone. 'If there is an issue, we will let you know', is what they say" and "There are updates by email, but not much."
- The overall feedback from people and relatives was the service had improved since the last inspection.

Working in partnership with others

- Since the last inspection the service worked collaboratively with professional's including the local authority quality improvement and safeguarding teams who had provided support and guidance to the provider and manager.
- Feedback we received from health professionals was very positive about their experience of working with the service.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.