Unityone Ltd

Oakwood Rest Home

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?	Requires Improvement

Summary of findings

Overall summary

About the service Oakwood Rest Home had a registration to provide personal care and accommodation to a maximum of 30 people. People who lived there were older people most of whom had a diagnosis of dementia. At the time of the inspection 28 people were residing at the home.

People's experience of using this service and what we found
The provider had quality assurance systems in place and action had been taken to make improvements. However, some issues identified during the inspection had not been picked up by managerial observations or by in-house audits.

People felt safe and were cared for by staff who knew how to protect them from avoidable harm. Risks to people's health and well-being had been assessed and monitored to ensure they were kept safe. Overall, people were given their medicine as prescribed. Staff were recruited safely and there were enough staff to meet people's needs. Apart from the laundry the premises were visibly clean.

Staff received induction training when they started working at the home. Training had been received by staff and refreshed in line with the provider's timescales. Where possible people made decisions about their care and were supported by staff who understood the principles of the Mental Capacity Act 2005. Staff supported people in the least restrictive way to accord with their best interests. People's nutritional needs had been assessed and guidance was provided for staff about how to promote people's healthy eating. Referrals were made to a range of external healthcare professionals where required to ensure people's health needs were met.

All people and relatives told us staff were caring and treated people with dignity and respect. People were supported by staff who knew them well and knew their likes and dislikes. People were encouraged to maintain their independence skills. Visitors were made to feel welcome.

Reviews of people's care and support needs were undertaken regularly. People and/or their relatives were included in the review processes to ensure all needs were determined and addressed. People and their relatives told us they would feel comfortable to raise any complaints they had with the staff or registered manager. Relatives told us they were always kept up to date with important information relating to their family member and could contact the registered manager at any time.

People and relatives told us the service was well-led and spoke positively of the registered manager and staff. Informal processes had been used to gather information about the views of people and relatives about the service provision. The registered manager understood their regulatory responsibilities and their requirement to provide us (CQC) with notifications about important events and incidents that occurred whilst the service was delivering care.

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

Rating at last inspection
The last rating for this service was good (published 13 September 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Oakwood Rest Home

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by one inspector.

Service and service type
Oakwood Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the CQC. The registered manager and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection
The inspection was unannounced.

Before our inspection.
The provider had been asked to complete a new 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 reviewed information we had received about the service since the last inspection. We attempted to secure feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used this information to plan our inspection.

During the inspection
We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who have some limitations to their communication skills. We also

spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with five staff, the registered manager, a director and two external healthcare professionals. We reviewed a range of records, these included; assessment of need documents, medication records and records relating to safety including falls risk assessments. We looked at two staff files in relation to recruitment and staff supervision, and a variety of records about the management of the service including policies and procedures. We looked at the premises which included two people's bedrooms, the kitchen, bath and shower rooms, the laundry, lounges and dining areas.

Good

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 had improved to good. This meant people were generally safer and action had been taken to protect them from avoidable harm.

Using medicines safely

●At our last inspection of 11 April 2017 improvement was required relating to medicines as staff did not stay with one person to ensure they had taken/swallowed their tablets. During this inspection staff stayed with people to ensure they had taken their tablets. However, staff could not confirm one person had been given their tablet that had been prescribed to be taken once a week only. A staff member said, "I don't think the person had their tablet this week but I am not sure. It was due on Monday. The tablets did not come from the pharmacy until Tuesday." We fed this back to the registered manager and provider who told us they would undertake a full investigation and act on their findings.

● People told us staff gave them their medicines at the correct time. One person said, "The staff never forget to give me my tablets." Another person told us, "My tablets are three times a day and I have my tablets three times a day."

●The pharmacy provider and the previous medicine system had been changed since our last inspection. An electronic blister pack medicine system had been introduced. A staff member told us the new system is much better. Instead of staff having to deal with medicines in packets and bottles most medicines are delivered in little packs ready to give to people."

● Staff said they had received medicine training and their competence had been assessed to ensure they were safe to administer medicines. This was confirmed by records.

●Protocols were in place for each person to direct staff in what circumstances 'when required' medicines should be administered.

●Records highlighted, and staff confirmed that people had received reviews of their medicines by their doctor and other healthcare professionals.

●Where people required insulin injections district nurses visited the home to administer these.

Systems and processes to safeguard people from the risk of abuse

●The registered manager had notified us and the local authority of safeguarding concerns as is required by law. The registered manager had taken action to minimise future incidents between people who lived at the home. This included, requesting the person's doctor to assess people to determine if a health condition had contributed to behaviours, and to review their medicine.

●Staff had received training in how to recognise abuse. Staff stated what the signs of abuse were and confirmed they had no concerns.

●A staff member said, "If staff were mistreating people I would report this immediately." Another staff member confirmed, "There are some incidents between people at times. We [staff] try to defuse the situation quickly. We always report these too."

Assessing risk, safety monitoring and management

●Action had been taken to reduce risks within the home. For example, window restrictors were in place on first and second floor windows, radiators had been guarded and the fire alarm and other equipment had been serviced as required to ensure it was safe to use.

●Assessments had been completed regarding people's individual risks for example; falls, skin damage and choking. Staff knew of each person's risks and how to minimise these. One staff member said, "One person is at risk of falling staff monitor them to prevent falls."

●Where people had been assessed as being at risk of skin damage special cushions and mattresses were used.

●Where people required a wheelchair to move safely staff ensured footrests were used, and when going through doorways people's arms were on their laps to prevent any risk of injury.

Staffing and recruitment

● The Provider Information Return [PIR] highlighted there were a minimum of three care staff and a head of care during day time hours. Monday to Friday the registered manager was within the home and two days a week the deputy manager worked supernumerary hours. The care and management staff were complemented by an activities staff member, cleaning and laundry staff, catering staff and a full time maintenance person.

● A person said, "I think there are enough staff. There are staff when I need help." A relative told us, "There seems to be sufficient staff. When I visit there are always staff in the lounge."

●The registered manager told us of the contingency plans they had in place to cover staff sickness and leave. This included staff working overtime. A staff member said, "We [Staff] all cover if other staff are sick or on leave. We don't use agency staff it's better that way as staff know the people and people are familiar with staff."

●The registered manager had completed recruitment checks on staff prior to them commencing in post to make sure they were safe to work with people. A staff member said, "My checks had to be done before I could start work". The registered manager and records confirmed an enhanced Disclosure and Barring Service check [DBS] had been carried out for all staff. Application forms included a full employment history with any gaps investigated. Completed recruitment checks on staff prior to them commencing in post ensured staff were safe to work with people.

However, where staff had declared a health condition this had not always been risk assessed to determine if they were fit to work. The registered manager told us this would be addressed for the recruitment of future staff.

Preventing and controlling infection

●The walls in the laundry were bare brick, the two washing machines were supported by bare wood planking which meant effective the cleaning of those surfaces would be difficult. There was a build up of dust on surfaces, cobwebs on the inner roof and the sinks were dirty. The laundry staff member and the registered manager told us no cleaning schedule or records were used to confirm the cleaning of the laundry. The provider told us parts of the home were being refurbished and the laundry was an area identified within the future plans. They gave verbal assurance they would enhance the laundry in the interim.

●The remainder of the premises looked visibly clean. A relative said, "The building is not a palace, but it is clean."

●Staff had received infection prevention training. A staff member said, "I had infection control training. We [staff] all know how to prevent infection outbreaks."

●Personal protective equipment was available for staff. This included disposable gloves and aprons. Liquid soap and paper towels were available in toilets and bathrooms to allow good hand hygiene.

Learning lessons when things go wrong

● Staff told us they must report accidents and incidents. A staff member told us, "All incidents of falls and injury however minor must be reported and recorded". We saw that a number of accidents had been recorded.

●We saw systems were in place to analyse and determine any patterns or trends regarding accidents and/or incidents to prevent future occurrences. The registered manager told us, "I keep a careful eye on accidents and incidents. Where there are concerns I act. For example, some people have been referred to the falls team." This was confirmed by staff and relatives we spoke with.

Good

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 good. At this inspection this key question has remained the same. This meant people's outcomes were good.

Staff support: induction, training, skills and experience

- Staff received induction training which included getting to know the people they would be supporting and shadowing more experienced staff. A staff member confirmed, "My induction training was good. It covered everything I needed to know and staff helped me."
- The care certificate was available for new and other staff to work through. The registered manager showed us the care certificate standards staff had completed to date. The care certificate is a nationally recognised set of standards that define the knowledge, skills and behaviours of specific job roles in the health and care sectors.
- A staff member said, "All my mandatory training is up to date". Records confirmed the training staff had received and when a refresher was required.
- Specialist training was offered to meet the individual needs of the people. All staff had received dementia training to help them look after people adequately. A relative said, "The staff are very good. They have been trained well. It gives me great peace of mind." One staff member informed us they had attained a training the trainer certificate that allowed them to provide moving and handling training for staff. They said, "This is good as new starters don't have to wait for training."
- Staff told us they had regular opportunities to discuss their training needs, welfare and professional development during supervision. Records confirmed staff received regular supervision.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff told us they had received MCA and DoLS training. Staff we spoke with understood the principles of the MCA. One staff member said, "Not all people here have capacity and do not have the ability to make decisions. We [staff] try to enable people to make basic everyday decisions for example, about where they wish to sit and if they want to join in activities."

● A staff member said, "Sometimes we[staff] have to restrict people's movement for safety. We allow people to wander and they like this. However, we could not let people go out alone as they would be at risk."
● Staff and the registered provider told us at the present time there was DoLS authorisation for one person and they had made applications and were awaiting assessment of another 22 people. The registered manager said, "The wait for DoLS assessment can take a while."
●A person told us, "The staff ask my permission before they look after me. In the morning they say are you ready to get up or do you want to stay in bed. They don't just come in the bedroom and get me up." Staff confirmed they asked people's consent before undertaking tasks. A staff member asked one person if they would like to go to the lounge. The person smiled stood up held the staff member's hand and went to the lounge.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●A relative told us, "I came and looked around to see if it would be suitable here for them [person's name]. I am pleased. If I did not think the place was good I would take them out."
●Need assessments had been undertaken and included; health and social needs, activity preferences, religious and cultural needs. A relative told us, "An assessment was carried out. The staff asked me questions about them [family member] so they knew how to look after them. I am satisfied with the care and support."
●A person told us they were involved in their assessment of needs and the care plan. They said, "My daughters are involved too so I get what I need."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
●An external healthcare professional told us there was a collaborative approach between staff and healthcare professionals to meet people's needs. They said, "The staff are good they always call us if there is a problem or a worry about someone. When I ask staff to do something they always carry out the task." Staff told us about the good working relationships they had with for example, doctors, nurses and social workers to ensure people's needs were met.
●A person said, "The doctor comes to see me if I am unwell." A relative told us, "If they [person's name] need to see the doctor or nurse that is always arranged."
●Records confirmed people had access to a range of healthcare services including, the optician, dentist and chiropody. During the day a specialist heart failure nurse came to undertake an assessment on one person.
● We saw that hospital passports were available. Those documents were used for people's health monitoring and to inform hospital staff about people's needs and risks.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff gave people choices at breakfast and lunch time. At lunch time staff showed people two plated meals so they could make an informed choice of the meal they wanted.
●People told us they liked the food. One person said, "The food is lovely." At breakfast one person told another, "This porridge is very nice." At lunchtime a person said their dinner and pudding were 'delicious'.
●The Provider Information Return stated, 'We changed the dining experience to make it more a social activity with new crockery and tea pots on the tables to increase independence.'
●The meal time experience was positive. Staff were available to assist people. At breakfast time toast was served to people on a tray with an individual toast rack and pot of preserve to help themselves. Tables had table cloths and condiments were available for people to add to their meals. Some people had large dishes to eat from, other people ate their sausages and fish and chips with their fingers aiding independent eating.
●The Provider Information Return highlighted, 'Drinks are offered frequently throughout the day.' Drinks were available for people to help themselves and staff assisted other people to get a drink.
●Staff encouraged people to eat and drink and to, "Have a little bit more".

●Staff and records confirmed people were weighed regularly to monitor if there was unhealthy weight loss or gain.
●Referrals had been made to healthcare professionals, the dietician and Speech and Language Therapist where staff were concerned about people's weight or difficulty in swallowing.
●The cook explained how extra calories were added to some people's food to prevent weight loss and about soft diet to prevent choking.
●Due to some people's preferred routines for example, getting up late there was only a short gap between breakfast and lunch time. The registered manager told us they would monitor this to ensure people's meals were spaced appropriately. The registered manager and cook confirmed that meals would be kept for people to eat later if they wished.

Adapting service, design, decoration to meet people's needs,
●The home was a large domestic style house that had been extended. It was in a residential area close to bus routes and other local amenities. A relative said, "The décor is very tired. There has been some wall painting done recently to brighten up the place. To me the place feels homely though which is good."
● Staff and relatives told us the registered manager had improved the premises. They said new dining room tables had been purchased to allow people to sit in small groups and chat at mealtimes. A relative said, "Some aspects of the home were institutional before but are much improved now."
●The premises were accessible to people. A passenger lift was provided to enable people to move easily within the home.
●Enclosed garden space was available. Access to this could be gained from the rear of the home.
●A number of communal rooms allowed people choice of where they wished to spend their time.
●Some ground floor corridors allowed people to safely walk and wander around if they wished to.
●Some people had selected the colour for their bedroom to be painted. Bedrooms had some people's possessions from their homes to personalise them. One person said, "I have my own things in my room. It makes me happy."

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A person said, "The staff are very kind. I can't fault them." A relative told us, "The staff are really lovely. Friendly, caring and patient."
- All relatives we spoke with told us the staff made them feel welcome when they visited. They confirmed visiting times were open and flexible.
- Staff greeted people when they came on shift. Asked people how they were. Complimented them about their clothing and gave people their full attention. Staff sat with people to give them comfort and gently touched their arms when they were agitated to calm them.
- A staff member told us the religious input into the home was limited. They said they were trying to engage with local church groups to address this. The staff member confirmed in general people did not wish to practice their religion but if they did arrangements would be made.

Respecting and promoting people's privacy, dignity and independence

- Records confirmed people had all been asked their preferred names. These were used by staff.
- Staff told us they ensured people were covered up as much as possible when they provided personal care. A person told us, "The staff put a towel around me to hide me." Relatives confirmed staff were always polite and respectful to them and their family member.
- A person said, "I get the clothes ready I want to wear." A staff member said, "Wherever possible we [staff] encourage people to select the clothes they wish to wear. If people can't tell us we show a number of different garments for them to select."
- Some people wore jewellery and had their nails polished to reflect their individual identity.
- A hairdresser visited the home regularly, so people could have their hair done. One person said, "I like having my hair styled. It makes me feel better."
- People were supported to maintain their independence. A person told us, "I can't do much for myself, but I try. I like to keep trying and the staff support this. They [staff] give me time and don't rush me."

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

- A person told us "I decide myself about most things. I speak with my family to get their view too." A relative said, "I help mum to make decisions. The staff give us support as well."
- Information was on display within the home giving contact details for external, independent advocacy services. An advocate is an independent person who can support people to make decisions and express choices.

● The staff were aware how to access advocacy services to support people when making decisions around their care.

Good

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 good. At this inspection this key question remained the same. 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

● Relatives told they had been involved in care planning and reviews for their family members. One relative told us, "I am very much involved. I know how mum likes to live and her interests." A person told us, "I talk to the staff about what I want. The daily routines here and my care suits me." Staff told us people's care records were reviewed regularly and records confirmed this.

● Records showed people's likes and dislikes and other information important to them.

●A relative told us, "The staff really know her [family member] well. She is so calm and happy in their presence. It is so important that the staff work as they do as people with dementia can get agitated if they are not understood." Staff knew each person well. They knew what they liked and did not like. One staff member spoke with one person about the bike they used to ride. The person looked happy discussing this.

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.

● The registered manager told us most people were able to understand and communicate effectively. This was confirmed by staff, our conversation with people and observations during the day. Staff had determined the best way to communicate with each person. One person's records highlighted, "I communicate verbally I have no trouble understanding." Another person's records stated, "I communicate verbally in English."

● Staff spoke slowly and clearly to people and faced them when speaking to help promote effective communication.

●At times staff showed people things rather than just speaking with them. For example, in the afternoon people were asked if they would like to join a dominoes session. The staff member showed people the dominoes, at lunch time two plated meals were shown to people. Staff used this 'showing' method to communicate with people rather than just verbal means to enhance understanding.

●Some signage was available in the home for bathrooms and toilets. Staff told us some people understood the meaning of pictures better than words.

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

●The home was in an area that had a range of community facilities including, shops and a park.

●A relative told us, "Activities have got much better in the last year, she [family member] has been out a lot on trips. It's really good." Staff confirmed within the last 12 months a staff member had been appointed to

oversee activity provision and this had really enhanced people's life's.
●The activities staff member informed us of activities they had arranged for people. They said, "We use taxis or the ring and ride service. We have taken people to the Black Country Museum and regularly attend a local dementia café. People love it there. This was confirmed by relatives.
●The activity staff member and people told us they enjoyed art and craft sessions. A dominoes session took place and people joined in. They were smiling and looked happy and calm.

Improving care quality in response to complaints or concern
●A complaints procedure was available. A person said, "I don't have any complaints]". A relative said, "I am happy with everything. Any little things the staff sort them".
●We looked at two complaints received. Processes included, documentation, investigation, feedback to the complainant and action taking to address the issues.

End of life care and support
● No immediate end of life care was required at the time.
● Staff told us where end of life care had been provided previously they had secured input from external health care professionals including the district nurse team.

Requires Improvement

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 good. At this inspection this key question had deteriorated to requires improvement. This meant the service management and leadership was not always consistent. Quality assurance systems had not always been enough to alert the provider and registered manager that there had been shortfalls in service delivery.

Continuous learning, improving care and quality performance

●Processes and monitoring required some improvement. Staff could not confirm one person had been given their tablet that had been prescribed to be taken once a week only. The staff member told us the tablet was due to be given four days before our inspection day. Yet staff had not identified the possible omission and had not informed the registered manager that was a possible non-compliance with medicine administration. We fed this back to the registered manager and provider who both agreed the situation should have been reported to them. The registered manager and provider gave us verbal assurance they would undertake a full investigation and act on their findings.

●The laundry was dusty in places and audits had not identified laundry staff did not have a cleaning schedule or complete any documentation to confirm what cleaning in the laundry they had completed.

●Audits had been undertaken in a number of areas such as, the dining experience and care plans. People and relatives told us improvements had been made in both of these areas.

●The provider informed us they had plans for 2020 to refurbish parts of the premises. Some painting of walls had been completed and some new carpets had been laid at the end of 2019 to improve the premises.

Managers and staff being clear about their roles, risks and regulatory requirements,

●A new registered manager was appointed and had been in post since summer 2019. People, staff, and relatives told us the new manager has made a positive difference to the home and the people who lived there. A person said, "The manager is good." A staff member said, "The manager is fully here for the people. They always come first." A relative told us, "The new manager has made a difference. They are improving everything."

●Our last inspection rating was on display on the providers web-site and within the home as is required.

●The registered manager had notified us of accidents and incidents that had occurred.

●The provider Information Return (PIR) is a document we ask providers to complete to give us an overview of the service being provided. The PIR had been completed and returned to us within the timescale we set. The PIR had been completed to a satisfactory standard and reflected inspection findings.

●A staff member confirmed their responsibilities to us. They said, "I would be confident to whistle blow. I had to do that in another job elsewhere. I would do it again if I was concerned." Whistleblowing is a process whereby staff should feel confident to report any bad practice without fear of repercussions.

●The registered manager told us they had introduced a new management structure that included a deputy manager and heads of care. They said, "These staff have responsibility for each shift to oversee what is going on and to make sure staff work as they should." Staff we spoke with were positive about the management

structure. They told us there was always management support available when they needed it.

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

●All relatives we spoke with were complimentary of the registered manager. A relative told us, "The manager is friendly and approachable." A person said, "The manager is good. I talk to them they listen."

●The registered manager was visible within the service. People engaged and spoke with the registered manager showing they were familiar with them.

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

●Staff were confident to give their views about what needed to be improved during staff meetings. A staff member told us, "We [staff] are listened to by the manager. If we ask for any equipment it is provided."

●Meeting minutes highlighted the registered manager always thanked staff for the work they did. This was a polite gesture and motivated staff. A staff member said, "The manager always says thanks you. It is good."

●Feedback had been sought verbally and through reviews. A relative said, "I am asked my views about the service provided. I happy with everything."

●The Provider Information Return stated, 'We intend to increase our audits throughout the next year and build on lessons we have learned through resident and family surveys.' The registered manager told us feedback forms were not used at the present time, but it was something they were going to introduce in 2020.

How the provider understands and acts on the duty of candour,

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.

●The registered manager and staff were open in their approach with us during the inspection.

●The registered manager told us if there were issues meetings with people and/or relatives would be arranged to discuss these. Where required the provider told us people would be apologised to.

●A relative told us, "They [family member] has had some falls. The staff are very open about this they always keep me informed when a fall has occurred."

Working in partnership with others,

●The provider, registered manager and staff worked in partnership with external health care professionals.

● Staff worked with different organisations within the community to meet people's leisure time needs. These included the local ring and ride transport, taxi companies and staff organising dementia café's in the community.