Bupa Care Homes (CFChomes) Limited

The Hyde Care 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?	Good

Summary of findings

Overall summary

The inspection took place on the 16 and 17 August 2016 and was unannounced. The service was last inspected on the 4 February 2014 and we had no concerns.

The Hyde Care Home (known locally as 'The Hyde') is registered to provide residential care without nursing for up to 28 older people. Nursing care is provided from nurses based in the community. Twenty people were recorded as living at the service when we visited however, one person was in hospital at the time of our visit.

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

The registered manager was managing this and another service locally. They were supported by a deputy manager in each location and a staff structure which allowed them to have oversight of both services. We had discussions with the area manager, who represented the provider at the inspection, to ensure there was sufficient support for the registered manager to fulfil their role effectively. We were reassured this would be monitored when checks by the provider were completed at the service. This would help ensure any issues or support needs could be identified quickly.

People told us they were safe and happy living at The Hyde and were looked after by staff who were kind and treated them with respect, compassion and understanding. Staff told us there was a strong ethos of treating people with respect, protecting people's dignity and maintaining people's independence for as long as they were able.

People felt in control of their care. People's medicines were administered safely and they had their nutritional and health needs met. People could see a range of health professionals as required. People had risk assessments in place so they could live safely at the service. These were mainly linked to people's care plans and staff training to ensure care met people's individual needs. The registered manager was going to ensure all risk assessments were in place and linked clearly to people's care plans. People's care plans were written with them, were personalised and reflected how they wanted their care delivered. People's end of life needs were planned with them. People were supported to end their life with dignity and free of pain. The service was working towards accreditation in respect of how they cared for people and their families at the end of their life.

Staff knew how to keep people safe from harm and abuse. Staff were recruited safely and underwent training to ensure they were able to carry out their role effectively. Staff were trained to meet people's specific needs. Staff promoted people's rights to be involved in planning and consenting to their care. Where people were not able to consent to their care, staff followed the Mental Capacity Act 2005. This meant

people's human rights were upheld.

Activities were provided to keep people physically and cognitively stimulated. People's faith and cultural needs were met.

There were clear systems of governance and leadership in place. The provider and registered manager ensured there were systems in place to measure the quality of the service. People, relatives and staff were involved in giving feedback on the service. Everyone felt they were listened to and any contribution they made was taken seriously. Regular audits made sure the service was running well. Where issues were noted, action was taken to put this right.

Systems were in place to ensure the building and equipment were safe

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.

People told us they felt safe living at the service.

There were sufficient staff on duty to meet people's needs safely. Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were trained to meet their needs.

People were assessed in line with the Mental Capacity Act 2005 as required. Staff always asked for people's consent before providing care or support, and respected their response.

People had enough to eat and drink.

People had their health needs met.

Is the service caring?

Good

The service was caring.

People were cared for by staff who treated them with kindness and respect. People and visitors spoke highly of staff. Staff spoke about the people they were caring for with fondness.

People felt in control of their care and staff listened to them.

People said staff protected their dignity.

Staff sought people's advance choices and planned their end of

life with them.

Is the service responsive?

Good

The service was responsive.

People had care plans in place to reflect their current needs.

Activities were provided to keep people physically, cognitively and socially active. People's religious needs were met.

People's concerns were picked up early and reviewed to resolve the issues involved.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff said the service was well-led.

There was clear evidence of the provider ensuring the quality of the service. The registered manager had audits in place to ensure the quality and safety of the service.

People and staff felt the registered and deputy managers were approachable. The registered manager was developing a culture which was open and inclusive. People and staff said they could suggest new ideas and these were listened to. People were kept up to date on developments in the service and their opinion was requested.

There were contracts in place to ensure the equipment and building were maintained.

The Hyde Care Home

Detailed findings

Background to this inspection

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

The inspection took place on the 16 and 17 August 2016 and was unannounced.

The inspection team was made up of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed the information we held such as previous inspection reports and notifications. Notifications are specific events registered people are required to inform us about by law. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection we found the current PIR had been completed by the previous manager and was not in line with all the views of the current registered manager.

During the inspection, we spoke with 15 people, one visiting friend and one family member. We reviewed the care of three people in detail to look at whether they were receiving their care as planned. We spoke to them were we could as well to ensure they were happy.

We spoke with nine staff and reviewed three staff personnel files. Staff training, supervision and appraisal planning and records were also reviewed. We also reviewed the information held at the service the registered manager and provider used to demonstrate they reviewed the quality of the service and ensured the building and equipment were safe. The registered manager, deputy manager and area manager, representing the provider, supported the inspection. We spoke with one health care professional and were given written feedback by another during the inspection.

Good

Is the service safe?

Our findings

People told us they felt The Hyde was a safe place to live. People were given personal call bells they could wear around their neck so they could call on staff support from anywhere in the service. One person told us, "I feel quite safe here because I think of the big front door keeping us safe" adding, "If I ring my bell someone will come". Another person said it was reassuring they could press their bell if they needed to and a third person said, "The bells are lovely". A group of people in the lounge said the bell system was very useful and helped them to feel safe.

People were looked after by staff who understood how to identify abuse and what action to take if they had any concerns. Staff said they would listen to people or notice if people's presentation changed which may be a sign something was wrong. Staff would pass on their concerns to the registered or deputy manager. All staff felt action would be taken in respect of their concerns. Staff said they would take their concerns to external agencies if they felt concerns were not being addressed

Risk assessments were in place to support people to live safely at the service. These were up to date and covered risks to people in respect of skin integrity, manual handling, nutrition and falls. Where possible, people were involved in identifying their own risk and in reviewing their own risk assessments. Staff told us how they took time to get to know people to mitigate the risks people faced. We found staff had a risk planning approach to supporting people and as a result worked to keep people safe. However, we found these were not always written as risk assessments so could not be reviewed to check whether the person's risks had increased or reduced. For example, a risk assessment was not available for someone cared for in bed who was at risk of choking, another person who was on a blood thinning medicines, a person who was challenging with their behaviour and a person of occasional low mood who could withdraw to their bed. We also saw all risks were not then clearly linked to people's care plans. We found staff who were writing care plans were not using all the information available to them to ensure all needs were risk assessed. We discussed our concerns with the registered and deputy manager who had addressed the majority of the concerns by the end of the inspection. Plans had also been put in place to increase staff skills in risk identification and assessment writing and reviewing.

Personal Emergency Evacuation Plans (PEEPs) were in place and the provider had a clear contingency plan in place to help ensure people were kept safe in the event of a fire or other emergency. Risk assessments were in place to ensure people were safe when moving around the inside and outside of the building.

There were sufficient staff to meet people's needs safely. The registered manager had systems which were flexible to ensure staffing levels were maintained at a safe level, in line with people's needs. People told us there were enough staff. Staff confirmed there were enough staff for them to meet people's needs safely.

Staff were recruited safely. The registered manager ensured new staff had the necessary checks in place to work with vulnerable people before they started in their role. All prospective staff completed an application and interview. Staff told us recruitment of new staff was thorough and had changed recently to help ensure only the most appropriate staff with the right attitude to caring would be taken on. Prospective staff's

attitude and values were assessed alongside any previous experience. New staff underwent a probationary period to ensure they continued to be suitable to carry out their role. Existing staff worked as mentors to new staff to support them to learn their role fully.

People's medicines were administered safely. People said they were satisfied with the system of medicine administration. Two people said that one of the advantages of their moving into a care home was that, 'It is nice having all the tablets brought at the right time' and, described the staff as 'very competent' in how they administered their medicines. Another person told us they had complete confidence in the staff giving them the correct medicine on time, when needed. People who administered part of their medicines themselves had risk assessments in place. For people administering their own inhalers, they had regular checks with a visiting nurse to ensure they continued to be able to do this in the right way to achieve the maximum benefit.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine storage rooms and fridge temperatures were monitored daily and a record kept to ensure the temperature was in the correct range. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had been correctly completed. Clear direction was given to staff on the precise area prescribed creams should be placed and how often in the form of body maps and in the care plan. However, a clear record was not kept to show creams were administered as prescribed. We spoke with the registered manager and area manager about the recording of creams. We were told staff were to write this in the daily records and some staff did however, not all creams were accounted for in these recordings. The registered manager, deputy manager and area manager began to look at how to improve the recording of when staff administered prescribed creams.

Good

Is the service effective?

Our findings

People said the staff had the right training to look after them well. People spoke highly of the ability of staff to meet their needs. Staff confirmed they felt trained to a high level to carry out their role effectively. The registered manager had systems in place to ensure all staff were trained in the areas identified by the provider as mandatory subjects. This included first aid; fire safety; manual handling; safeguarding vulnerable adults; infection control and food safety. Staff were trained in areas to meet the specific needs of people living at the service. For example, supporting people living with dementia and Parkinson's. All staff in the service were being trained in caring for people at the end of their life.

Staff were also being supported to gain qualifications in health and social care. Staff had regular supervisions, appraisals and checks of their competency to ensure they continued to be effective in their role. Additional supervision was offered for any staff who required it and any staff performance concerns were reviewed by the registered manager.

New staff underwent an induction when they started to work at the service, this included shadowing other experienced staff. While they were completing this, they were extra to the staff on the rota so they had time to learn their role fully. Their progress was reviewed with new staff so any support and advice could be offered as required. The service was ensuring the induction of new staff was in line with the Care Certificate. The Care Certificate has been introduced to train all staff new to care to nationally agreed level.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered and deputy manager understood their responsibilities under the MCA. The 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 the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Records demonstrated MCA assessments were taking place as required. People who lacked capacity were encouraged to have a say in their care through an independent advocate. Staff ensured their care was discussed with a range of professionals and the family where appropriate, to ensure the decisions were made in the person's best interest. Staff were given clear guidance on when they were acting in people's best interest.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS on behalf of people as required. Several were awaiting the authorisation of the local authority designated officer for DoLS.

People told us staff always asked for their consent before commencing any care tasks. We observed this to be the case and staff gave people time to respond at their own pace. This included administering medicines

and discreet offers to go to the toilet when people were in the communal areas. Staff offered to come back later if the person did not want the care at the time.

People had their nutritional and hydration needs met in a personalised way. Staff looked for creative ways to ensure people had enough to eat and drink. One person said, "The staff are very helpful during the night - if you want a cup of tea in the middle of the night you can". In addition to set meal times and drinks rounds, people were encouraged to eat where and when they would like. People were provided with food and drinks when desired. People's likes and dislike were sought from them or from getting to know people. People's special dietary needs were catered for. People could contribute ideas to the menu and staff ensured people had the special food people liked. People who were able could have drinks when they liked. People who could not help themselves were supported by staff to have regular fluid intake. People's food and fluid intake was carefully recorded and monitored. Any concerns were acted on immediately. For example, people who were losing weight or were observed by staff to struggle to eat certain foods were referred for assessments with their consent. Guidance given was then followed to support the individual person.

Meal times were treated as a time of special occasion. The dining room was set out with tablecloths, napkins and fresh flowers on the table; at the entrance the lunch time menu was presented as if people were entering an exclusive restaurant. People were also offered a glass of sherry in the lounge before lunch. Not everyone could have a sherry but the person giving out the sherry explained to the individual, if necessary, why they could not have one. For example, one person was taking antibiotics and unable to drink alcohol but they were offered a choice of another drink.

The inspection took place during an exceptionally hot time of the summer for which national alerts had been put out by the government. Staff made sure they reminded people to drink more fluids to prevent them becoming dehydrated. People in their rooms all had cold drinks within reach. In the lounge there were two covered jugs of juice and staff constantly made sure people had a drink if they needed one.

People had their healthcare needs met. People said they could see their GP and other healthcare staff as required. People added that this was always achieved without any delay. Records detailed people saw their GP, specialist nurses, opticians and dentists as necessary. People also had regular medicine and health assessments with their GP. Any advice from professionals was clearly documented and linked to their care plan to ensure continuity of care. The health professionals spoke highly of the staff and the appropriateness of their contacting them to raise a question or ask them to visit a person to review their health needs.

Good

Is the service caring?

Our findings

People told us they were well cared for and by staff who treated them kindly, with compassion and with respect. People told us they were happy with the atmosphere at the home, which they found to be open and friendly. We observed the atmosphere in the service to be relaxed and staff appeared unhurried. One staff member summed up the staff view when they said, "It is a beautiful place to live and work. The staff are really committed. Everyone has a good rapport; it is friendly and lovely. Everyone, staff and people are happy."

Everyone spoke highly of the staff and their care. Comments from people living in The Hyde included: "It has a very good reputation and it earns it. I am well cared for here"; "It's absolutely lovely here - in every way. It's comfortable, everyone is kind. The food is good. It's as nice as it could possibly be - they work so hard to look after you….It's a very happy place"; "We have been very fortunate getting a place here. It's a perfect place"; "Everyone is kind. They can't do enough for you. It is a lovely atmosphere'; "This place is admirable. All the staff are very accommodating and very comfortable" and, "The laundry service is amazing, everything comes back washed and pressed".

A friend of one person, who had been a carer herself, said, "Staff are brilliant. They are very dedicated. She doesn't want for anything. If they can help her out they will….she is happy here. She is never dirty, she is always clean, she looks nice and they do her nails". She also told us staff ensured the person is included in activities. A relative said, "The atmosphere is nice, there is freedom to walk in the garden. All the staff are so lovely; so kind". The person who was present added, "I don't think I can be anywhere better".

Visitors were seen coming and going throughout our time at the service. They were always greeted warmly by staff and by their name. They were then updated on their family member's condition where appropriate. People said their visitors were given refreshments regardless of the time of day. One family we observed were being supported through a difficult time. Their family member was preparing to move onto another service as the person's needs had become too complex for The Hyde. Staff spent time listening and reassuring the family. The family were heard thanking the staff for looking after the person and doing so much to make the transition easier.

People said they felt in control of their care and staff would always talk any suggestions through with them. People told us they were encouraged to remain as independent as they could for as long as possible. They confirmed staff always involved them in deciding how much they could do for themselves and staff would give them the time to follow this through. People felt they had could do what they wished. One person in their room said, "If I don't feel up to it I can eat up here. I like to go down for company" adding she was learning Italian. The gardener was teaching them and two others had joined in. A staff member explained that this had come about as a result of staff starting to complete 'My day, My life, My future' booklets with some of the residents. The registered and deputy manager added they were looking for people to fulfil what they had always wanted to do while they were able.

People told us staff protected their dignity at all times. For example, staff were discreet when delivering

personal care and curtains were always drawn and doors shut. We observed offers of care in public areas were unobtrusive. We observed one member of staff quietly and unobtrusively ask a person sitting in the lounge if they wanted to go to the toilet. This was a person who would be unable to do this without support. We could only hear this conversation as we were sitting next to the person concerned. The person said "no" to the request, so the member of staff just reminded them they could ring their bell if they needed support.

Staff said protecting people's dignity and treating them with respect was a strong ethos in how all staff acted. They added new staff and they were encouraged to work from this basis. One staff member advised they were mindful people should be treated with dignity. They showed this when they suggested a change of clothes to a person who had spilt food or had an accident. They told us they made sure it looked like they were going for a normal walk and would try to dress people in similar clothes. In this way other people would not notice or ask questions which could embarrass the person.

All staff talked about the people they were looking after with passion and caring. Staff described a strong ethos of care led by the registered and deputy manager. One staff member told us there was also a strong ethos of treating people as individuals.

The registered manager had systems in place to support people plan for their end of life and choose in advance whether they would like to stay at the service or go to hospital. All staff underwent training in supporting people and families at this time. Some staff acted as End of Life Champions. People's plans included details such as who or what they would want with them. The service was working towards the Gold Standard in end of life in care homes. The service had a strong ethos of ensuring no one should die alone and families should be supported. An End of Life Team was in place which would start their role once a person entered their last hours. This meant someone was always on hand to sit with people and support their loved ones. Staff would ensure the person's final wishes were respected; including religious and cultural observances. Staff would then be supported themselves once someone had died to maintain their own wellbeing. The family of a person, who had recently died, were invited to The Hyde after the funeral along with the people attending for cream teas and drinks. Staff commented they felt this was important and reflected this was the person's home and was important to them and their family at this time.

One family wrote to the service on the passing of their loved one, "Thanks for all your wonderful care and consideration you gave mum in the year she spent with you. She did indeed feel at home; We always felt that we were part of the family too."

Good

Is the service responsive?

Our findings

Prior to living at The Hyde people's needs were carefully assessed to ensure the service could meet their needs. The pre admission questionnaire was used to put together a short care plan to ensure staff had the necessary details available to them to provide care as the person desired. The registered manager advised they were careful to ensure they had the right staff with the right training to meet people's needs before they accepted them into the service. They also sought as much information about people's needs to ensure any initial care plan was able to respond to their needs.

People had care plans in place which were personalised and reflected most of their current needs. How people wanted their care delivered was also clearly written in their care plans. People were familiar with their care plans and confirmed staff had discussed them with them and agreed the content was accurate. Relatives said they were very involved with the care planning process and review. Staff said they viewed the care plans often and felt the records offered them the correct level of guidance. Staff could suggest if they felt the care plans needed amending to ensure they reflected people's most current needs. Detailed staff handovers took place between shifts. This was when staff stated they were given up to date details of how people were doing. Staff who had been off work for a few days were updated carefully to ensure they were able to understand people's current needs and deliver care appropriately.

In some cases not all of people's needs were being recognised by staff as requiring a care plan or records which showed they were being addressed by staff. For example, one person was described on coming to the service, as having a tendency to low mood which could result in their taking to their bed. Staff told us how they met this person's need and the support they were giving. They were also going to extra lengths to help the person address this need as it was about their loss of identity in respect of their previous work life. Other professional's advice had been sought. However, this need was not in the care plan nor was any record of the work they were doing to meet this person's needs in a personalised way. We discussed this with the registered, deputy and area manager and they started to look at how to address this. The record was updated and staff were reminded at handover how important it was to have clear recording in place. Plans were put in place to review all care plans and the training of staff completing care plans to ensure their recording was accurate.

People were supported to maintain their links with friends and family and develop new ones with the local community as desired. People were able to come and go as they wanted. People could book taxis to go out or went out with family as they desired. People were also supported to maintain their faith and cultural identity. Faith leaders came to the service but people also maintained their links with their chosen church or faith group. Staff discussed people's faith and cultural needs with them and every effort was made to ensure this was met.

People were provided with a range of opportunities to remain cognitively, physically and socially stimulated. There was a designated activities co-ordinator employed to provide a programme of events at the home aimed at supporting people to remain active. Planned activities were provided daily by staff and by entertainment coming into the home. People could work together as a group. Time for people to have one

to one time with staff was also available. People were given a list of the planned activities in advance and people could select what they wanted to do each day. People told us they could join in with activities or not as they wished. Trips out into the local community were possible when transport could be arranged with a local taxi firm.

We spoke with one person who spent a considerable amount of time in their own room. They told us this was their choice as, they did not like to be with too many people, as it could be noisy. A member of staff told us this person enjoyed sport and they had arranged during a recent football competition for them to watch the matches downstairs on a bigger screen. This had been greatly enjoyed by them and the staff.

A group of six people talking in the lounge told us they used to do armchair exercises. One person said they used to do yoga and tai chi and would like to do so again. When the activities co-ordinator joined the conversation they said they were trying to follow this request up. The issue of exercise was also brought up in a residents and relatives meeting. One of the newer people was once a physiotherapist and had gone round care homes doing exercises. They were working with the activities co-ordinator to plan some exercises to start again. People said staff took people out for walks in the grounds when they could not do this for themselves. Other people were observed regularly going out by themselves. A number of people walked in the grounds during the course of the days we were inspecting. They were encouraged by staff to go out to the gardens, a croquet lawn and a sitting area in a summer house and the greenhouse. Two people said, "We often sit in the greenhouse" and another two told us they liked to sit in the summer house. Several people said seating placed around the grounds encouraged them to walk down to that part of the garden again and again.

The service had a complaints process in place which was made readily available to people and their family. We were told there had been no complaints since the last inspection. However, the registered manager explained they tried to "nip in the bud" any concerns people and the relatives had, to prevent them escalating into a formal complaint. They were looking at ways of recording this so they could demonstrate how the service was learning from these. People said they had no complaints and explained they were fully involved in planning their care so any issues were resolved quickly.

There was a pre-planned residents' and families' meeting on the first day of the inspection. People were updated on how a number of issues that had been brought up at the last meeting had been addressed. One person we had spoken to talked about being unhappy the limited Wi-Fi range made it difficult for them to keep in touch with relatives and maintain their independence. The registered manager explained how this was progressing. Other issues included the refurbishment of parts of the building and a response to people's comments about the "depressing pictures in the lounge". People had picked new ones and the registered manager explained these would be put up after the room was decorated. New issues raised included asking for more seats outside, cushions to make current outside seats more comfortable and a procedure to help new people when they first move in. The manager responded to all points, and in respect of the latter, with ideas about a buddy system for current people to support new people and their relatives.

Good

Is the service well-led?

Our findings

The Hyde is owned and run by Bupa Care Homes (CFChomes) Limited (referred to as 'Bupa Care Homes'). Bupa Care Homes are a large national provider of care services. There was a nominated individual (NI) in place who was also the head of care. The NI is appointed to be accountable at the registered provider level. Bupa Care Homes have a national and regional structure of management of their services in place. This had recently been restructured. The provider was represented on inspection by the area manager. There was a registered manager appointed to manage the service. They were the registered manager of two local services. We asked the area and registered manager how this was being managed to ensure both services had adequate leadership in place. It was explained the registered manager was supported by a deputy manager and team of staff at each service to ensure they could maintain a leadership and governance role over both. We were reassured this would be monitored by the provider to help ensure any issues or support needs could be identified quickly.

People, visitors and staff felt the service was well-led and e reflected an ethos of high quality care. All said the registered and deputy manager led by example. The friend of one person said, "They are nice, they are easy going and they are very funny. They will contact me immediately if necessary".

People and visitors spoke positively about the registered manager and told us they felt comfortable approaching them. They felt any issues would be listened to and acted upon. People were involved in contributing ideas about how the service could be run. People and their families were asked to complete questionnaires but were also asked their opinion informally. People confirmed their ideas were sought and put into action.

The registered and deputy manager took an active role within the running of the home and had good knowledge of people and staff. There were clear lines of responsibility and accountability within the management structure of the service. The registered and deputy manager demonstrated they knew the details of the care provided to people which showed they had regular contact with the people who used the service and the staff.

The registered manager and provider had a number of audits in place to ensure the quality of the service. This included an infection control audit, audit of medicines, care plan audit and audit of falls. Representatives of the provider completed spot checks in line with regulations and inspection methodology. All audits were completed at regular intervals and action was taken as required. Any resulting learning which needed to be applied to the service as a whole was shared. Staff said they were always told about the finding of audits so everyone could learn from the outcome. The registered manager was reviewing the auditing to bring in a clearer structure which involved a range of staff. Training for these staff was also going to be reviewed so they understood how to audit to the same level to maintain consistency.

Staff confirmed they were able to raise concerns and agreed any concerns raised were dealt with immediately. Staff had a good understanding of their roles and responsibilities and said they were well supported by the registered and deputy manager. Staff told us the deputy manager worked alongside them

which helped communication. Staff said there was good communication within the staff team and they all worked well together.

All staff said they felt valued and there was a culture where staff were thanked often. All the staff spoke about the sense of being part of a team and enjoyed coming to work. One staff member said, "Yes I feel valued; you get lots of thanks and feel appreciated". Another staff member said, "It's good; I enjoy working here. There is a team spirit and everyone gets on with each other. I feel I can approach the managers about anything". Staff said there were monthly staff meetings which were well attended.

The registered manager had notified the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Systems were in place to ensure the building and equipment were safely maintained. The utilities were checked regularly to ensure they were safe. Essential checks such as that for legionnaires and of fire safety equipment were in place.