

The Pinhay Partnership

Pinhay House Residential 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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Pinhay House is a residential care home registered to provide personal care to up to 25 people aged 65 and over. There were 23 people living there when we visited, most of whom were living with dementia. The home is a grade II listed Victorian building, overlooking the sea, just outside Lyme Regis. Accommodation is over two floors with stair lift access to most, but not all rooms on the upper floor. Three bedrooms are double rooms for shared occupancy, with the rest single room accommodation.

In September 2019, we inspected the service where we identified eight breaches of regulations in relation to person centred care, dignity and respect, consent, safe care and treatment, safeguarding, good governance, staffing and a failure to notify CQC of the absence of the registered manager. Following this inspection, the Care Quality Commission (CQC) took enforcement action by imposing a condition on the provider's registration. This required the provider to provide CQC with a monthly report outlining actions and progress towards making the required improvements.

In August 2020, CQC carried out a further inspection where we reviewed the Safe and Well Led domains only. These were the areas where the highest risks were identified in our September 2019 inspection. We found improvements had been made in staffing, safeguarding and notifications. However, some care and treatment risks, related to choking and dehydration, were identified, which had not been identified or addressed by the provider's quality monitoring systems. This meant the service remained in breach of safe care and treatment and good governance regulations. CQC asked the provider to continue to provide CQC with a monthly report outlining actions and progress towards making the required improvements.

This latest inspection was to follow up the remaining five breaches of regulations in safe care and treatment, consent, person centred care, dignity and respect and good governance. All five remaining breaches of regulations were met at this inspection.

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

People, relatives and staff all reported ongoing improvements since the last inspection. People said, "I couldn't be better looked after." Relatives said, "I am pleased with the home," "I can't fault them, I am kept informed" and "I don't worry." A staff member said, "People are safe here."

People felt safe living at the service and relatives felt confident people were safely cared for. Further improvements had been made in managing people's risks and care plans had detailed up to date information for staff on ways to reduce risks. The service had enough staff with the right skills to meet people's needs.

Improvements in leadership and quality monitoring systems had continued, with evidence of improvement actions taken in response to risks, concerns and audits. The provider sent monthly reports to CQC, so we could monitor progress.

Staff knew people well and people's care was more personalised. However, we found some aspects of people's care was based around routines. For example, getting certain people up and downstairs and carrying out regular day and night checks. The provider and registered manager have since confirmed they have reviewed this, to ensure they meet people's individual needs and preferences.

People received effective care and were treated with dignity and respect. Staff skills and communication had improved through further training in dignity and respect and person-centred care.

Staff helped people keep in touch with their friends and relatives throughout the pandemic, which helped alleviate their worries. Limited indoor visiting had resumed with the appropriate testing and safeguards in place to prevent cross infection. There was a comfortable visiting area in the garden where people could see visitors in a safe way.

People's care plans were up to date and regularly reviewed, although daily records remained task focused. The provider had plans to replace the paper care record system with an electronic care record and was currently researching more person-centred options.

The home was clean. Staff had received training and were following up to date guidance in infection prevention and control, to minimise risks to people. Staff used personal protective equipment (PPE) correctly and in accordance with current guidance to minimise cross infection risks to people.

Where people lacked capacity, improvements in seeking people's consent and in documenting best interest decisions had been made. 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.

Some improvements to environment had been made but planned worked to improve disabled access to shower/bathroom facilities had been delayed due to the COVID 19 pandemic but was planned for September 2021. Further improvements in letter/symbol signage were still needed to help people find their way around the home more easily.

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 Requires Improvement (report published 4 August 2020) with two ongoing breaches of regulations. 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. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating. We followed up two ongoing breaches of Safe care and treatment and good governance found at the previous focused inspection. We also followed up three previous breaches of regulations Person centred care, Dignity and respect and Consent found at the September 2019 inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well led findings below.

Good ●

Pinhay House Residential 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.

Pinhay house 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.

Inspection team

Two inspectors visited the service. An Expert by Experience contacted relatives the day after the inspection to seek their feedback about the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We announced the inspection the day before we visited to discuss the safety of people, staff and inspectors with reference to the COVID 19 pandemic.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received from the provider and others since the last inspection such as monthly reports, safeguarding concerns and feedback from local professionals. We requested information about infection control policies and procedures and about the ongoing monitoring of safety and quality. We used all of this information to plan our inspection.

During the inspection

We met the 23 people who lived at the home and spoke in depth with four of them. We met with one relative at the home and spoke by telephone with 11 other relatives and three people's representatives, to ask them about their experience of the care provided. We looked at four people's care records and at medicine records. 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 could not talk with us.

We spoke with the nominated individual (the person responsible for supervising the management of the service on behalf of the provider), the registered manager, and with 12 other staff which included care staff, housekeeping, administrative, maintenance, kitchen and activity co-ordinator staff.

We looked at three staff files in relation to recruitment and at records of staff training and supervision. We reviewed quality monitoring records, such as checklists, audits, policies and procedures as well as servicing and maintenance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted health and social care professionals who regularly visited the service and received a response from three of them.

Is the service safe?

Our findings

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

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

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

Assessing risk, safety monitoring and management

- People felt safe living at the service, relatives felt confident people were safely cared for. People commented, "I feel perfectly safe" and "It feels safe here, staff come quickly when I ring my bell." Relatives said, "Definitely safe, staff very aware of risks" and "They [staff] work tirelessly. I have full trust in them."
- Assessments were carried out to identify risks to people's health and safety. For example, risk of falls, nutrition and skin care. Care plans guided staff how to prevent or minimise the risk of harm to people. For example, where people were identified at high risk of skin breakdown, pressure relieving mattresses were used.
- We followed up a previously identified choking risk for a person and found improvements had been made. For example, the person's care plan was up to date and showed they needed a pureed diet and thickener in their drinks. Staff caring for the person had been trained on how to support the person safely with eating and drinking.
- People lived in a home which was safe and well maintained. The provider carried out risk assessments and regular checks to ensure people's safety. Checks included testing the fire detection system, water temperatures and all lifting equipment.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm. Staff received safeguarding training and demonstrated a good understanding of how to protect people from abuse. They felt confident concerns reported were listened and responded to.
- Where potential safeguarding concerns had been identified, the provider worked in partnership with other agencies to protect people.

Using medicines safely

- Medicines were safely managed. Improvements in medicines management had been made since we last visited. For example, to ensure a system was in place so the service did not run out of people's medicines.
- Staff administering medicines received training and had their competency assessed. Staff supported people well with their medicines. They were patient and took time to ensure medicines had been taken.
- Medicine Administration Records (MAR) were signed to confirm whether or not prescribed medicines had been given. However, we saw some handwritten MAR charts, which had not been signed or checked by a

staff member to ensure the entries were accurate. Incorrect handwritten MAR charts could increase risk a person might receive the wrong dose or medicine. We discussed this with the registered manager who said they would address this.

- Regular medicines audits were completed to identify any shortfalls. Where people were prescribed 'as required' medicines, there were individual protocols in place to guide staff in their use for most people, but not all, which the registered manager said they would address.
- Medicines were stored safely. There were suitable arrangements for ordering, receiving and disposal of medicines, including medicines requiring extra security.
- Fridge temperatures were monitored to check refrigerated medicines were stored at recommended temperatures, although we found some gaps in the monitoring records. The registered manager undertook to remind staff of the importance of consistent recording of fridge temperatures.

Staffing and recruitment

- There were enough staff to meet people's needs, with ongoing efforts to recruit staff. Any gaps in the rota were covered by existing staff working extra shifts, which provided continuity of care for people.
- Where people's needs changed and additional staff were needed, these were provided
- Staff had been safely recruited. Staff had pre-employment checks to check their suitability before they started working with people. For example, criminal record checks and references from previous employers.

Learning lessons

- Staff reported accidents and incidents which the registered manager reviewed to make sure any changes needed to prevent recurrence were implemented.
- Regular audits of accidents and incidents were carried out to identify themes or trends. Learning was shared through discussions between staff at handover and at staff meetings. For example, in relation to medicine errors, falls and challenging behaviours.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using 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 September 2019 inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

In September 2019, people's consent to care and treatment was not always sought in line with legislation and guidance. This was because consent for decisions about restrictions on people meant for their safety and wellbeing were not properly obtained. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- People's consent was sought before staff supported them. For example, about personal care and how they wished to spend their day. Where people were able to make decisions for themselves, staff respected their decisions. One person said, "Staff respect if I choose not to get dressed and that I prefer to stay in my room."
- People's legal representatives, relatives and professionals were consulted and involved in best interest decisions. For example, about the use of bedrails, medication and personal care. Relatives said, "I am consulted and involved" and "I have been involved in best interest decisions about the use of a pressure mat."

Staff support: induction, training, skills and experience

- Further improvements in staff training and in monitoring staff practice had been made to ensure all staff followed best practice guidelines.

- The service focused on 10 key areas of training, knowledge and skills development which included effective communication, dignity and respect and moving and handling. This included checking staff knowledge of policies, procedures and people's care plans. Staff confirmed improvements in training.
- A staff member had completed a 'train the trainer' moving and handling qualification, so could support and train staff in practical moving and handling. Our observations in communal areas showed improved staff moving and handling practice. A relative said, "The staff are skilled, for example, in hoisting, I totally trust them."
- A training record was used to make sure staff kept up to date with their training. Staff had regular supervision to discuss any concerns and identify further training and development needs.

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

- People's needs were assessed before they began to use the service. Assessments involved professional, people and families. They were regularly reviewed and updated as people's needs changed.

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

- People received care and support to meet their needs. For example, where people required help to re-position themselves, to minimise the risks of pressure damage to their skin, staff assisted them and recorded their actions. A relative said, "Overall, very informative and professional, they let me know any changes, for example, vaccinations, when doctor visits."
- People's care plans had improved to make sure people received care in accordance with their needs and preferences. They provided staff with the information they needed to meet people's care and treatment needs.
- Professionals said staff knew people's health needs, made referrals to health professionals appropriately and followed their advice. One professional said, "Staff know their residents well and follow our advice."

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

- People were happy with the food provided. One person said, "The food is good, home - cooked, we are offered alternatives."
- The service had a four-week menu, which offered people choices of food and drink. Where people needed a specific diet, for example, soft or pureed food, this was provided.
- People received the help and encouragement they required to eat and drink. Staff assisted people who needed help, by cutting up their food, if needed.
- People's nutrition and hydration needs were met. Good records of what people at risk ate and drank were kept. People's progress was carefully monitored, for example, through weekly weights. Where any concerns about nutrition or hydration were highlighted, further actions were taken, for example, by seeking professional advice.
- Several people were on weight reducing diets when we visited, although the reasons for these were not always clearly documented. We discussed with the registered manager who agreed to review with each person and document the need for those decisions.
- The service had trialled providing a cooked meal in the evening and a lighter meal at lunchtime in November and December 2020 to see if this improved people's nutrition and hydration. The change was adopted in January 2021 and evaluation is ongoing. Where two people preferred their cooked meal at lunchtime, this was provided.

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

- Some aspects of the environment met the needs of people living with dementia, but others needed further improvement.

- People's rooms were personalised with their own furniture which made them familiar and homely.
- Word/symbol signage lacked consistency and where it was used, it was too small to help people living with dementia easily identify their own room, toilet, bathroom and living room areas. Further steps to improve signage would further help people living with dementia recognise places and find their way around the home.
- Building works to improve disabled access to baths and showers for people had been delayed due to the COVID 19 pandemic. This is planned to take place in this autumn to ensure better disabled access to bathing and showering facilities.

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 September 2019 inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

In September 2019, people did not always feel well-supported, cared for or treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and cared for by staff who were kind and compassionate. People commented; "Staff treat me very nicely and with dignity" and "Staff are lovely, excellent staff, they really look after us." Relatives said; [Person] is dressed nicely and their room is clean and tidy," "Staff encourage people" and "They [staff] seem to genuinely care and love residents and treat them well."
- Staff received training in equality and diversity. They took time to explain what they were going to do, worked at the person's pace, made good eye contact and used gentle touch to encourage and reassure people.
- There was a stable staff team who knew people well and what gave each person pleasure or reassurance. For example, staff noticed and quickly responded to comfort a person when they became upset.
- People's care plans contained information about ways in which staff could support the person to maintain their independence. For example, one person's care plan said, 'If you get the flannel ready, person can be prompted to wash themselves and will brush their teeth.' At lunchtime a staff member prompted a person to eat and said, "Would you like to hold your spoon to see if you can do it?"
- People were able to keep in touch with relatives and friends important to them. Staff supported people to call friends and relatives. Limited indoor visiting had resumed and there was a wooden cabin in the garden where people could see visitors outside.

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

- Staff supported people living with dementia to make choices and express themselves. For example, in relation to food choices and what they wished to wear.
- Relatives felt involved in people's care and were able to express their views. One relative said, "I am involved in decisions. such as about vaccinations."

Is the service responsive?

Our findings

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

At the September 2019 inspection this key question was rated as Requires improvement. At this inspection this key question has remained Requires improvement. This meant people's needs were not always met.

In September 2019 people's care was not always personalised to their needs and preferences and was often focused on daily routines. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- People's care had improved, and was more personalised. We found some examples of where staff worked in a routine orientated manner rather, than in a person- centred way. For example, getting certain people up and downstairs and carrying out routine day and night checks for most people. We discussed this with the provider and registered manager. They have written to confirm these practices have since been reviewed, to ensure they meet people's individual needs and preferences.
- People received care from staff who knew them well. One person said, "Staff are lovely, they really look after me, they do anything I want." Relatives said, "They [staff] have taken time to get to know my [relative]"and "Staff try and do extra little things, such as they picked daffodils from the garden to give on Mother's Day."
- People's care plans had improved and were more personalised and up to date. They included information about what was important to each person, their likes and dislikes and the support they needed. Daily care records were kept, although most entries were still focused on care tasks, rather than about the person's day. This meant daily records did not give an insight into each person's physical or emotional wellbeing, how they spent their day nor demonstrate if their needs had been met.
- Aspects of people's records were stored in different folders. For example, food/fluid charts, bowel records, regular checks and daily activity records. This made people's records disjointed and more difficult for staff to have an overview of each person as an individual and to provide personalised care. The provider was planning to replace the current paper care record system with an electronic care record, which should help address this. They were currently researching person centred care plan options.

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 service had an activity co-ordinator team which provided people with support with activities seven days a week. People enjoyed an art and craft activity during our visit. Relatives said, "They keep people involved, active and doing things" and "[Person] is planting a pot, they loved gardening."
- An activity co-ordinator gave us examples of how activities considered people's individual interests and preferences. For example, that one person enjoyed dance, music and bright colours. Where people chose to remain in their room, they received one to one support with their interests and hobbies.

- Activity co-ordinators had created personalised information about each person, in a 'This is me' and kept individual activity records for each person. However, five people more recently admitted didn't have this information. The registered manager had already identified this and was taking steps to address it.

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.

- Care plans provided information for staff about people's sensory or hearing impairment. For example, whether they needed a hearing aid or glasses. One person with a visual impairment described ways staff helped them to find their way around and to choose their clothes.
- The registered manager gave us examples of other ways staff made information accessible for people. For example, by staff reading printed information for people so they could discuss and understand it.

Improving care quality in response to complaints or concerns

- People and relatives said they had no complaints about the service but would speak with the staff or management if they had a concern.
- No formal complaints had been received since the last inspection. Information about how to raise a complaint was on display. One person said, "I feel comfortable with all of the staff. I have no complaints about this place at all." A relative said, "If I think anything is wrong, I tell [the registered manager] and she responds."

End of life care and support

- No one was receiving end of life care when we visited but staff spoke compassionately about people they had supported in the past. Staff had ensured appropriate medicines were available for people nearing the end of their life, to manage their pain and promote their dignity.
- Procedures were in place for people to identify their wishes for their end-of-life care. This included what was important to the person in the event of their health deteriorating and captured their views about resuscitation and funeral plans.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

At the August 2020 inspection improvements in quality monitoring systems had been made with further improvements needed to ensure risks relating to dehydration, minimising swallowing/choking risks were minimised and to embed new quality monitoring systems. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- People, relatives and staff and professionals expressed confidence in the service. Relatives said, "They are fantastic, I am kept informed and nothing is too much trouble" and "I am involved with any decisions."
- The registered manager worked with the provider to promote a positive culture within the staff team focused on meeting people's needs.
- Senior staff worked with the local authority quality improvement team to improve their systems and processes, who reported positively on the changes and improvements.

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

- The service had a new registered manager, who was previously the deputy manager, so knew people, families and staff well. Relatives said, "[Name of registered manager] is a brilliant manager, she has worked from the bottom up, she knows the boundaries, they couldn't have a better person" and "[Name] is excellent, pays attention to detail."
- Staff said the registered manager was approachable, visible around the home and worked alongside staff. Staff felt well supported, valued and reported improved communication, training, teamwork and morale. Staff comments included; "We are a good team, it is really welcoming here," "Everyone has been very friendly" and "Everyone helps each other."
- Regular monitoring and audits were carried out, for example, audits of medicines, infection control and health and safety. A monthly improvement plan sent to CQC captured ongoing changes and improvements made in response to findings.

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

- Where mistakes were made, the registered manager was open and honest with people and families and made improvements. Relatives said, "I was aware of safeguarding issues, they are open and honest" and "If there are any changes or concerns, I am contacted."

- The service notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities and responded promptly to requests for further information.

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

- People were consulted and involved in day to day decisions about the running of the home. For example, food choices and suggested activities. A relative said, "[Person's name] care plan is reviewed regularly, and I am involved."
- When visiting was restricted, relatives appreciated receiving regular contact to update them. Comments included, "I have had phone calls and emails" and "I have so many updates and photos."
- Staff were consulted and involved in discussions and decisions about people and the service through staff meetings, supervision and daily handover.

Continuous learning and improving care; Working in partnership with others

- The provider had reviewed and updated policies and procedures and used worksheets to check staff knowledge and understanding.
- The provider had just appointed a lead activity co-ordinator for the activity team. They spoke about their plans and ideas for further improvements. For example, two activity staff planned to complete the National Association for Providers of Activities (NAPA) training. This will give activity staff more skills, ideas and confidence for providing activities for people living with dementia.
- Senior staff were being developed to take on lead roles. For example, for infection control, staff training and supervision.
- The service worked well with local health professionals, who reported positively on improvements in communication and partnership working to support people's needs. A professional said, "They are working well with us, they are organised, there is good communication."