

Corserv Care Ltd

# Trefula House

## Inspection report

Trefula House  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Trefula House is a residential care home providing personal care to up to 28 people. The service provides support to older people, some people were living with dementia. At the time of our inspection there were 27 people using the service.

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

Peoples received their medicines as prescribed. Staff had the necessary skills to administer medicines. However, medicine recording, and storage systems and processes were not always robust. Concerns found at the inspection had not been identified prior to our visit. We have made a recommendation about this in the safe section of this report.

There were sufficient staff to support people on the day of the inspection. However, during some weekends staffing levels were seen to drop to below preferred levels. The service had a number of carer and nurse post vacancies. The service was using a high number of agency staff at the time of this inspection. Recruitment was ongoing but there had been very few applications received. We have made a recommendation about this in the safe section of this report.

Pressure relieving mattresses were in place for people who had been assessed as needing them. Some of these mattresses were not set correctly for the person using them. We did not identify any evidence that people had come to harm as a result of this issue. We were assured by the registered manager that immediate action would be taken to address this matter. We have made a recommendation about this in the safe section of this report.

People told us they felt safe with staff. There were systems to help protect people from abuse and to investigate any allegations, incidents or accidents.

People's care and support needs were assessed before they started using the service. People received support to maintain good health and were supported to maintain a balanced diet where this was part of their plan of care.

Care plans were completed for each person and contained details of the person's needs and preferences. Risks were identified, assessed, recorded and regularly reviewed. However, some aspects of some people's care plans had not been updated regularly. The registered manager was aware of this issue and the service were in the process of moving to an electronic care planning system.

There were processes in place to prevent and control infection at the service, through access to COVID-19 testing where necessary, additional cleaning and safe visiting precautions.

People were supported by staff who had been appropriately trained and were skilled in their role. Staff told us they felt well supported. Relatives comments included, "The staff are great, they are looking after (Person's name). I would like them nearer to home, but I don't want to move them yet as they are so well looked after" and "I can visit whenever I like."

Staff were well supported and were able to access the management team whenever they needed any assistance or guidance. Staff comments included, "I love it here, I am very happy" and "The management are really good and supportive. We all get along well."

Staff were provided with daily shift handovers to help ensure effective communication.

People were supported to engage in some activities.

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.

Staff understood the importance of respecting people's diverse needs and promoting independence.

Mental capacity assessments had been carried out where necessary. Deprivation of Liberty Safeguards (DoLS) authorisations had been applied for appropriately.

The service had implemented a regular audit and quality assurance process to monitor the quality and safety of the care provided. However, the auditing and monitoring processes in place at the time of this inspection were not always robust. Concerns identified at this inspection had not been identified through the audit cycle. We have made a recommendation about this in the well led section of this report.

People told us they liked staying at Trefula and that the staff were caring and responded when they requested support. Comments included, "The staff are looking after me very well."

External healthcare professionals told us, "I think that Trefula have certainly improved to a reasonable extent. Management and processes seem stronger, and the nursing staff are by and large excellent," and "Generally improving with much better leadership and direction."

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 13 December 2021). Since we awarded this rating, the provider has altered its legal entity. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

We carried out this inspection to follow up on action we told the previous provider to take at the last inspection. CQC had also received information of concern about staffing levels, care planning, lack of activities, food provision and the management of the service. We did not substantiate these concerns.

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.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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** ●

# Trefula House

## Detailed findings

### Background to this inspection

#### Inspection team

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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by two inspectors

#### Service and service type

Trefula is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed information, we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we reviewed six people's care plans and risk assessments. We looked at the file of the one new member of staff in post since the last inspection. We reviewed staff training and supervision. We also reviewed other records relating to the management of the service, including complaints received. We met with the registered manager, the peripatetic service improvement lead, the clinical lead, eight staff, five people and nine visitors. Following the inspection we received feedback from three healthcare professionals.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. The rating for this key question is requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

### Staffing and recruitment

At the last inspection the previous provider had failed to ensure there were sufficient staff available, in each unit, to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We had received concerns regarding staffing levels.

At this inspection the provider had increased the number of staff, albeit mostly agency staff, and the service was no longer in breach of the regulations.

- The service had sufficient numbers of staff to meet people's needs. Staffing was above planned levels on the day of inspection. The registered manager told us this was to allow for any short notice sickness absence which had been experienced recently. At some weekends staffing levels were seen to drop to below planned levels. The service had a number of carer and nurse post vacancies. The service was using a high number of agency staff at the time of this inspection. Only one new member of staff had been recruited since the last inspection in December 2021. There had been a high turnover of staff since the last inspection. The registered manager told us this was as a result of necessary changes that needed to be made at the service. A healthcare professional told us, "There are still some staffing issues, at times they seem thinly stretched, but this is a lot less than previously."
- The registered manager told us that on occasions when staffing levels dropped at short notice, they came in to work on the floor if necessary. Staff told us, "We are much better off for staff now, most of the time. Weekends can be a bit of an issue, several of our staff are unable to work at weekends and so we rely on agency and they do not always arrive. The manager is good though she does come in if needed," "It can be busy, but we manage, everyone is cared for, we just all pull together and it all gets done," "I would rather things took time and were done properly rather than rushing to do things" and "We generally have between five and six staff. Sometimes it can get a little frustrating if staff are sick. It is doable but it is busy."
- The same agency staff were regularly booked, where possible, from one agency; this provided some consistency of care to people. However, on the day of the inspection we noted staff were not always clear on some people's needs. For example, one person did not like the dessert offered to them at lunch time, and asked for something else. An agency staff member was heard to ask other staff "what are they able to eat?". Two staff nearby were also not clear and needed to seek advice from the nurse.

We recommend the provider takes all reasonable to ensure all staff have access to, and knowledge of, up to date information about the needs and preferences of the people living at Trefula.

- During the inspection we heard call bells ringing which were answered in a timely manner. Staff told us



that call bell response times were monitored to help ensure people received support quickly. People told us that they always had a quick response when they needed staff to assist them. Comments included, "The staff are brilliant, there is always someone around."

- The registered manager had restructured the staff team, since the last inspection, adding a senior carer role to shifts. There was now a clear role for these staff to support the care staff, do some audits and carry out supervisions of care staff. Seniors we spoke with were positive about this improvement. They told us, "We have two seniors on days, which is good."
- Recruitment practices were robust. The staff file we reviewed showed the relevant checks had been completed including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Concerns had been raised to us by visiting healthcare professionals about the processes in place for medicines management. Nurses had received training in medicines administration and competency checks were in place. However, we found inconsistent recording practices. For example, staff were required to count tablets following every administration. This helped identify any errors. We found repeated gaps in these records where staff did not always count the tablets remaining after each administration. This meant any errors would not be identified in a timely manner.
- Nurses had not regularly audited medicines which needed stricter controls. The last recorded audit was done in April 2022. We requested a full audit to be completed on the day of this inspection. There were no discrepancies between the stock held and the records.
- There were gaps in the temperature records of the medicine's refrigerator. This meant the safe cold storage of some medicines could not always be assured. A bottle of liquid antibiotics, left over from a completed course, had not been disposed of effectively.
- We found a quantity of liquid medicine, that required stricter controls, recorded as 'out of date' in May 2022. It was found safely stored awaiting destruction, but the service did not have the means to destroy this liquid safely. The nurse assured us that immediate action would be taken to address this issue.

We recommend the service reviews its processes and systems for the recording, storage and management of medicines.

- People were supported to take their medicines when and as they were prescribed. We were told there had been no missed doses of prescribed medicines. Paper medicine administration records (MAR) were completed by nurses where necessary. We found no gaps in the records we reviewed.
- The service was about to change the pharmacy they used. Staff had been required to collect all medicines from the pharmacy currently used. This had been challenging for the service with staff taking over an hour to drive there and back. The move to the new pharmacy was expected to benefit the service as all medicines would then be delivered as required.

#### Assessing risk, safety monitoring and management

- Some people required specific equipment to protect their skin from pressure damage. Pressure relieving mattresses were in place for people who had been assessed as needing them. Some of these mattresses were not set correctly for the person using them. A recent audit had not identified this concern. We did not identify any evidence that people had come to harm as a result of this issue. We were assured by the registered manager that immediate action would be taken to address this matter.

We recommend the service take advice and guidance from a reputable source regarding robust

management and monitoring of pressure relieving mattresses.

- Risks associated with people's care needs were identified, assessed and recorded. This provided staff with the information needed to support people safely.
- One person told us, "The staff are looking after me very well."

Systems and processes to safeguard people from the risk from abuse

- There were safeguarding processes in place and the service had made appropriate referrals to the local authority where required.
- People told us they felt safe with the staff that supported them.
- Staff knew how to recognise abuse and protect people from it. Staff had received training in how to keep people safe.

Infection control

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

● Visiting in care homes

Staff supported the person to maintain important relationships. There were procedures in place to enable safe visiting in line with current government guidance. People told us they could visit when they wished.

Learning lessons when things go wrong

- There were processes in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.
- The registered manager told us they had reflected on any past complaints or concerns raised.

# 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.

This is the first inspection of this newly registered service. We have rated this key question as good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Beds at Trefula House were all block booked by the NHS to provide a discharge venue for the acute sector and to provide a period of assessment.
- People's needs were assessed before people moved in to Trefula House, to ensure their needs could be met by the service. Many people at the service, at the time of this inspection, were requiring all their care to be provided in bed due to their healthcare needs. This meant beds were being required for much longer than the planned assessment period.
- The assessment considered people's protected characteristics as part of the Equalities Act 2010, including any disabilities.
- Records showed that regular reviews took place of some aspects of the care plans. The service was in the process of reviewing all care plans prior to transferring to an electronic records system.

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

- Refurbishment of the service was in progress. Improvements in the décor and the environment had taken place since the last inspection. The dining room and a lounge had been reversed. We were told, "The residents really like the change they use it a lot" and "We have some students from Falmouth college coming to paint murals on the walls to brighten up the rooms. They are really excited to be doing it." Fire doors had been replaced and some finishing work was still in progress.

Staff support, training, skills and experience

- Staff received regular supervision and appraisals from the management team. Staff comments included, "I love it here, I am very happy" and "The management are really good and supportive. We all get along well."
- Staff completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care.
- New staff received an induction which included training and a period of working alongside a more experienced staff member before they started working on their own.
- Staff told us, "I am really enjoying it. I feel I have support and can go the management with any issues. I have just done 'Succeed to lead' training" and "The council are really good at arranging any training, I have just finished my level 3."

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

- People were supported with their dietary needs where this was part of their plan of care. We did not substantiate the concerns raised to us about the provision of food at Trefula House.

- People's preferences, likes, dislikes, and dietary requirements were recorded in their care plan. People's comments included, "Breakfast was very good" and "The food here is wonderful. I had pasta for lunch."
- Kitchen staff were fully aware of all people's dietary needs and preferences. The registered manager told us, "I think we can safely say that the food is good here now, there is hardly anything left on plates, little wastage."
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. People had their weight regularly monitored.
- The chef had been recognised at the monthly "Shout out" for the month in May for the good meals provided.
- Staff comments included, "The chef is great he will do anything anyone wants at any time he is here, someone wanted chips today and it was no problem he did them straight away, It is their home so they should get what they want."

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

- Trefula House worked with the NHS when taking in new people to stay at the service. Other healthcare professionals supported the staff where appropriate.
- Staff ensured people's health care needs were being met and if they had any concerns regarding a person's health then this was communicated with the relevant professional.
- Relatives were assured the care staff that supported their family members were quick to identify changes in the person's health, report their concerns and request the required assistance. Comments included, "The staff are great, they are looking after (Person's name). I would like them nearer to home, but I don't want to move them yet as he is so well looked after" and "I can visit whenever I like."
- External healthcare professionals told us, "I think that Trefula have certainly improved to a reasonable extent. Management and processes seem stronger, and the nursing staff are by and large excellent and "Generally improving with much better leadership and direction."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were involved in decisions about their care and treatment and staff supported them to have maximum control of their lives. Where appropriate capacity assessments had been carried out.
- People and relatives confirmed staff consulted them and asked for their consent before providing care and support.
- Staff received training in the MCA. Records were kept showing where people had appointed Lasting Power of Attorneys (LPA)
- Where appropriate people who required specific restrictions to keep them safe, had had applications

made to the local authority for these restrictions to be authorised. Two authorisations were in place at the time of this inspection.

Supporting people to live healthier lives, access healthcare services and support

- The staff used communication diaries and shift handovers to share information regarding any changes in a person's needs. The registered manager had implemented changes to the shift handover to help make it more effective. Any concerns prompted a referral to the relevant professional for advice.
- People had access to physical healthcare. We saw healthcare professionals visiting during our stay.
- People's care plans contained detail about how to support them with their oral care.

# 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.

This is the first inspection of this newly registered service. We have rated this key question as good.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and their relatives told us staff were friendly, polite and respectful. People were treated with kindness and compassion and their privacy and dignity were promoted. Staff respected people's equality and diversity.
- Most staff knew people well and had established positive and caring relationships with the people they supported which helped them to deliver good, person-centred care that met people's needs.

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

- People were supported to express their views and be actively involved in making decisions about their care and support.
- The management team spoke with people regularly to obtain their views and experiences.
- Staff meetings had been held. We were told by the registered manager, "Some staff chose not to attend. Some don't want any change." Staff told us, "Everything is getting better. The staff that are here now want to progress and want the service to do well."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. One relative told us, "They are very kind here, when I arrive I always get a nice hot cup of tea and they leave us to chat in private."
- People told us that staff promoted their independence and respected their right to make choices for themselves. Care plans confirmed this.
- We saw staff supporting people throughout the inspection. One staff member was heard to say to one person, "Here you are some lovely Krispies, with lots of sugar, just the way you like it. Can I help you with this? Would you like me to put an apron on you?"

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. We have rated this key question as good.

This meant people's needs were met through good organisation and delivery.

### Planning personalised care

- People had care plans which identified their care and support needs. They contained person centred information and their past history. Some care plans had been fully reviewed and updated while others were waiting to be reviewed prior to the implementation of an electronic care planning system. The new seniors had the responsibility for reviewing all the care plans. One told us, "We are getting there slowly."

We recommend the service take advice and guidance from a reputable source regarding the processes in place for the regular review and updating of care plans.

- Some people had specific healthcare needs such as stoma care. Staff told us they were supported by the nurses to become competent at providing this care. One told us, "They let us watch them, then we do it with their support and we carry on like that until we feel we can do it alone."
- There was some pictorial signage throughout the service. This helped to support people, who had cognitive impairment, to recognise bathrooms and toilets and orientate themselves to their surroundings more easily.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included their communication needs and how best to achieve effective communication. It was clearly recorded if people required glasses or hearing aids. We were told if anyone needed information in an accessible format this could be provided. No person, who was receiving support from the service at this time, required this sort of assistance.

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

- There was a vacancy for an activities co-ordinator so staff provided some activities for people. There had been an Easter event, including a raffle, which had raised funds to support future events and outings. There had been a jubilee event during the weekend prior to this inspection, encouraging people to join in the jubilee celebrations. One member of staff told us, "I am just going to plant some more seeds with (Person's name) as they love gardening and the ones we did last week have really grown up well" and "With the

money we raised at the raffle we are going to plan to take some people for fish and chips at the beach." Some people told us they went out shopping with staff sometimes.

#### Improving care quality in response to complaints or concerns

- Information on how to make a complaint was available to people and their relatives.
- Complaints and concerns were investigated by the registered manager and used as an opportunity to learn and improve. One formal complaint had been received this year regarding the failure of the heating system. This had been responded to and resolved.

#### End of life care and support

- People were being provided with care at the end of their lives at the time of the inspection.
- People had been asked about their wishes regarding the end of their lives and this had been recorded.



# 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.

This is the first inspection of this newly registered service. The rating for this key question is requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the previous provider had failed to establish satisfactory governance arrangements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were seen at this inspection and the provider was no longer in breach of this regulation.

- There was an improved programme of regular audits which were carried out and shared with the provider. However, some audits were not always effective. For example, the mattress audit for May stated all mattresses were set correctly for the people using them. We found evidence that this was not the case, with two out of four checked being incorrectly set. We found no evidence that people had been harmed due to this concern. The registered manager assured us that immediate action would be taken to address this concern.
- Medicines management had been raised as not always being effective. The May medicine audit had not identified the concerns found at this inspection. These are detailed in the safe section of this report. This meant the audit process was not always effective.

We recommend the service take advice and guidance from a reputable source to support the improvement of audit processes.

- The service had a registered manager at this time. The registered manager had made improvements since the last inspection. People, relatives and staff were positive about the service and how it was run.
- The registered manager used opportunities to learn from reflecting on past events, concerns or complaints to further improve the service.

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

- Services providing rehabilitation support for those people that had been in hospital for a long stay were stretched. This meant people were not supported with their independence as much as was needed, for example with mobility. The provider had been unable to secure the additional rehabilitation, despite the providers best effort. Some people had been admitted to the service for end of life care. One staff member

told us, "It is difficult to get rehabilitation support due to staffing issues."

- The registered manager told us that recently the people who had been placed at Trefula House had required to have all their care needs met in bed due to their healthcare needs and were not able to participate in a programme of rehabilitation. This meant people were occupying beds for longer than planned.

We recommend the provider takes advice and guidance on the pre admission assessment process in place for Trefula House.

- People and relatives were complimentary about the service received at Trefula House. All the comments we received from people and relatives were positive.
- The culture of the service was open and transparent. The registered manager was supportive of the inspection process and all information required was provided.
- The registered manager was committed to providing the best care to people and staff confirmed the improvements that had been implemented by the registered manager in recent months. The registered manager told us, "Trefula feels like a happier place to be now."
- We saw from the nursing records that they were effective in promoting the healing of any areas of broken or damaged skin that were identified. There was a white board system to help ensure people's dressings and other nursing tasks were provided as planned.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour requirements and ensured information was shared with the relevant people when concerns were identified.
- Where some issues were identified by inspectors during the inspection we were assured that immediate action would be taken.

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

- People and staff were approached for their views and experiences in a survey. The responses were shared with people and staff.
- Staff told us that they felt valued and supported by the management team. They told us they enjoyed working at the service. Staff comments included, "I feel very well supported, by the management here and by the head of care," "There have been a lot of changes here, some staff have had a few different managers and a lot of change, but we are over that hill now. Having the seniors support has been great. It has been difficult at times, but we are all getting there now" and "I get on with the managers really well, they are brilliant, they are very responsive."

Continuous learning and improving care

- There was an improved culture of reflection, learning and improvement in the service. The registered manager had made changes to staffing levels, roles and the layout of the premises.
- Staff said they worked as a team and were happy working at the service.
- Checks and audits were completed on all aspects of the service. These were collated and reviewed by the registered manager who submitted a monthly report of their findings to the provider. The provider supported the registered manager with regular visits from the head of care.

Working in partnership with others

- The service had established good working relationships with health and social care professionals.

