

Bupa Care Homes (AKW) Limited

# Collingwood Grange 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

### About the service

Collingwood Grange is registered to provide accommodation and personal care for up to 75 people with nursing needs some of whom were living with dementia. There were 64 people living at the service at the time of our inspection.

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

On the day of the inspection there were sufficient staff at the service to support people with the needs. However, people, relatives and staff fed back that there were not always enough staff deployed on each floor. We have made a recommendation around this.

There had been recent allegations of abuse made which had been reported to the local authority. Once the provider and registered manager had been made aware of this they had taken quick and appropriate action to keep people safe from harm. They had worked openly with the local authority, Police and CQC.

Staff were aware of the risks associated with people's care and ensured that people were provided the most appropriate care. Safety checks were undertaken at the service and there were plans in place to protect people in the event of a fire. People received their medicines when needed.

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

Staff received appropriate training in relation to their role and were encouraged to progress. Nurses received clinical supervisions and were provided with updated clinical training. All staff were supervised in their role and staff told us that they felt supported.

People and relatives told us that staff were kind, caring and respectful towards them. We saw examples of this during the inspection. People were supported and encouraged to remain as independent as possible and were involved in decisions around their care.

There were sufficient activities and outings for people. Assessments of people's needs were detailed prior to them moving into the service. Care plans were planned around people's needs and staff were provided with sufficient guidance so that they could provide the most appropriate care.

People fed back that they enjoyed the food at the service. People's nutritional and hydration needs were met, and people had access to healthcare professional support when needed.

There was a comprehensive system in place to assess the quality of care provided. People and relatives knew how to complain and were confident that complaints would be listened to and addressed. People,

relatives and staff thought the leadership of the service was robust and effective.

#### Previous Inspection

The last rating for this service was Good (Report published 1 November 2017.)

#### Why we inspected

The inspection was prompted in part due to concerns received about allegations of abuse which had led to three members of staff being dismissed by the provider. A decision was made to bring the inspection forward in response to these concerns and examine any on-going risk to people.

Whilst we found no evidence during this inspection that people were at risk of harm there is an current investigation being carried out by the Police that has yet to conclude and report on its findings.

#### Follow up

We will continue to closely monitor information we receive about the service from the Police and our partner agencies. If we receive any concerning information we may decide to re-inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Collingwood Grange 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.

#### Inspection team

Our inspection was completed by two inspectors and an inspection manager.

#### Service and service type

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

The service had a manager 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 unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with the registered manager and six members of staff including the nurses, senior care workers, care workers and the chef. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to training and staff supervision and the process of employing agency staff. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At this inspection this key question has remained Good. Although the allegations of abuse being investigated could indicate that people were not always safe, at the time of the inspection the full details of the incident were not available to CQC and the actions of the provider and staff following the incident, and the evidence from the inspection itself demonstrated that people were safe and protected from avoidable harm. Three staff members had been dismissed and a full internal investigation was ongoing alongside the safeguarding and police investigations.

### Staffing and recruitment

- There were mixed responses from people and staff about whether there were enough staff. Comments from people included, "Sometimes there are enough and sometimes no." People did say however that their call bell was answered, "Quite quickly." Another person said, "Sometimes when you ring the bell they can take some time. I think they have been short-staffed" and, "I just press the buzzer and the staff come straight away."
- Staff also fed back that at times there were not enough staff. One member of staff said, "I don't think there are enough staff on the floors. People will tell us they have been waiting. It's always so busy." However, despite this they told us that they made every effort for this not to impact on care. One member of staff said, "We're caught in a difficult place as we manage it as we care for people, but this means they think we can cope when actually we need a couple more staff members."
- On the day of the inspection call bells were answered in a timely way and when people required staff support this was provided. People were not left waiting for their care. The registered manager told us that they were addressing staff ringing in late to say they were unable to attend their shift. They said that although they were at times able to fill this with agency staff this was not always possible due to the last minute request.

We discussed with the registered manager and the senior management team needed to review the dependancies of people to ensure that the staff levels were correct. They told us that they would look at this as a priority.

- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

We recommend that the provider reviews the dependencies of people that live at the service to determine whether their staff levels are adequate.

### Systems and processes to safeguard people from the risk of abuse

- The inspection was prompted as a result of an allegation of abuse involving three members of staff which had been reported to the local authority. The registered manager and provider had been unaware of the concerns until they were notified and took immediate action to ensure people were protected from any

further risk. Staff subject to the investigation were dismissed. The allegation of abuse is currently being investigated by the Police who are yet to report on their findings.

- People told us that they felt safe with staff. One person told us, "I am never worried about staff treatment with me, they are friendly and nice." Another person said, "Never once have I been concerned [about staff treatment]. Staff are brilliant. I can have a laugh with them." Another person said, "I feel safe here. I have never been worried. If I wasn't happy I would soon tell them." A visitor told us that staff did not always know they were there and said when they listened they heard staff speaking to people with respect.
- Staff understood what constituted abuse and the actions to take if they suspected anything. One member of staff told us, "If I suspected anything I would go straight to [registered manager] or whistle-blow. I wouldn't think twice. I haven't had any concerns." Another member of staff said, "I would speak with the manager and the safeguarding team. I feel the manager would deal with it appropriately."
- Staff received safeguarding training and also discussed any potential safeguarding incidents during team meetings. Staff were reminded of the whistleblowing policy and encouraged to use this if they were concerned in any way.
- We saw that where there were any concerns raised internally these were acted on appropriately by the registered manager. Allegations were referred to the local authority and full investigations undertaken.

#### Using medicines safely

- Medicines were managed in a safe way and people told us that they received their medicines when needed. One person said, "I have medicines and I know why I'm taking them. [Staff] make sure that I take it before they leave the room."
- People's medicines were recorded in medicine administration records (MAR) with a photograph of the person and details of any allergies. There was information that related to how a person needed to have their medicine for example through a PEG (where a tube is passed into a person's stomach.)
- There were medicines prescribed on 'as required' (PRN) basis and these had guidelines in place for their use. Staff used a pain chart to assess whether people needed pain relief.
- Where topical creams needed to be applied, there were body maps in place so that staff knew where this needed to be administered.
- Medicine competency checks took place to ensure that staff were appropriately administering medicines.

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

- People told us that the risks related to their care were managed well. One person said, "If it's a good day and I want to get up, staff use the hoist and I feel very safe with them doing it."
- Care plans contained assessments related to risks and steps staff should take to keep people safe. These included the risk of falls, risk of dehydration and malnutrition, pressure sores and moving and handling. One person was at high risk of falls and we saw that they had a low bed, a crash mat in place and a motion sensor to alert staff when they moving.
- Equipment was available to assist in the evacuation of people. Fire exits were clearly marked and free from obstruction and fire evacuation plans were displayed throughout the home. There were individual evacuation plans for people so that staff knew how they needed to be supported.
- Where clinical risks were identified, appropriate management plans were developed to reduce the likelihood of them occurring including around wound care, diabetes care and other healthcare concerns. Where wounds had been identified regular photos were taken of the wound to track the progress. We identified that wounds were healing as a result of the intervention from staff.
- Where people had behaviours that challenged there were risk assessments and guidance in place to ensure that staff provided appropriate care. The assessments included the possible triggers and actions to take.
- Accident and incidents were responded to well by staff and actions taken to reduce the likelihood of them



occurring again. One person said, "I tripped and fell, my leg bled such a lot and they helped me straight away. They said I should have requested help from them to pick something up. I will do next time." All accidents and incidents were reviewed by the registered manager to look for trends and themes.

- The Provider was investigating the latest allegations of abuse and had committed to carry out a formal lesson learnt review.

#### Preventing and controlling infection

- People were protected against the risk of infection within the service. One person said, "I think it's clean. Staff wear gloves and they go into my bathroom and wash their hands."
- Staff were seen to wear personal protection equipment (PPE) where needed. Gloves and aprons were available for staff throughout the service. Staff were seen to wash their hands regularly and there were hand gels available for everyone at the service to use.
- Staff understood how to ensure that people were protected from the risk of infection. A member of staff told us, "We wash soiled laundry separately. We need to do this to reduce the risk of infections spreading." Another member of staff said, "We wear aprons and gloves. They are always available."
- The service was clean and well maintained. Regular infection control audits took place to ensure that staff were adhering to the correct procedures.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. 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

- The service used recognised clinical assessment tools to monitor risks and provide effective care. Assessment tools were used to measure people's skin integrity, their risk of falls and their nutritional needs. Information and guidance to deliver effective care and treatment was displayed within the office areas.
- Information about people's needs had been assessed before they moved in. This was to ensure that the service could meet their needs. Assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition.
- We noted that one person came to the service from hospital where they had been falling frequently. A motion sensor was put in place when they moved in to monitor this and they were referred to the falls team.

Staff support: induction, training, skills and experience

- People told us they felt staff were competent and effective in their role. One person said, "The care is absolutely bloody marvellous. Staff are super." Another said, "They've looked after me well since being here."
- Staff completed a full induction when they first joined the service. This included completing all of the mandatory training and then shadowing experienced care staff. One member of staff said, "When I first started I was trained up to my eyeballs. It was all week." Another told us, "I feel the training is good, it's all face to face or booklets."
- When agency staff worked, the registered manager ensured that they had been provided with mandatory training before they started their shift. The registered manager said, "We put in place a check list that we use to ensure the training has been completed."
- Clinical staff told us that they had regular training to refresh their skills. They said that this included training on meeting the needs of people with pressure sores, diabetes and catheters. We confirmed this from the records we reviewed. All other staff were also updated with training specific to their roles. One member of staff said, "Sometimes we have additional training we go to if the NHS are doing a course, such as hydration and wound care."
- Care staff had received appropriate support that promoted their professional development and assessed their competencies. The clinical lead undertook one to one and group supervisions with nurses on a regular basis and other staff met with the registered manager regularly. One member of staff said, "We have supervision and appraisals. Supervisions are done with the senior carer and appraisals are once a year." A nurse told us, "I get the correct clinical support".

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

- People told us that they enjoyed the food and drink at the service. One person said, "The food is exceptional. I have a cooked breakfast every morning." Another said, "The food is extremely good." A relative

told us, "[Family member] has got much better for eating and drinking since she's been here. I sometimes have dinner with her here too. The food has always been delicious. We've both tried things that we never did before, like salmon. She loves it."

- We observed that throughout the day people were offered drinks and snacks in between meals. During lunch people were offered a selection of hot meals and alternatives were provided if people wanted something different. The dining room tables were pleasantly laid with serviettes and a menu on each table. People who required adapted cutlery were provided with this to support their independence at meal times.
- The chef was provided with information about people's dietary needs including whether meals needed to be modified, for example pureed or for people who had allergies. The chef told us, "We have residents that like finger foods. I try and match these to the meals of the day." The lunch for the day was fish. We saw one person enjoying a meal of fish fingers and cheese and biscuits.
- People regularly left feedback on the meals provided and where possible the chef altered the meals to accommodate their feedback. For example, one person had asked to not be served the main meal that day so instead the chef made them an omelette.

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

- Staff shared information effectively about people's changing needs. One person told us that they had recently had an infection. They told us that all staff were reminding them to drink more fluids to help with this. A member of staff told us, "We do a handover. If something has happened, it's important to let the team know."
- People had appropriate access to healthcare services. There was evidence in care plans that a wide range of healthcare professionals were involved including the tissue viability nurse, GP, speech and language therapist, physiotherapist, optician and dentist. One person told us, "I had been unwell. The nurses came to see me and then called the doctor." A relative said, "They were good and called me in the morning when they had a 'flu outbreak to tell me not to come in but that [family member] was OK."
- During our inspection a person advised a member of staff they felt unwell. The member of staff responded quickly and went to get the nurse who administered painkillers to them. One healthcare professional fed back to the service that the nurses had good knowledge of clinical care.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- During the inspection we saw that staff asked people for consent before they delivered any care. People told us that staff asked them their permission before care was delivered.
- Staff were aware of the principles of MCA. One member of staff said, "We have to act in their best interests. Most of them lack capacity on this floor, but at times they can have a good day. As much as we know they

lack capacity, when you are talking to them they can have a lucid moment and know what's going on. Even though it's a dementia unit, they can still do things for themselves."

- Capacity assessments had been completed where people to determine whether they could make decisions for themselves. These assessments were specific to particular decisions that needed to be made, for example in relation to bed rails and covert medicines. Records showed that staff ensured family members were involved when the 'best interest' decision was made on the person's behalf about their care and support.
- We noted that DoLS applications had been completed and submitted in line with current legislation to the local authority. For example for people living at on a unit where there was a locked door. People who were not subject to a DoLS authorisation were not restricted in any way.

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

- The premises were not purpose-built however a lift had been installed to ensure that people could move from floor to floor. We saw people able to access various areas of the service. There was a large garden that we saw people using this during the day.
- People's rooms were personalised and individualised. Special beds and pressure relieving mattresses were in place for those who needed them. Where required, bed rails and pressure/falls mats in place for people.
- On the floor where people were living with dementia there were sensory items that offered people stimulation and relaxation.

## Is the service caring?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care. Despite us seeing this during our inspection there is an on-going Police investigation into allegations of abuse against three members of staff who have since been dismissed by the provider. Swift and appropriate action had been taken by the registered manager and provider as soon as they had become aware of the allegations made. The judgements made are based on what we saw and what people told us at the time.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were kind and caring towards them. One person said, "They [staff] are so kind to me." Another said, "Staff are caring. They are so good to me."
- We saw examples of staff being kind and attentive to people throughout the day. Staff approached one person in a cheery way. The person said to staff, "Thank you for all you've done." Staff greeted people when they were walking down the corridor. One member of staff approached a person and asked if they wanted the window closed. They then supported the person to put their shoe back on that had become loose. They said to the person, "There you go, that's better."
- People were supported and encouraged to practise their religious beliefs. One person said, "I am C of E, they have Communion here which is so important to me."
- Relatives and friends were encouraged to visit and maintain relationships with people. One relative told us, "The staff here are absolutely wonderful. They are so lovely and welcoming. I truly mean that. I feel very lucky we found this place."

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

- People told us that they felt involved in their care planning. One person said, "It's my choice if I want to get up or stay in bed. They get me up any time I want." Another said, "They [staff] call me by my Christian name which makes it feel homely."
- There were people who chose to stay in their rooms and staff respected this decision. People were supported to make day to day decisions. One person said, "[Staff] help me get dressed, help me sort my wardrobe and help me lay out what I want to wear."
- People were able to personalise their room with their own furniture and personal items. One person told us, "I love my room, I can put all my photos up which are important to me."

Respecting and promoting people's privacy, dignity and independence:

- People told us that staff were respectful. One person said, "They treat me with dignity, they close the curtains and the door so other people don't come in." We observed this practice on the day. Another person said, "Nudeness is a problem (during personal care) for me and the girls [staff] make me feel better about that." A relative said, "They always knock on [family member's] door, even if I'm in there. And although we've

been married 56 years, they always make sure personal care isn't in front of me which I think is very respectful of her needs."

- We observed staff knock on people's doors before they entered. When staff spoke with people they did this in a polite and respectful manner. A person told us staff maintained their dignity by allowing them to have their meal in their room. The person said, "I can't read now due to my eyesight and have dinner in my room as I make a mess which is embarrassing."

- Staff encouraged independence in people irrespective of their conditions and this was a feature in all the care of the people at the service. Staff encouraged people to do things rather than assume they could not do them. During lunch a member of staff approached a person saying, "[Name] can I help you?" They waited for the person to respond rather than just assuming they needed support to cut their food. A person told us, "I am supported with my independence. They [staff] chat with me to keep me involved." A member of staff said, "[Person] is still capable of washing herself. It may be quicker for us to help her, but it's important to let her do it."

- Whilst we were at the service a member of staff asked if we could move out of the room we were sitting in as a person's family were visiting. The member of staff was ensuring the person and their family had the time and privacy they needed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- There were detailed care records which outlined each individuals' care and support. For example, personal hygiene (including oral hygiene), medicine, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information.
- There were 'Who am I?' booklets in people's rooms. These gave staff an overview of each person including their likes/dislikes, activities, favourite TV show, radio and music, how they liked their tea/coffee and their favourite foods.
- Staff understood people's needs. It stated in one person's care plan that the person had low moods and that staff should reassure and comfort them. We saw that this took place. The person became anxious and staff responded in a gentle and calm way which settled the person.
- Where people had health conditions including diabetes there was information available to all staff about the management of their blood sugar levels.
- Daily records were also completed to record each person's daily activities, personal care given, what went well, and any action taken.

End of life care and support

- End of life care was planned around people's wishes. However, we have fed back to the registered manager that more information was required in the care plans around what people wanted at the end of their life. They told us that they would address this.
- Relatives were complimentary to the staff at the service about the care their loved ones received at the end of their lives. Comments included, "To all the staff who looked after, looked out for, cared for 'thank you", "Thank you so much for looking after my mother especially at the end" and "You are incredibly special people and I am just so grateful that [family member] had such a wonderful, lovely home to spend the last year with you all."

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

- People were positive about the range of activities on offer at the service. One person told us, "There are plenty [of activities]. During the summer months the garden is always open. I never get bored. I do choose to stay in my room quite a lot." Another person said, "There are very good activities. There was a lovely lady playing the flute."
- People were encouraged to meet with other people in the service to reduce the risk of social isolation. A relative said, "[Family member] was never one for mixing. She's now got friends which is great to see. Even when she first got here and wasn't confident enough to come out, they were so good in making sure

someone went to see her and have a chat every day. We did raise with the registered manager that due to a large number of people that were cared for in bed, more one to one activities could be considered for them." They told us that that they would address this.

- We observed an entertainer during the morning. People were engaged with this and staff encouraged them to sing along. A member of staff said, "They [people] love the entertainment here. There was one lady who doesn't usually communicate who watched the flutist yesterday and she was talking normally. It's must have taken her back to a past time."

Improving care quality in response to complaints or concerns

- People and relatives told us that they knew how to complain. One person said, "I've never made a complaint, but I would know how to." A relative said, "I've never had to complain. But I know if I did they would sort it immediately which reassures me."
- Complaints had been investigated thoroughly and people and their relatives were satisfied with the response. For example, one relative complained about the choice of meals for their relative. The registered manager undertook a full investigation and wrote a letter to the relative.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us, "We make sure the actual need of the resident is recorded on pre-admission assessment and in the 'Senses and Communication' element of the care plan. e.g. large print, detail size and type of font." We saw that this was in place.
- Staff were observed to be mindful of difficulties people may have with their communication. Staff knelt in front of people and spoke clearly where people had hearing difficulties.



## Is the service well-led?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

- The feedback we received from staff was mainly positive. However, there was a concern about the culture that had developed between some of the staff groups which affected how some staff felt valued. This had been recognised by the registered manager and regional director who were taking steps to address this. We found no evidence to suggest this affected the care people received as has been described in other sections of this report.
- People and relatives were complimentary about the leadership of the service. Comments included, "[Manager] is rather pleasant. Think he is quite nice", "[Manager] is a really nice gentleman", and, "The manger here is absolutely fantastic. I have complete faith in the team."
- Staff told us that there was good communication in the service and that leadership were clear on what was expected. One told us, "As an individual, I feel supported, I feel valued. I know my responsibility and they leave me to it. I feel they're [management] approachable completely." Another said, "I like him [manager]. He is nice. We can feel isolated and he comes and says good morning every morning. It's nice to be acknowledged."

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

- The registered manager and provider had taken quick action in response to the recent allegations of abuse and had been open and transparent with CQC about this.
- Audits took place to look at the clinical care being provided. This included reflective supervisions to look at people's skin integrity, falls, weight loss, infection control audits and health and safety audits. Each audit had an action plan to address any areas of concern.
- Other audits were carried out such as care note audits, care plan audits and medicine audits. The registered manager would discuss any shortfalls with staff and record this in the event that this needed to be raised again. We saw on an action plan that a wider variety of finger food for people was needed and we saw that this had been addressed. The records that were kept at the service were comprehensive, well ordered and easy to navigate.

Daily 'walkarounds and take 10' meetings took place and were recorded. We saw that the areas for improvements were identified during these. For example, it was noted that the visitors' toilet was out of order. Steps had been taken to get this repaired.

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

- People and relatives had the opportunity to feed back on any areas they wanted improvements on. One

person said, "I know they have meetings, but I choose not to go. I will go to the functions here though." A relative said, "They ask me for feedback every three months and I am always truthful to them. But the feedback is always good anyway so it's fine."

- Resident and relatives' meetings were held and included discussions around food, activities and housekeeping. People had feedback that they wanted the vegetables to be served hotter and their laundry to be put away more tidily and this had been addressed.
- We saw the minutes of staff meetings where staff were invited to discuss any concerns they had or raise useful suggestions to make improvements. The minutes identified that matters discussed included staffing levels, annual leave and the lunch experience for people. One member of staff said, "We have staff meetings. They're usually useful." Another told us, "The current manager has been trying to ensure that everyone has a meeting, he even comes in at night for the night staff." When new staff were recruited, the registered manager met with them on their induction training to welcome them to the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us, "Each individual [member of staff] has a supervisor who is responsible for putting in place and supporting remedial action plans where necessary; and also, for taking appropriate action where individuals are unable to meet required levels of competence." We saw that where a development need had been identified with a member of staff there was a plan in place to address this.
- The registered manager and staff undertook reviews of how pressure sore care was administered. In one instance a referral was made to the tissue viability nurse who visited the service on several occasions and advised and supported staff on particular dressings. This enabled staff to use the most effective products and gain advice and support for a person with complicated pressure damage.
- Steps were taken by the provider to drive improvements and they worked with external organisations to help with this. The service worked with other organisations including the local authority, mental health team and the local hospice. The registered manager told us, "Staff have also benefitted from training with the hospice. The hospice chaplain has also visited the home to offer support."

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 provider and registered manager ensured that they shared information with people and their families where any concerns had been raised about the care of their loved ones. Relatives told us that they were also contacted if there had been any concern in the way care had been delivered to their family member.
- Duty of candour reports were completed after any incident with information detailing how the incident occurred, the investigation and who was contacted.