

1st Care Limited

# Acorn Care Home

## Inspection report

88 Handsworth Wood Road  
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West Midlands  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Acorn Care Home is registered to provide nursing, personal care and accommodation to a maximum of 22 people. People who live there have a primary diagnosis of rare, including korsakoff's type, dementia. At the time of the inspection 21 people were residing at the home and one person was in hospital.

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

Relatives and staff felt the service was well-led. They told us the management team, nursing and other staff were good. Provider feedback processes had been used to gather information about the views of people and stakeholders about the service provision. The registered manager understood their regulatory responsibilities and their requirement to provide us (CQC) with notifications about important events and incidents that occurred whilst the service was delivering care. Improvements were needed relating to quality assurance systems as a number of issues were identified during our inspection.

People felt safe and were supported by staff who knew how to protect them from avoidable harm. Individual risks to people were assessed and monitored to minimise accidents and injury. People received their medication at intervals as it had been prescribed. There were sufficient staff to meet people's needs. Recruitment processes aimed to ensure staff were safe and suitable to work. Overall the premises were visibly clean.

People were supported by their families and staff to have life choices. Staff understood the principles of the Mental Capacity Act 2005 and supported people in a non-restrictive way as was possible that accorded with their best interests. Training had been received by staff. People were supported by staff who knew them well. People's physical healthcare and mental health needs were monitored by external healthcare professionals.

Relatives and people felt staff were caring and patient and treated them with dignity and respect. People were encouraged wherever possible to maintain their independence. Visitors were made to feel welcome.

Reviews of people's care and support needs were undertaken regularly. People and their family were included in these processes to ensure their needs were known. Relatives confirmed they would feel comfortable to raise any complaints they had with the staff or registered manager. Activity needs of people were determined and acted upon.

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

### Rating at last inspection

The last rating for this service was good (published 23 August 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Acorn 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

The inspection was carried out by one inspector.

#### Service and service type

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

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

#### Notice of inspection

The inspection was unannounced.

#### Before our inspection

The provider had been asked to complete a new Provider Information Return [PIR]. However, the required return date for this document was after the date our inspection was conducted. As a result the PIR was not used in the inspection planning. The PIR is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We attempted to secure feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who have some limitations to their communication skills. We spoke with two people who used the service and three relatives about their experience of the care and support provided. We spoke with the registered manager, the provider, a night nurse, a day nurse, the clinical lead, the floor manager, three care staff, the cook, laundry staff, three external healthcare professionals and an auditor employed by the provider. We spent time in communal areas observing people and staff and the meal time experience at lunch time. We reviewed a range of records. This included, assessment of need documents, risk assessments and medication records. We looked at three staff files in relation to recruitment and staff supervision, and a variety of records, policies and procedures about the management. We looked at parts of the premises in relation to safety and personalisation.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they were not aware of any abuse. One relative said, "I am not aware of any bad treatment. The staff all seem very kind. Calm and patient." Another relative told us, "No abuse."
- All staff we spoke with confirmed they had received safeguarding training. A staff member told us, "If anything was amiss towards people here I know all staff would report immediately to the nurse or manager."
- The registered manager had informed the local authority and Care Quality Commission of safeguarding issues that had occurred as is required by law. These were between people and generally due to aggressive outbursts.

Assessing risk, safety monitoring and management

- People's known risks had been assessed and documented. Plans were in place to minimise the risks to protect people from unavoidable harm.
- People's individual risks included; falls, choking, absconding and aggressive Staff we spoke with were aware of people's specific risks and what to do to minimise them.
- Staff were aware of people who were at risk of skin damage. Special mattresses and cushions had been provided to reduce the risk of skin damage. A staff member said, "Several people need to sit on cushions, so they don't get sore."
- Staff were aware of what triggered some people's agitation. One person was agitated. A staff member said to them, "Are you too hot? Shall I help you take your jumper off?" Once the person had removed their jumper they settled and calmed down.
- Bedroom windows had restrictors in place to reduce the risk of falls from windows. Radiators had been guarded to prevent scalds. Sensor mats and door alarms were provided in some people's bedrooms to alert staff they were mobilising and that supervision may be required to keep them safe.
- Firefighting and other equipment had been serviced as required to ensure it was safe and in good working order.
- One internal lounge windowsill had previously been repaired. This repair was rendered ineffective as within two months it required further repair. The windowsill was split to such a degree that when pressure was applied to it, as might occur if a person leant on it, there was a risk that it might give way and cause injury. The provider told us they would ensure the windowsill be mended by the following day. The registered manager confirmed the windowsill had been replaced.

Staffing and recruitment

- A relative told us, "There seems to be enough staff. I haven't seen any situations where there were too few staff." The registered manager told us at least six people had one staff member allocated to them on a one

to one basis either, all of the time or, certain durations of each day. Other staff were provided to the remaining people who did not require one to one support.

- Our observations and records confirmed the range of staff used to provide the overall service to people. Including; A registered manager, a clinical lead/deputy manager, nurses, a floor manager, support staff, activities staff, domestic, laundry and catering staff.
- Contingency plans were in place to cover staff sickness and leave. This included the use of bank [sessional] staff and staff working overtime to ensure all shifts were covered.
- All staff confirmed the required checks were completed for them before they could start work. A staff member told us, "All checks had to be completed. I wasn't allowed to start work until then." The registered manager provided us with records to confirm an enhanced Disclosure and Barring Service check [DBS] had been carried out for all staff. Nurse PIN numbers were checked and monitored to ensure they were registered to practice. However, application forms did not have provision for staff to enter the end dates [as well as the start date] of any previous employment. Without this information any employment gaps may not be highlighted for further investigation. The registered manager told us they were implementing new application forms to address this issue.

#### Using medicines safely

- A relative told us, "When I am visiting staff give them [person's name] their tablets as they should."
- Nursing staff all told us they had received medicine training, and some were refreshing this training. Nurse competence had been assessed to ensure they managed medicines safely.
- Regular in-house audits were carried out to check if the providers medicine processes had been followed. A recent audit carried out by the pharmacy provider showed that areas looked at were satisfactory.
- A new medicine system had been implemented which involved the use of electronic medication records. Nurses told us this new system was better organised and safer than the previous one.
- Medicine Administration Records [MARs] for two people confirmed their prescribed medicine was available. We counted some tablets against totals on records and found they balanced correctly.
- Protocol forms were available to direct staff in what circumstances 'when required' medicines should be administered.
- Some medicines were disguised because people refused to take them. A range of healthcare professionals had agreed this action. Ensuring the best interests of the individuals and their health and well-being.

#### Preventing and controlling infection

- The provider employed dedicated cleaners and laundry staff.
- Staff had access to equipment they needed to reduce the likelihood of the spread of infection that included gloves and aprons. Antibacterial hand wash was available within the premises.
- We were provided with documentary evidence to confirm cleaning routines were followed to maintain the cleanliness of the premises.
- The laundry however, had a number of areas where there was wear and tear to flooring and the walls. This meant cleaning of those areas could be difficult and they could harbour infection. The provider told us they had made plans for this to be rectified.
- The clinical waste skip was not secured. It was situated by the pavement at the front of the home. This meant the skip and possibly contents were accessible to the public which could be a potential risk due to soiled waste. We raised this with the provider as the risk was live. The provider told us the skip was generally secured. However, a contractor had accidentally demolished the secure area the previous week when doing garden improvements. The provider told us they would ensure the contractor returned the next day to rectify the situation. Since our inspection the registered manager confirmed the skip was now secured.

#### Learning lessons when things go wrong



- Staff told us they always reported any accidents and incidents. One staff member confirmed, "Any falls or trips are reported."
- Systems were in place to analyse and determine any patterns or trends regarding accidents and/or incidents and behavioural incidents to prevent future occurrences. The provider and staff confirmed that incidents had decreased over recent months.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good.

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

- A person said, "It's good here." A relative told us, "Another family member came and looked at the home for us to see if it would be suitable." Another relative told us, "The staff assessed their [person's name] needs to see if they would fit in here." The registered manager and staff told us the assessment of need process was thorough. A staff member said, "All parties need to be able to decide if new people's needs could be met by the service provided."
- Need assessments included; areas of risk, physical and mental health and social needs, activity preferences, religious and cultural needs.
- Relatives told us the support given by the nurses and staff was good and far better than they had experienced previously. One relative said, "Their [family member] behaviour could not be managed where they were before. Here it is much better."

Staff support: induction, training, skills and experience

- A relative told us, "The staff are trained and know what to do." A healthcare professional said, "The staff have knowledge of how to support people at the home."
- The registered manager told us about the induction processes for new staff. This included initial information about the staff structure, emergency procedures and getting to know the layout of the premises. A staff member said, "The induction training I had was fairly good. After looking at policies I shadowed experienced staff to get to know the people."
- Several staff had worked through the care certificate induction standards. The care certificate is a nationally recognised set of standards that define the knowledge, skills and behaviours of specific job roles in the health and care sectors.
- Staff told us they had received the training required. A staff member confirmed, "I have completed all the mandatory training."
- Staff told us, and records confirmed they had access to some specialist training that included working with mental health, alcohol related dementia and challenging behaviour. A staff member told us, "The training was good it gave me an in-sight into specialist dementia care."
- All staff told us they had regular one to one sessions with a senior or manager to discuss their training needs, welfare and professional development during supervision. Records confirmed staff received regular supervision and an annual appraisal.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people

make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff told us about the principles of the MCA and DoLS. A staff member said, "People don't really have capacity here. So, for their safety we [staff] could not for instance, let them go out on their own. People have a DoLS because of this and because we supervise them." The registered manager confirmed that most people had a DoLS authorisation to keep them safe and we had been notified of them.
- During the day staff encouraged people to make decisions where possible. For example, where to sit and what to do. One person wanted to go back to bed for a rest and staff enabled this.
- A staff member told us, "We [Staff] whenever possible ask people's consent before we give support." A staff member asked one person if they could help them take their jumper off. The person nodded their head. Another staff member asked a person if they would like to go to the dining room. The person stood up and went with the staff member confirming their agreement.

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

- External healthcare professionals told us there were good working relationships between them and the staff. An external healthcare professional said, "If there is an issue the staff contact me. Beforehand they have ruled out with the GP other reasons for changes in people's behaviours for example, infection."
- One staff member said, "We [staff] work with all health disciplines such as doctors, community psychiatric nurses, dementia consultants and social workers."
- Records highlighted, and staff confirmed people had been seen by their GP as required and had accessed dental services and were often seen by their consultant and nurse specialising in mental health/dementia needs.

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

- A person told us, "The food is nice. The meal I just had [lunch] was lovely." A relative said, "The food seems nice. They [family member] don't moan about the food anyway."
- The cook had a good knowledge of people's individual food and drink likes, dislikes and risks.
- Staff were aware of the people who required a soft diet and thickened fluids to prevent choking.
- The meal time experience was positive. Staff were available to give assistance and support. People were offered food and drink choices. Staff showed people different meals and drinks for them to make a choice. Staff encouraged people to eat and drink saying, "Just have a little bit more." Tables were nicely laid, and condiments were available for people to help themselves.
- Processes were in place to determine risks due to undue weight loss or weight gain. Staff and records confirmed people who required weekly weighing.

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

- The premises was a large, domestic style property located in a residential area.
- Two people gave permission for us to look at their bedrooms. These were personalised with their belongings including a Christmas tree, fish tank with fish and photos. People told us their bedrooms met their needs.

- Garden space was available. Access to this could be gained from the front and rear of the home.

# Is the service caring?

## Our findings

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

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

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

- One person said, "The staff are very kind." Relatives we spoke with all confirmed staff were caring, friendly and helpful. One relative said, "The staff are so kind and very patient."
- Staff sat with people and showed an interest in them. If people became agitated staff distracted them by chatting to them or supporting them to have a wander.
- A person told us they selected their clothes to wear each day. A relative told us, "They [person's name] are kept clean and they always look respectable which pleases them. They were very particular about how they looked before they were ill."
- Relatives told us their family was supported to have their haircut. A hairdresser went to the home or people accessed a haircut in the community.
- Relatives told us, and records confirmed, people did not wish to go to a religious establishment for a service or to pray. The registered manager told us if people wanted to attend a religious event staff would support them to do so. The activities person told us that church representatives visited the home sometimes and people had joined in the service.

Respecting and promoting people's privacy, dignity and independence

- A relative told us, "The staff are always very polite and respectful. When I visit they knock the bedroom door before entering." People's privacy and dignity were promoted. People could access their bedroom when they wished to for privacy in a quiet space.
- A relative said, "Staff always call [person] by the name they want to be known as." Records confirmed people's preferred names. Staff showed respect as they used these names to address people.
- A relative said, "They [person] can't do much for themselves but what they can do staff encourage them to do." A staff member said, "Even small things like washing their face, it is better people remain as independent as possible."

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

- Relatives told us they and their family member were encouraged to make decisions about their care and support. A relative told us, "I help them [person's name] to make decisions. I am involved and help them to do that."
- Information was on display within the home giving contact details for external, independent advocacy services. The staff were aware how to access advocacy services to support people when making decisions around their care. An advocate is an independent person who can support people to make decisions and express choices.

# Is the service responsive?

## Our findings

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

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

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

- A relative told us, "Their [person's name] care and support is reviewed often. I am always involved. That way I make sure staff know what they want and their preferences."
- An external healthcare professional told us people's records reflected their choices and preferences.
- Staff informed us what was important to each person including; what they liked and did not like and their preferred daily routines.
- Handover took place between each shift. This meant that all staff had the most current information about each person to ensure their needs and preferences could be met.

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.

- Management and staff informed us that most people were able to understand and communicate effectively. This was confirmed by staff, our conversation with people and observations during the day.
- A relative told us, "The staff are good. They speak a bit louder than they would to you and me and slowly so they [person's name] can hear and understand better."
- Staff told us that people could understand what was being said to them if they spoke in plain English.
- Staff showed us picture cards they used at meal times so people could better understand what the food options were for them to choose from.

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

- A relative told us, "There are a lot of things for people to do here."
- An external healthcare professional highlighted how important activity provision was as part of the required support for people with any type of dementia. Records highlighted one person had been agitated. The recent evaluation of their care plan read, 'As they [person's name] begin to settle down they have started to join in bingo and do exercise.'
- The provider employed three staff to offer a range of activities to people. This was confirmed by relatives, staff and records.
- The home was situated in an area that had a range of community facilities including, shops and a park. Staff told us people went into the community to go for a walk or to the shops.

- Care plans captured people's individual activity needs and these needs had been met. One person liked to spend time in the garden 'getting fresh air' another person went swimming regularly at a local leisure centre. Some people enjoyed going into the community to enjoy a game of snooker.
- A senior staff member told us people had grown herbs, salad items and vegetables in the summer months. Another senior staff member told us a sunflower competition had taken place last summer and people had enjoyed that.
- People enjoyed participating in musical bingo during the morning. People were tapping their feet to the music, singing, smiling and laughing.
- The provider had trailed and purchased a very large interactive device with a touchscreen. People could use the device for drawing, painting, playing conventional games such as chess and a vast range of other activities. People used the device with staff support. They looked happy and were concentrating when engaged in a task.

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

- A relative told us, "If I had any concerns or complaints I would speak to the staff or floor manager. I have not got any complaints though."
- A complaints procedure was on display. An easy read version was available. Easy read is where extracts of key text information is made visual through the use of pictures and/or symbols to aimed to give greater understanding.
- Where complaints had been received since our last inspection documents confirmed the stages worked through to deal with the complaint. This included documentation, investigation, feedback to the complainant and addressing the issue.
- Documentation had not been made to confirm the complainants response to the feedback from the complaint investigation, if they were satisfied or not. The provider confirmed this should have been documented and told us improvement would be made.
- A person told us, "I do not have any complaints. I would be comfortable to speak with the manager or any of the staff if I did."

#### End of life care and support

- At the time of our inspection no person required end of life care.

# 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 remained the same. This meant the service management and leadership was not always consistent. Quality assurance systems and monitoring had not always been enough to alert the provider and registered manager that there had been shortfalls in service delivery.

### Quality performance

- Some improvements had been made since our previous inspection of August 2017. These included safer medicine systems, more concise records for people due to the implementation of an electronic record system and the start of some re-decoration within the premises.
- Quality monitoring processes were in place to determine if the staff were working as they should be. Checks had been undertaken relating to, for example, the health and safety of the premises and medicines. Staff told us audits were undertaken regularly by management. However, checking processes had not always identified issues we found during our inspection.
- The windowsill in the main lounge was damaged and loose. If leant on there was a risk a person could have become unsteady and fallen. Although this had been reported in November 2019, and staff told us it had been repaired, this was rendered ineffective as it had broken again within two months. We raised this with the provider and registered manager and were informed two days after our inspection the windowsill had been replaced.
- The clinical waste skip had not been secured for a few days due to a mishap occurring by a contractor. Although the issue was in hand, the skip was situated not far from pavement where the public walked past. Short term remedial action had not been taken to secure the skip. Following our inspection, the registered manager confirmed the skip had been made safe.
- The maintenance book where staff entered requests for repairs was not signed and dated to demonstrate if and when work had been completed.
- Staff application forms did not have provision for staff to enter the end dates [as well as the start date] of any previous employment. This meant the provider would not identify any, so be able to explore, any employment gaps as is required by law. The registered manager told us they were implementing new application forms to address this issue.
- Complaints documentation did not confirm the response from complainants when they had been informed the outcome of their complaint.

### Continuous learning and improving care,

- The provider used an independent company to give health and safety and employment advice and support. To ensure relevant legislation was complied with.
- The provider employed an independent auditor to undertake checks on the service provided. To help ensure it was of an appropriate quality.
- Meetings were held each week day with all heads of department such as, the registered manager, the



nurse in charge, the cook and the activities lead staff member. This process gave the registered manager and provider a good oversight of important issues and happenings.

- The provider had a clear management structure. A new role, a floor manager, had been implemented in Autumn 2019. A relative told us, "They [floor managers name] are very good. They keep an eye on everything." The floor manager monitored the basic day to day functioning of the home. They had a good knowledge of people's needs and their risks and responded accordingly to issues.

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

- Relatives we spoke with knew the name of the registered manager. A relative told us, "The manager is approachable."
- The registered manager was visible within the service. People were relaxed in the presence of the registered manager and engaged with her.
- Some new signage had been provided within the home to show people where for example, the toilets were. Some door frames had been painted red and some red toilet seats had replaced the previous colour. Dementia advisors advocate the red part of the colour spectrum is most easily perceived by people with dementia.

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

- The registered manager knew of their regulatory requirements. The registered manager had notified us of accidents and incidents that had occurred as required by law.
- One staff member said, "I would not be afraid to whistle blow if I felt something was not right or people were at risk." Whistleblowing is a process whereby staff should feel confident to report any bad practice without fear of repercussions.
- Our last inspection rating was on display on the providers website and within the home as is required by law.

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

- Staff were encouraged to give their views regularly during staff meetings. A staff member told us, "We [staff] are listened to I think. If we ask for training or equipment it is provided"
- The provider had acted on a suggestion from an external health professional to install a large screen interactive device as it would be a good resource for people.
- Feedback had been sought through reviews and feedback forms. A relative confirmed, "I filled in a form to give my views. I am very happy." Completed feedback forms were available and highlighted some positive comments. A person commented, "Everything is perfect keep it up." A relative commented, "Very good." However, the feedback forms had not been analysed and displayed. This meant the managers and provider would not be able to see at a glance any satisfaction or non-satisfaction. People and relatives would not know if their comments had been acknowledged or if there were plans to address them.

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

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

- The registered manager and staff were open in their approach with us during the inspection.
- The registered manager told us if there were issues meetings with people and/or relatives would be arranged to discuss these. Where required the provider told us people would be apologised to.

Working in partnership with others,

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