

Mr & Mrs L Difford

Clann House

Inspection report

Clann House
Clann Lane, Lanivet
Bodmin
PL30 5HD

Date of inspection visit:
06 March 2023

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31 March 2023

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

Clann House is a residential care home providing personal care and accommodation for up to 34 predominantly older people. At the time of this inspection there were 29 people living in the service. Accommodation is spread over two floors. Clann House is an older style property on the outskirts of Lanivet village, which is near Bodmin.

The provider, Mr and Mrs L Difford, registered Clann House with the Commission in September 2022. The provider has 4 registered care homes in Cornwall. The provider transferred one of their experienced managers to become the registered manager of Clann house with support from an acting manager. An action plan was put in place to address the shortfalls found when they took responsibility of the service.

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

People, relatives, staff and health and social care professionals all spoke positively about the improvements made to the service. These had resulted in the standard of care for people improving, staff skill, knowledge and support increasing and relatives feeling more assured that their relatives were being cared for safely. Some comments from people and relatives included "[Family members name] told me, 'You don't have to worry about me I'm very happy here.' I know she's safe", "I can sleep now as I don't worry like I used to."

Staff commented on their experience with the new providers as, "The manager works alongside us and it's lovely to see. I feel the clients are all happier, the home is being redecorated and is clean. I would have no concerns raising a concern, I feel valued and listened to. I can say that I now love my job and am proud to say I work at Clann House."

Health and social care professionals were complimentary about the changes in the service and the positive impact this had on people and staff. Comments included, "All I can say is what a difference not only in the look of the place but the staff are so much more upbeat, also the residents for that matter, since the new service provider has taken over, it's almost like going into a completely different care home."

The provider had invested in the environment. Comments from people, relatives, staff and health and social care professionals were positive about the changes. Comments included "The home is so much more fresh and looks so much better as we go on rooms are being done up and much better for the new residents arriving."

The provider had implemented new systems and processes that had improved the standard and quality of the service. For example, an electronic application to record people's care plans, their risk assessments and people's daily notes in 'real time'. Daily notes detailed what the person had done during the day and information about their physical and emotional well-being. People and relatives could also access this to see how care was being delivered. A relative told us "I've seen [relatives] care plan and can see it online. I have daily access to see what [relative name] has been doing. There's a continuing dialogue between us."

There were enough staff to meet people's needs and ensure their safety. Staff told us that they had received the training they needed to meet people's needs safely and effectively. Staff were supported in their roles through a plan of supervision. Staff told us they felt supported by the registered manager and the senior team.

Peoples medicines were managed safely. Staff responsible had the necessary skills to administer medicines. Oversight was in place to ensure medicines were managed safely.

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 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.

The management team maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and social care professionals. Systems to assess and monitor the quality and safety of the care provided were in place. They were effective in assessing quality and identifying and driving improvement. The service had clear and effective governance systems in place.□

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

Last rating and update

This service was registered with us on 12 September 2022 and this is the first inspection. The last rating for the service under the previous provider was requires improvement, published on 30 May 2022.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Clann 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Clann House 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.

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

We reviewed information we had received about the service since the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service about their experience of the care provided and 5 visiting relatives. We spoke with 9 members of staff including the registered manager, manager, senior head of care, care staff, domestic staff and cook. We also spoke with a visiting health and social care professional.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with another health and social care professional by telephone. We received positive feedback via email from 11 staff members and another health and social care professional about their experience of Clann House.

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. We have rated this key question good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People told us, "I feel safe here." Relatives echoed this view, comments included, "[Family members name] told me, 'You don't have to worry about me I'm very happy here.' I know she's safe."
- People were empowered and encouraged to report any concerns they may have about their welfare to the registered manager or staff. At a recent resident /relative meeting the managers ensured they were made aware of the safeguarding process and encouraged them to raise any issues of concern.
- The service had effective systems in place to protect people from abuse and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff understood to report any concerns they had to the management team.
- The registered manager and manager were fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe.
- Risks to people's safety and wellbeing were assessed and well managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. This meant staff had guidance in how to manage people's care safely.
- The managers reviewed all accidents or incidents and ensured that action was taken to minimise future risks for people and staff.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. The provider had commissioned for an independent fire risk assessment, and staff had undertaken training so that they were aware of what action to take in an emergency.

Staffing and recruitment

- People and relatives told us they felt there were enough staff on duty to meet people's needs.
- The provider had implemented a 'needs dependency' monitoring system. This looked at the dependency needs for each person in the service and calculated the necessary staffing levels to ensure each person's health and care needs were met safely. This was monitored constantly by the registered manager. It was

evident that staffing levels were amended if a person's needs changed, or there were changes in the number of people they supported in the service.

- Rotas confirmed that sufficient staff were on duty at all times to meet people's current needs. Staff confirmed there were sufficient staff on duty.
- The registered manager told us that they had recruited more staff which reduced the need to use agency staff. Staff absences were covered by existing staff and management. This meant people always received care and support from staff they knew and trusted.
- The service's recruitment practices were safe and all necessary pre employment checks had been completed to ensure prospective staff were suitable for employment in the care sector.

Using medicines safely

- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- When medicines were prescribed to be given 'when required', person-centred protocols had been written to guide staff when it would be appropriate to give these medicines.
- Medicines audits were completed on a regular basis. This would identify if and where further improvements may be required and help ensure action would be taken to implement any improvements.

Preventing and controlling infection including the cleanliness of premises

- 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.
- Relatives confirmed the service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits.

Learning lessons when things go wrong

- The registered manager maintained an effective oversight of incidents that occurred at the service. They used this to identify areas of learning and improvement. They also took action to minimise the risk of reoccurrence where relevant.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

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 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

- People's needs were assessed prior to their admission to the service so that they could confirm they were able to meet individual needs safely and effectively.
- People and their family, together with reports from health professionals contributed to the assessment, which included their presenting need and people's preferences and routines.
- The needs assessments included information about people's cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met.

Staff support, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. People and relatives were complimentary about the staff support and their skills. Comments included; "Staff are obviously trained and know what they're doing" and "Staff know how to approach mum with her dementia, they get her."
- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident, and their competence was assessed before they started to provide support independently. Staff told us they felt very supported during their induction.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff meetings and one to one meetings were held to enable staff to raise any issues and share ideas.
- Staff consistently told us they felt very supported by the management team and had access to a range of training to support them in their roles. Comments included, "The induction was very informative, online training was intense but covered everything necessary including safeguarding and whistleblowing. I now feel valued as an employee and supported as part of a team."
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.

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

- People were complimentary about the food and drinks available.
- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- Some people had specific guidelines in place to support them in this area. Catering staff were aware of people's individual dietary needs and catered for them. Staff were able to describe the support people needed and understood why this was important.

- People's weight was regularly checked to ensure that their health needs were monitored. The visiting health and social care professional commented that since the new provider had been involved people's weight had increased and there were no concerns with hydration.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to attend health appointments, including their GP, dental examinations and vision checks.
- Relatives felt that staff along with the registered manager were quick to identify any health issues and act appropriately
- People's health conditions were well managed. Staff were proactive in making timely referrals to health professionals when they had concerns around the person's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.
- Staff supported people to continue to mobilise independently. We observed staff being vigilant in supporting people who required mobility aids. For example, keeping them in eyeline to ensure their path was clear until they reached their destination.

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

- The provider had invested significantly in the building. Lounge areas were now open for people to use and had been redecorated and refurbished, making it an attractive area for people to spend their time in. Equipment, such as the fire system had also been updated.
- People were involved in the décor of "their home". People were consulted and chose the décor in the lounges as well as their own bedrooms. People's bedrooms were personalised to reflect their individual preferences. Comments included "This is a warm home, [person's] room is lovely."
- Staff were positive about the changes to the environment. Comments included, "Decorating improvements are ongoing and this has made a difference, certainly feels brighter" and "The home is so much more fresh and looks so much better as we go on rooms are being done up and much better for the new residents arriving." Health and social care professionals also commented on the positive changes to the environment.
- Ongoing works had been identified to the environment, for example carpets to be laid in corridors. People were being asked to share their views on redesigning the garden area so that they could enjoy this area more.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- Access to the building was suitable for people with reduced mobility and wheelchairs. There was choice of access to the upper floor through stairs and passenger lift.

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

- People's health conditions were well managed, and staff engaged with external healthcare professionals including GP's, frailty nurse, district nurses, community psychiatric nurses and dementia liaison nurse.
- People told us that staff contacted relevant health professionals if they felt unwell. People said they also received emotional support from staff who would sit and talk with them about how they were feeling.
- Relatives felt that the provider was quick to identify any health issues and act appropriately.
- There were clear records to show, when assessed as needed, staff were monitoring specific health needs such as people's weight, nutrition and hydration and risk of falls.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff.

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.

- The management team had identified that further staff training in the area of mental capacity would be beneficial, so that staff had a better understanding in this area. This training had been booked.
- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- When people had approved DoLS conditions, we discussed with the managers that this needed to be recorded clearly how they were meeting the condition. We met with the managers 4 days later and this was now evidenced.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's best interest.

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 good.

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

- People and relatives told us that staff cared for people with compassion and respect. People commented, "The care is "handsome" and "I get on well with the staff". Relatives commented "Staff addressed each resident by their name, are approachable and kind. We hear them supporting others and have no complaints. We think they do a good job" and "I can sleep now as I don't worry like I used to."
- Health and social care professionals also provided positive views on the caring approach by staff to people they supported.
- There was a relaxed atmosphere at the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- The way staff spoke about people they supported showed they genuinely cared for them. They talked about people's wellbeing and were focused on providing the right support to improve people's lives.
- Staff respected people's individuality and supported them in a non-discriminatory way. Staff had received training in equality and diversity and knew how to support each person in a way that took account of their abilities and lifestyle choices.

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

- People were involved in decisions about what to do throughout the day. People told us they could get up when they wanted, and choose if they wanted to participate in planned activities.
- People were provided with information that enabled them to make decisions about their lives. Staff understood the importance of empowering people to make even the smallest of decisions.
- Staff supported people to make decisions about their care as independently as possible.
- Staff listened to people's and relative's views and ensured these were respected. A resident/relative meeting had occurred the week prior to this inspection. People and relatives felt that the meeting was open to discussion and provided them with an opportunity to express their views. Comments included "The home was willing to listen to us and didn't dominate the meeting, we all felt really happy to know this."

Respecting and promoting people's privacy, dignity and independence

- People and relatives felt that staff promoted their independence. A relative told us "We were unsure this was the right placement for him, as the distance from us is a factor; however, since being here he is a 'new man'...his health and mobility are improving, he has his lovely personality back-all down, we think, to the care, company and the socialising he now receives."

- Treating people with privacy and dignity was embedded in the culture of the service. Staff were skilled at identifying when people were becoming distressed or feeling anxious. They consistently followed guidance in place to help people feel calm and reassured.
- Everything about how the service operated, and the way staff provided care and support was focused on the individual person and involving them in their care. Where any daily routines had been developed, these were in place to meet people's needs and wishes, rather than to benefit staff.
- The values of the service were based on enabling people to live as fulfilling live as possible and achieve the best possible outcomes.
- People's right to privacy and confidentiality was respected. Confidential information was kept securely.

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 good.

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

Planning personalised care

- The registered manager had identified that care plans would benefit from more detailed information about people's backgrounds, history and social needs. This was discussed at the resident/relative meeting where people and relatives were invited to provide this information. This would then be added to people's care plans to make them more person centred.
- The service had implemented an electronic application to record people's care plans, their risk assessments and people's daily notes in 'real time'. Daily notes detailed what the person had done during the day and information about their physical and emotional well-being.
- Staff were positive about this electronic care plan application. This further supported staff to have current and updated information about people's needs and how they spent their time.
- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers.
- People and their relatives were involved in the development of and the review of their care. A relative told us, "I've seen [relative's] care plan and can see it online. I have daily access to see what [relative name] has been doing. There's a continuing dialogue between us."

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 communication needs, and preferences were identified, recorded and highlighted in care plans. This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection. Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant
- The provider was actively recruiting for an activity's coordinator. However, we saw staff providing several activities which people enjoyed participating in during the inspection. These included playing noughts and crosses, socialising, watching a movie with popcorn, coming together to have tea and biscuits, and receiving visitors.
- People were supported to maintain relationships that were important to them. Visitors told us they were made welcome at the service and were supported by staff to go through procedures to ensure visiting was safe during the COVID-19 pandemic.

- Planned activities were on display for people to attend if they wished. These included quizzes, puzzles, singers, beautician visits and hairdresser. Visits to the garden centre and local pub had also occurred.

Improving care quality in response to complaints or concerns

- People and relatives told us they would have no hesitation to speak to the registered manager or staff if they were unhappy. They told us they were confident that any concerns they had would be listened to and acted upon. Comments included, "Staff are good at listening and putting things right. I have no complaints."
- There was a complaints policy in place which outlined how a complaint would be responded to and the timescale. There were no open complaints currently being investigated.
- Staff told us they would be able to speak to the registered manager or provider if they had any concerns. Comments included; "I would have no concerns raising a concern, I feel valued and listened to."

End of life care and support

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- Care plans were being developed to identify people's preferences at the end of their life. The registered manager coordinated palliative care with other professionals to ensure the appropriate equipment and medicines were in place for people at the end of their lives.

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. We have rated this key question good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Clann house was registered with the Commission in September 2022 with this current provider. The provider has 4 registered care homes in Cornwall. The provider transferred one of their experienced managers to become the registered manager of Clann house with support from an acting manager. An action plan was put in place to address the shortfalls that they had inherited from the previous provider.
- The managers worked alongside and supported the staff team as they implemented many changes to the home. Staff were positive about the changes made and identified that these changes had made a positive difference to their confidence, skills and wellbeing. They also identified that the standard of care had improved for the people they supported.
- Staff were very motivated by and proud of the service. They told us they felt valued and were well supported. Comments included, "The manager works alongside us and it's lovely to see. I feel the clients are all happier, the home is being redecorated and is clean. I would have no concerns raising a concern, I feel valued and listened to. I can say that I now love my job and am proud to say I work at Clann House."
- The provider had a defined organisational management structure and there was regular oversight and input from senior management.
- The registered manager had comprehensive oversight of the service and understood the needs of the people they supported.
- There were robust quality assurance and auditing systems in place designed to drive improvements in the service's performance. Where any issues were identified appropriate action was taken to ensure they were addressed, and the service's performance improved.

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

- There was a positive culture within the staff team and all staff told us they felt supported by the management team and the changes made. Comments included, "Since [registered manager] has come the home has totally changed I feel so much more supported and enjoy coming to work now for the first time in many, many years."
- Health and social care professionals were equally complimentary about the change in the culture of the home. Comments included, "All I can say is what a difference not only in the look of the place but the staff

are so much more upbeat, also the residents for that matter. Since the new service provider has taken over it's almost like going into a completely different care home. [Registered managers name] is an absolute credit to the place. She's a fantastic manager, always keeping everyone including the residents so upbeat and focused. She's a fair but strict manager. She has brought the place to life! [Deputy manager name] who she is training up is just as great, lovely person who really cares for the residents".

- People and relatives were also complimentary about the management of the service and the changes that have been implemented. One commented; "The management team is approachable, and we wouldn't hesitate to raise anything."
- The registered manager had built an open and trusting relationship with all stakeholders.
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being.
- People's care plans and risk assessments had been reviewed. Records demonstrated a person-centred approach to the care and support provided for people.

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 their responsibilities under the duty of candour. People and relatives were kept well informed of any events or incidents that occurred with their family member. A relative said, "They phone me if [relative] has fallen, they don't hide anything. It's an open-door policy."
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The provider had notified CQC of any incidents in line with the regulations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were regularly asked for feedback on the service's performance through informal conversations and meetings. All feedback seen was extremely positive.
- People and relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about the organisation of their care.
- Staff team meetings were held and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by registered managers.
- Staff had received one-to-one supervision with managers. This provided opportunities for staff and managers to discuss any issues or proposed changes within the service. There were also regular updates through shift handovers.
- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed.

Continuous learning and improving care

- The registered manager and provider were committed to ensuring a culture of continuous learning and

improvement and kept up to date with developments in practice through working with local health and social care professionals.

- The registered manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service.