

Belvedere Care Homes Ltd

Amber View Care Home

Inspection report

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Date of inspection visit:
28 September 2022
03 October 2022

Date of publication:
08 November 2022

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

Amber View Care Home is a residential care home providing accommodation and personal care to up to 22 people. The service provides support to younger and older people living with dementia, people with mental health needs and people with physical disabilities. At the time of our inspection there were 19 people using the service. Amber View Care Home accommodates up to 22 people in one adapted building.

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

Medicines were not consistently stored safely. However, there was a robust system in place to ensure people were offered their medication as prescribed. Staff were not consistently following current guidance in relation to preventing and controlling infection. However, the service was clean and well-maintained. The provider had not consistently ensured consent to care was sought in line with legal requirements.

People were protected from the risk of abuse. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe. Risks associated with the service environment were assessed and mitigated. There were enough staff to keep people safe. Accidents and incidents affecting people's safety were managed well.

People and relatives spoke positively about staff skills and experience. People told us the quality and variety of the food was good. People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination and followed best practice guidance. People were supported by staff to access healthcare services when required. The provider had taken steps to ensure the environment was suitable for people's needs, and there were adaptations for people with mobility needs.

People and relatives spoke positively about the staff team. People said they were able to say how they wanted to be cared for. Relatives felt they were kept informed about their family member's care. People said staff always treated them with respect, and relatives confirmed this. People were supported to maintain the relationships that were important to them.

People's needs were assessed prior to them moving to Amber View Care Home. Care plans were personalised and contained information about people's likes and dislikes. People's communication needs were clearly identified in their care plans; this helped staff understand how best to communicate with each person. People and relatives were generally positive about the support they had, to take part in activities both within the service and out in their local community. People and relatives felt any concerns or complaints would be dealt with. Any lessons learnt from complaints or concerns were shared with staff to improve the quality of care.

The service was well-led. The registered manager, provider and management team worked hard to instil a culture of good quality care. Staff spoke positively about the support they got to carry out their roles and told us they felt part of a big team all working together to improve people's lives. The provider and

registered manager undertook regular audits of all aspects of the service to review the quality of care. Regular feedback was sought from people, relatives and staff about the quality of the service. Feedback from health and social care professionals was positive regarding the quality of care people received.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and/or who are autistic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 15 March 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about a person's care, and also because the location had not previously been inspected since being registered with us. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from the concerns received.

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.

Recommendations

We have made recommendations about medicines, infection prevention and control, and consent.

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.

Amber View 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 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 team comprised of one inspector, a specialist advisor social worker 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

Amber View Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Amber View Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 28 September 2022 and ended on 3

October 2022. We visited the location's service on these dates. Our Expert by Experience sought feedback from people's relatives via telephone on 30 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, the local clinical commissioning group, local GP services, and from Healthwatch about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We also used information gathered as part of monitoring activity that took place on 10 June 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with four people who used the service and observed how care and support was given generally. We got feedback from eight relatives and five care staff. We spoke with the registered manager, home manager, deputy manager, and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at a range of records including all or part of eight people's care records and how medicines were managed for people. We looked at staff training, and the provider's quality auditing system. During the inspection visit we asked the provider to give us additional evidence about how the service was managed, which they sent to us. We also received feedback from five health and social care professionals.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were not consistently stored safely. We identified that there were times when the temperature in the medicines room went above 25 degrees Celsius, which is the recommended maximum temperature for storing medicines. Medicines stored above the recommended temperatures may not work as effectively. The room temperature records did not show whether the provider had taken any action to address this (beyond opening the door to increase air circulation), or to seek advice from a pharmacist. This put people at risk from receiving medicines that may not work effectively.
- Where medicines audits identified any issues, these were not always used as an opportunity to learn lessons and improve. For example, the medicines audit for July 2022 identified there had been times when the room temperature was above 25 degrees Celsius, and action was taken to open the door and windows. However, there was no additional temperature monitoring to ensure the action had been effective on each day this was an issue. When we raised this with the provider, they took immediate action to ensure that the room temperature would be at an acceptable level in future.

We recommend the provider consider current guidance on systems for monitoring medication storage temperatures and take action to improve their practice accordingly.

- There was a robust system in place to ensure people were offered their medication as prescribed. Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that overall, medicines were documented, administered and disposed of in accordance with current guidance and legislation.
- People received their "as and when" (PRN) medication when they needed it. There was guidance in place for people's PRN medicine which told staff when this medication was needed.
- Each person's medicines records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.

Preventing and controlling infection

- Staff were not consistently following current guidance in relation to wearing masks, or to ensuring arms were bare below the elbows. We saw some occasions where staff did not wear masks correctly in main areas of the service. We also saw some staff with nail polish and/or extensions and wearing rings with stones. We confirmed with staff that they provided hands-on personal care to people as part of their roles. This put people at risk from acquiring infections.

We recommend the provider consider current guidance on infection control and implement checks to

ensure this is followed consistently.

- The service was clean and well-maintained. People and relatives commented positively about cleanliness. The management team and staff carried out regular checks to ensure the cleaning schedule for the home was effective.
- We were assured that the provider was preventing visitors from catching and spreading infections. The provider was admitting people safely to the service, and the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on people welcoming visitors to their home and the provider was following currently published visiting guidance by the Department of Health and Social Care.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relatives felt confident to raise concerns.
- People demonstrated they felt safe in the presence of staff. We saw people being supported to do things they enjoyed, with staff actively taking part. People's communication whilst being supported by staff was relaxed, and showed they were happy and comfortable with the staff who worked with them.
- Staff understood how to recognise and report concerns or abuse. Staff received training in safeguarding and felt confident to raise concerns, both within their organisation and to external health and social care professionals.
- The registered manager reported any allegations of abuse to the local authority safeguarding team. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Assessing risk, safety monitoring and management

- People felt safe living at Amber View Care Home. One person spoke positively about the support they got to remain well, but to still continue to lead the life they wished to have. Relatives also felt confident their family members would be looked after safely. One relative said their family member was, "Much safer [here] than at home." Another relative described the positive differences moving to the service had made for their family member, and said they were happy the person was eating well now and receiving their medicines regularly.
- People's needs were assessed, and any risks associated with their personal care and environment documented. These were reviewed regularly and updated when required. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe.
- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. The provider also had a business continuity plan in place, setting out how the service would continue to run well in the event of a major incident, such as a widespread infection outbreak.
- Risks associated with the service environment were assessed and mitigated. The provider and maintenance staff had a clear system in place for regular checks on all aspects of the environment.
- The service had recently had an issue with the lift not working. The provider had promptly arranged for the lift to be fixed, but the delay in obtaining parts was not under their control. Alternative arrangements were put in place to ensure people could access the parts of the service they needed to safely.

Staffing and recruitment

- There were enough staff to keep people safe. People and relatives told us they were happy with the

number of staff available to meet people's needs. The registered manager reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met. Our observations during the inspection visit showed us that generally, people were supported by enough staff. This included when people needed support or reassurance or wanted to participate in an activity.

- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This included employment and character references and disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This all ensured staff were of good character and were fit to carry out their work.

Learning lessons when things go wrong

- Accidents and incidents affecting people's safety were managed well. Staff recognised and raised concerns, near-misses and incidents and reported them appropriately. The provider and management team used this information to get a clear picture of the quality of care and carried out investigations to establish what went wrong.
- Where any investigation identified care needed to improve, staff were told what was expected of them, and people's care plans were updated to reduce the risk of further incidents.
- The provider had systems and processes to monitor and assess accidents and incidents to look for trends or patterns. This had helped the service to reduce incidents and make improvements to the care provided to people who used the service.

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 for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had not consistently ensured consent to care was sought in line with legal requirements. Although people were asked about consent on a day-to-day basis in relation to personal care support and activities, where people lacked capacity to consent to their care arrangements overall, this was not always assessed or documented. For people who lacked capacity to consent to aspect of their care, this meant the MCA was not always followed.
- The provider was aware of this and was in the process of working with each person to ensure they could either give valid consent for their accommodation and personal care, or that the MCA was followed to ensure their rights were protected.

We recommend the provider ensures valid consent is sought from each person, and that the MCA is followed where people lack capacity to make specific decisions about their personal care and accommodation.

- People and relatives said staff gained permission before offering day to day personal care. Throughout the inspection, we heard staff ask people for their permission when offering care and support and encouraging people to make their own decisions about their daily lives.
 - The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people. Conditions associated with people's DoLS authorisations were met and reviewed regularly to ensure they met the principles of the MCA.
- Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination and followed best practice guidance. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of skin breakdown or dehydration and malnutrition. Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans.
- Assessments had been completed with people and, where appropriate, their relatives, prior to moving into the home. These helped ensure staff could meet people's needs and the environment was suitable.
- People's likes, dislikes and preferences had been recorded. This was used to inform the care planning process to ensure staff provided care in line with people's needs and wishes.

Staff support: induction, training, skills and experience

- People and relatives spoke positively about staff skills and experience. One relative said, "Staff from the cleaner to the manager are very caring, and honest. I am impressed with the way they deal with everything, and they are always following procedures, definitely." Staff had good knowledge of people's needs, and said they had enough time to read people's care plans.
- Staff told us they had an induction when they started work, and regular supervision, where they could get feedback on their performance and discuss training needs. Records we looked at supported this.
- The provider ensured there was regular communication between staff and management so key information about people's needs and the running of the service was shared. These meetings were recorded, so staff and the provider could see what was discussed, and what action needed to be taken.

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

- People told us the quality and variety of the food was good. Relatives also spoke positively about the quality of food. One relative spoke about how the service had supported their family member to regain weight, saying, "The meals are lovely; they were going off their food, now they're eating well again." Another relative said they were pleased their family member was supported to eat well, saying this had not happened with the support they had previously received living at home.
- People were supported and encouraged to have a varied diet that gave them enough to eat and drink. People told us and records showed there was a varied menu, with options available for people with specific dietary requirements. Where people expressed views about wanting different options, or different times for their meals or snacks, their preferences were met.
- Staff assessed people's food and fluid needs using nationally recognised best practice guidance and developed appropriate care plans that staff were familiar with. The service followed the advice of GPs, speech and language therapists and dieticians to ensure people received the correct supplements and diet to maintain their health.
- People who needed assistance or encouragement to eat were supported by staff. Staff knew who needed additional support to eat or required special diets, for example, fortified diets or appropriately textured food and thickened drinks.

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

- People were supported by staff to access healthcare services when required. People told us they were able to see their doctor, or other health professionals whenever they needed to. Records we saw confirmed this.
- Staff we spoke with knew about people's health needs, as detailed in care records. Care plans stated what people's needs were and gave staff guidance to help people maintain their health.
- Staff shared information with each other during the day about people's daily care. Staff also kept notes regarding health concerns for people and action taken. This enabled staff to monitor people's health and ensure they accessed health and social care services when required.

- Local health professionals confirmed staff understood and followed any guidance given about people's medical needs.

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

- The provider had taken steps to ensure the environment was suitable for people's needs, and there were adaptations for people with mobility needs. People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised.
- Bathing and shower facilities were designed to be accessible for everyone. This meant people were able to make choices about their personal care and promoted independence in bathing and showering.

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 for this newly registered service. This key question has been rated 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 spoke positively about the staff team. One person told us about their move to Amber View Care Home and was very positive about the support staff gave them to do this. One relative said, "I cannot fault the care; [staff] are very good." Another relative said, "The care is excellent, staff are very busy, but [family member] is well looked after."
- Staff knew about people's interests, past life experiences and important relationships. We heard several conversations where staff clearly took interest in people's lives and social networks, and people responded positively to this. Staff had time to spend with people socially in addition to doing practical care tasks. Whether this was chatting or doing an activity, there was lots of laughter and good-humoured conversations between people and staff.
- The provider had a range of supporting policies and training in place, which staff were required to understand and demonstrate when providing personal care to people. This ensured staff met the standards the provider expected with regards to treating people with dignity and respect.

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

- People said they were able to say how they wanted cared for. Relatives felt they were kept informed about their family member's care. Staff encouraged people to express themselves, and regularly asked people for their views about their personal care and discussed if anything needed to improve or change.
- Information about advocacy services was displayed in the service and advocates had been involved in supporting people to make decisions about their care and life choices. This meant people were supported to understand their rights and have their views heard.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to continue with domestic routines if this was important to them. People told us they were encouraged to do as much as they could for themselves, and they got support and encouragement to do this. One person spoke with us about the daily tasks they did and how this was going to help them when they moved to more independent living.
- People said staff always treated them with respect, and relatives confirmed this. This included respecting privacy by knocking on doors before entering, and ensuring intimate personal care was done with dignity. Staff had a good understanding of dignity in care and had training in this.
- People were supported to spend private time with their friends and family. Relatives told us they were able to visit whenever people wished, and there were no restrictions on visiting times. Staff told us, and records confirmed people were supported to maintain the relationships that were important to them.
- Staff respected people's right to confidentiality. Staff understood when it was appropriate to share

information about people's care. Staff did not discuss people's personal matters in front of others, and where necessary, had conversations about care in private. Staff understood when it was appropriate to share information about people's care. Records relating to people's care were stored 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 for this newly registered service. This key question has been rated Good. 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

- People's needs were assessed prior to them moving to Amber View Care Home. Information from this assessment was used to develop care plans covering the areas of personal care people needed support with. This included identifying if people had any cultural or religious requirements in relation to their care.
- Care plans were personalised and contained information about people's likes and dislikes. For example, favourite television programmes, hobbies and interests and their community networks. This helped staff understand people better as individuals and supported the provision of personalised care.
- The service regularly reviewed people's care plans to ensure all information was accurate and up to date. This ensured the care provided to people met their current needs. For example, one person's had periods of agitation and distress. Staff identified the trigger for this and put measures in place to support the person effectively without resorting to prescribed medication. The person was happier as a result and was better able to manage their distress.

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 (AIS). 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.

- The service followed the principles of the AIS. People's communication needs were explored as part of the care planning and review process, during which staff looked at how to support people to have access to information in a format they could understand. For example, documentation could be created in large print for people with sight problems.
- People's communication needs were clearly identified in their care plans; this helped staff understand how best to communicate with each person. People's communication care plans included information on individual abilities and needs and clear directions for staff to follow.

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 and relatives were generally positive about the support they had to take part in activities both within the service and out in their local community. Two people spoke with us about the support they had from staff and their relatives to go out and about. One of the people described being able to maintain contact with friends in the local area, and how it was important for them to continue to do this.
- One relative spoke about improvements in their family member's social life, and another relative

described a range of activities staff had recently arranged for people.

- The activity coordinator for the service had recently left, and the provider was actively recruiting for another staff member to take over this role.
- We saw that people were encouraged to participate in activities to suit their mood throughout our inspection. Staff demonstrated good knowledge of each person's preferences and tried to ensure that everyone had daily opportunities to do meaningful activities that made them happy.

Improving care quality in response to complaints or concerns

- None of the people we spoke with had any complaints about the service, but they knew how to complain and felt confident any issues would be addressed.
- The provider had a system in place to respond to complaints and concerns. Relatives felt any concerns or complaints would be dealt with. Staff we spoke with knew how to respond to concerns raised and their need to record and escalate them. Any lessons learnt from complaints or concerns were shared with staff to improve the quality of care.
- Records showed that the service dealt with complaints and concerns appropriately and took the opportunity to learn lessons and make changes. One relative we spoke with gave examples of issues they raised with staff, which were addressed. They said, "We feel things are improving. So long as they keep improving their care, we're happy to keep them there."

End of life care and support

- People and their relatives (where appropriate) were encouraged to talk about their wishes regarding care towards the end of life. This included where people would like to be at the end of their lives, whether they would like to receive medical treatment if they became unwell, and in what circumstances.
- People had advance care plans in place which included, where appropriate, records of their wishes about resuscitation.
- The provider had policies and procedures in place to meet people's wishes for end of life care and staff had completed training to ensure they could meet people's needs at the end of their life.
- We saw evidence to confirm that staff worked alongside community health professionals to ensure people received appropriate support at the end of life.

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 for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager, provider and management team worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to flourish.
- Staff felt respected and supported by the registered manager and management team which supported a positive culture. One staff member said, "I always feel proud of being part of the team. It doesn't feel like going to work; more part of being a family and caring for people as if they were part of our family" Another staff member said, "I look forward to going to work, I enjoy work and I feel valued. I feel strongly that this is a good company to work for where each and every one of us really matters; both staff and residents."
- Staff spoke positively about the support they got to carry out their roles and told us they felt part of a big team all working together to improve people's lives. They felt the service was well-led, and that they were able to contribute to the development of the quality of care. Staff also spoke about the opportunities they had to develop their skills through training and development.
- Staff felt able to speak up about any concerns they may have regarding people's care without fear of what might happen as a result.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service was well-led. The provider and registered manager undertook regular audits of all aspects of the service to review the quality of care. These were effective in identifying areas where improvements were needed. This included checking that people's health was maintained, as well as ensuring the environment was safe for people to live in.
- There was an action plan arising from checks and audits to show what action was required to improve the quality of care and who was going to do it.
- Staff understood their roles and responsibilities, and felt it was clear what the provider expected of them in terms of quality of care. Staff said, and records confirmed they had regular training and meetings to discuss how to ensure care was provided in an open and transparent way. This included being honest about what was not working well and committing to improving people's quality of life.
- The registered manager, manager and provider's nominated individual were open with the inspection team about where improvements had been made, and where there was still further work to do.
- The provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and

treatment.

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

- Regular feedback was sought from people, relatives and staff about the quality of the service. Any issues raised were acted on promptly, and everyone was told what action was taken so they could see what had been improved. The management team was in the process of creating a "You said – we did" board in a lounge area. This was so they could put up clear information for people and all visitors on how feedback had been used to improve the service.
- Staff and the management team recognised when people's needs changed. They made appropriate referrals and met with health and social care professionals promptly to address this. This ensured people received the care they needed.
- Feedback from health and social care professionals was positive regarding the quality of care people received. One commented on how approachable and responsive staff were, and another described the positive differences the care and support had made for one person.