

Care West Country Limited

The Firs Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The Firs Nursing Home is a care home providing nursing and personal care to up to 40 people. The home specialises in the care of older people but is able to cater for some younger people who have physical nursing needs. At the time of the inspection there were 30 people living at the home.

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

At the last inspection we identified concerns with governance, staffing levels and skills, cleanliness and recognising and reporting abuse. These concerns led to five breaches of regulations.

At this inspection we found that considerable improvements had been made and the service was no longer in breach of regulations.

People lived in a home where the new registered manager was committed to ongoing improvements. They had implemented a number of changes to the way care was delivered and how this was monitored. This enabled shortfalls to be addressed in a timely manner to ensure people received a good standard of care.

People felt safe at the home and with the staff who supported them. Staff knew how to recognise and report any concerns about possible abuse. People felt able to share any worries or concerns with staff. People said that staff were kind and caring.

People were supported by sufficient numbers of staff to meet their needs. Staff were happy in their jobs which created a pleasant environment for people to live in.

People's health was monitored by trained nurses. Nurses worked with other professionals to make sure people received the care and treatment they needed. People received their medicines safely from trained staff.

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.

People told us they were able to make choices about their day to day lives. This included deciding when they got up and when they went to bed.

People received food and drinks in accordance with their preferences and needs. People told us they were happy with the quality and choice of food.

People were supported to stay in touch with friends and family. Staff had followed all government guidance,

regarding visitors, throughout the COVID-19 pandemic. This helped people to stay connected to the people who were important to them.

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

Rating at last inspection and update

The last rating for this service was requires improvement (Published 29 December 2020) and there were breaches of regulations.

At the last inspection conditions were imposed on the provider's registration. These were complied with fully and have now been removed.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Firs Nursing 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 was carried out by two 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

The Firs Nursing 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. The Firs Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we had received from and about the service since the last inspection.

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

We used all this information to plan our inspection.

During the inspection

We spoke with 13 people who were living at the home and two visitors. We also spoke with eight members of staff. This included nursing and care staff and ancillary staff. The registered manager was available throughout the day.

Throughout the day we observed care and support in communal areas.

We looked at some records, which included, six care and support plans, a sample of medication administration records and two staff recruitment files.

The registered manager sent a number of records electronically. This included records relating to staff training and quality monitoring.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At the last inspection we found that people were not always supported by sufficient numbers of suitably skilled and experienced staff. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and the service was no longer in breach of regulation 18.

- There were adequate numbers of staff to safely support people and to meet their needs. We saw people received care and support when they required it. One member of staff told us, "Staffing levels are much better now." A person said, "They are always taking on new staff. Much better to have our own staff than agency."
- Staffing levels required for each shift were worked out using a dependency tool. The required numbers for each shift for each day and night were displayed on the notice board. This enabled people and visitors to know that the home was correctly staffed.
- People lived in a home where sufficient numbers of ancillary staff were employed. This helped to make sure that nursing and care staff were able to focus their time on providing care and support to people.
- People had access to call bells to enable them to ask for help when they needed it. We did not hear call bells ringing for extended periods of time. This showed people received assistance in a timely manner when they requested it. One person told us, "When I ring the call bell, staff normally answer quickly." Another person commented, "I use it [call bell] if I need it in the night or daytime. I just ring my bell, and someone comes. I've never had a problem."
- People were supported by staff who had been safely recruited. New staff only began work at the home once checks and references had been obtained. Staff recruitment records gave evidence of this.

Systems and processes to safeguard people from the risk of abuse

At the last inspection we found that people were not always fully protected from abuse. We found that one person was subject to restraint which was not recorded in their care plan or assessed as being in their best interests. This was a breach of Regulation 13 (Safeguarding service users from abuse or improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that enough improvement had been made and the service was no longer in breach of regulation 13.

- People were cared for by staff who knew how to recognise and report abuse or poor practice. Staff said they would not hesitate to report their concerns to senior staff, and all were confident that action would be taken to protect people.
- The registered manager investigated all issues raised with them. Where appropriate they worked with other professionals and were open and transparent in their investigations.
- People told us they felt safe at the home and with the staff who supported them. One person said, "I feel safe here. There is nothing to worry me." Another person told us, "Nothing nasty or unpleasant happens here."

Preventing and controlling infection

At the last inspection we found that there were poor standards of cleanliness and a lack of infection prevention and control audits to identify shortfalls and ensure improvements. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 in accordance with Government guidelines.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One person told us their room was always, "Spotless."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Throughout the COVID-19 pandemic the registered manager and staff had followed Government guidelines to make sure people were able to stay in touch with friends and family. They had kept families and friends up to date with guidelines which made sure people were able to see their loved ones safely. One person told us, "My family come in whenever they want."

Assessing risk, safety monitoring and management

- The staff had not always taken a person-centred approach to assessing individual risk. For example, we heard from staff and saw in care plans, that night staff checked everyone every two hours throughout the night. There was no evidence that this had been discussed with people and no clear rationale for the timing of checks.
- Staff had a good understanding of the risks associated with supporting people, however we found that the care plans did not always have up to date information regarding risk. For example, one person's care plan

stated they needed to have their sugar levels checked before each meal as they had a potential of a hypoglycaemic episode. Nursing staff informed us the person was only having checks in the morning and evening. They told us the information in the care plan was not correct. We addressed the concerns with the registered manager who took action to review this.

- Most risks to people were minimised. Staff carried out risk assessments to make sure people received their care safely. For example, care plans gave information about the type of equipment needed to safely support people with their mobility. One person said, "They use a hoist to get me up. I feel safe but it's a cumbersome thing."
- People who spent time in their rooms, or who were cared for in bed, had risk assessments in place to minimise risks. One person had a risk assessment because they chose to stay in their room and were unable to use their call bell. Throughout the day we saw staff checking on the person in accordance with their risk assessment.

Using medicines safely

- People received their medicines safely from trained nurses and clear records were kept of when they were administered or refused.
- The recording of the application of prescribed creams and lotions was not consistent. This meant that the effectiveness of prescribed creams could not be robustly monitored. We raised this with a trained nurse who agreed to look at how improvements could be made.
- People told us they received their medicines at the correct time. One person told us, "Staff do my tablets. I get them on time."
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. People were able to make choices about when they took these medicines. One person said, "They always offer me pain tablets." There was guidance in place to advise staff when as required medicines should be given if people were unable to express their need for these. This helped to make sure these medicines were given consistently to promote comfort and well-being.
- There were suitable storage facilities for medicines. Medicines with additional controls due to their potential for misuse were stored in accordance with current regulations. We made some random checks of records against stock and found them to be correct.

Learning lessons when things go wrong

- People lived in a home where all incidents and accidents were recorded and analysed. This enabled the registered manager to look for trends and take action to avoid re-occurrence.
- Following the last inspection, the provider had followed their improvement plan to ensure shortfalls were addressed and people benefitted from improvements. This included some changes to staffing and monitoring processes.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 had their needs assessed before they moved to the home. This helped to make sure the staff had the skills to meet people's needs and expectations. From these initial assessments plans of care were created to show how people's needs would be met.
- We raised some concerns with the registered manager about one person living at the home who had originally moved in on a temporary basis. Whilst we acknowledge that the person's needs could be met in the short term, we felt that further assessments were needed to make sure their long-term needs were met. The registered manager informed us they were working with the person's local authority to achieve this, but progress had been slow.
- Since the last inspection the home had changed their care planning to an electronic system. The detail in assessments and care plans was variable. Some care plans gave good information about people's needs and wishes, but others were more basic and had not been fully personalised. However, staff spoken with had a good knowledge of individuals and how they wanted to be supported.
- People received their care in accordance with their needs and wishes. For example, care plans outlined the support people needed to move around the home and we saw this was provided.

Staff support: induction, training, skills and experience

- People were cared for by staff who felt well supported by their colleagues and management. One member of staff said, "The manager is brilliant, she always helps out when you need it." A new staff member said, "I am enjoying my role here, all the staff have been helpful in guiding me to find my way around."
- Staff received an induction, ongoing training, and regular opportunities to discuss their work, training, and development needs. The registered manager informed us, 'We are aware we are behind with supervisions and appraisals, but we are currently in the process of arranging supervisions for all staff'.
- People had confidence in the staff who supported them. One person said, "I couldn't wish for better care. They are kind and competent."

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

- Arrangements were in place to support people to receive a healthy and balanced diet. The dining room environment was pleasant, and food was well presented.
- People received meals in accordance with their assessed needs. One person's care plan stated the

consistency of food they needed to minimise the risk of them choking. At lunch time we saw the person's meal was served to them at the correct consistency.

- People were supported with meals in accordance with their needs. We observed people who needed support to eat their meals in their rooms were not rushed and were supported by enough members of staff to provide an enjoyable mealtime experience.
- Staff were able to discuss people's cultural, ethical and religious needs when discussing meals and drinks.
- People told us the food was good. One person said, "You definitely couldn't complain about the food." Another person commented, "The food is nice. Homemade. Fresh. They bring a board around, ask what you want for tea. At night time there are sandwiches."

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

- People lived in a home where there were always trained nurses available to monitor their health and well-being. One person said, "The nurse comes down to see you. I'm not feeling too well today, and they have been to give me some medicine."
- Procedures were in place to share information with external health care professionals to support people with their ongoing care. This helped to make sure people received the care and treatment they required. One person told us, "I asked for the asthma clinic and one of the nurses rang up for me. I wear glasses, I go to the opticians. I had an appointment to see the diabetic clinic."
- People's care records confirmed referrals to other external agencies were made in a timely manner. One person told us, "If you need a doctor, they get one." Another person said they had visits from a chiropodist and an optician.

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

- People lived in a home which was reasonably maintained and homely. There was an on-going programme of decoration to ensure the building was a pleasant environment for people to live in.
- People had access to the equipment they needed to meet their needs. There was sufficient moving and handling equipment to support people, assisted bathing and showering facilities and a passenger lift.
- People's rooms were personalised with their own belongings and family photographs.
- People had access to an outside garden area. One member of staff said they were hoping to provide some high raised beds which would make it easier for people who wanted to grow things to continue their hobbies.

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 registered manager had made applications for some people who lacked capacity to be legally deprived of their liberty. At the time of the inspection none had been authorised by the local authority but the registered manager was in regular contact with the local authority about applications which had been made.
- People who had capacity told us they continued to make choices about their care and support. One person told us they had chosen not to follow some recommendations made by other professionals and staff respected this.
- Throughout the inspection we heard staff asking people for consent before they helped them. Staff told us they followed the principles of the MCA to make decisions in people's best interests where they were unable to give consent. One person said, "They say 'would you like to do this, would you like to do that?'. You are not forced to do anything."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 were supported by staff who were caring and respectful. One person told us, "They [staff] are all lovely, and very kind."
- Staff made people feel welcome in the home. One person said, "They are really nice people here. The first night I came here from the hospital, I was a bit scared. The staff here, you can't complain, they are really nice. A lady came [staff], she came in and said 'Hiya, this is your room, this is your bell to ring. She was really nice."
- Another person told us, "It was a struggle at first. The staff, they made me very welcome."
- People were treated with dignity and respect and kindness. We observed kind interactions from staff, and people told us their relationships with staff were good. One person told us, "I get on with everyone they are all like friends."
- People's care plans contained information about their wishes and lifestyle choices. Some care plans gave more information than others. This gave staff the information they needed to ensure they cared for people in accordance with their cultural needs and wishes.
- People's religious needs were respected. Some people told us they found the regular church service very good.

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

- Throughout the inspection we saw staff asking people for their views. There were also posters throughout the home telling people how to give feedback about their care and support.
- People who were able to express their views felt able to be involved in planning and directing their care. Staff told us that when people could not fully express themselves, they tried to provide care in accordance with known likes and dislikes. They also said they consulted with people close to them.
- People felt able to refuse some aspects of their care and staff respected these choices. For example, one person regularly refused medicines and staff respected this but made the prescribing professional aware. Another person said they chose not to have drinks thickened in accordance with a speech and language recommendation.

Respecting and promoting people's privacy, dignity and independence

- People felt that staff respected their choices and independence. People told us they were able to make

choices about their day to day lives. One person said, "I choose what I want to do. Today I choose to do nothing." Another person told us, "Everything is my choice. They [staff] respect the choices I make."

- People had access to the equipment they needed to promote their independence. This included mobility aids to support people to maintain some independent movement.
- The provider had created a hairdressing salon at the home. This enabled people who were not able, or chose not to, attend a local hairdresser to have their hair done in a pleasant and dignified environment.
- People's privacy was respected. One person said, "Nobody just walks in. They treat people as people at home doing things the way we want."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Staff knew people well and provided care and support which was personalised to individuals. One person said, "They know me and how I like things."
- Since the last inspection care plans had been transferred to an electronic system. The comprehensiveness of these plans was variable. Some care plans did not give up to-date information about people's needs. For example, one person's care plan stated the person needed hourly checks. There were no records in place that confirmed the person received hourly checks. The nurse informed us these checks were no longer required.
- It was not clear how people were involved in planning or reviewing their care plans. However, people and relatives said that communication was good. One visitor said, "We definitely feel well informed." Another told us, "They communicate well when I come in and visit."

End of life care and support

- People received kind and compassionate care at the end of their lives. We saw that relatives had written to the staff team thanking them for the care provided to their loved ones. One person had written, "Thank you for making him feel happy and safe, for holding his hand, making him laugh and being there in his last moments." Another person said that staff had, "Gone the extra mile to ensure he was clean, comfortable and content."
- There were always trained nurses on duty who ensured people had the appropriate care and medicines to help them to be comfortable and pain free at the end of their lives. Medicines were ordered and administered as required when people were receiving palliative care.
- People said they would be content to stay at the home at the end of their lives and thought they would be well cared for. One person told us, "I would like to stay here till the end. I don't want to go to hospital. They are kind here. I would consider myself lucky to stay here."
- Although people felt they would be well cared for at the end of their lives care plans did not always provide evidence that people were encouraged to discuss their futures and end of life care wishes. One person had been admitted to the service needing end of life care. Although the person had capacity and no longer required end of life care, staff informed us they did not know what their end of life wishes would be. This information is essential to provide staff with guidance of how a person may wish to be cared for at the end of their life.

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 had their communication needs assessed and recorded in their care plans. This helped staff to communicate effectively with people.
- Some people at the home were living with dementia and we found that information was not in a format that would be accessible to all. For example, posters asking people to share their views and the daily menu, were only available in a written format which may be hard for some people to understand.

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

- Staff helped people to stay in touch with friends and family. Throughout the pandemic the home had followed Government guidelines to help people stay connected to those close to them. This had included safe visits, phone and video calls. At the time of the inspection people were able to have unrestricted visitors.
- People were supported to take part in activities at the home and some groups were returning to provide entertainment and social stimulation to people. Church groups, entertainers and school children had begun to be a regular feature in the home again. One person told us how much they were missing visiting entertainers. They said, "Activities aren't what they were. Mind you I think we are all getting too old to want to do much." One person told us, "There's notices all around, with dates when things are on."
- An activity worker was employed at the home to support people with social stimulation and organised activities. However, much of this staff's time was spent assisting one person who needed support to access activities in the community. This meant there was less time available to support people who were unable to leave the home or being cared for in their rooms. We discussed this with the registered manager who gave assurances that action would be taken to rectify this.
- Some people told us they preferred to occupy their time with their own interests. One person said they enjoyed watching DVD's and another person told us they liked to do quizzes and word search type activities provided by the activity worker.

Improving care quality in response to complaints or concerns

- The home had a complaints policy and all complaints made were investigated. Where shortfalls were identified then action was taken to ensure that improvements were made. This had included supervisions with staff members, and where appropriate, disciplinary action.
- People said they would be comfortable to make a complaint if they were unhappy with their care or treatment by staff. One person said, "If I wanted to complain I would find someone to complain to. I don't have any complaints though."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Continuous learning and improving care

At the last inspection we found that the systems in place to monitor quality and drive improvements had not improved sufficiently to make sure they led to improvements in the care and support people received. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found that improvements had been made and they were no longer in breach of regulation 17.

- Since the last inspection a new registered manager had been employed. They were experienced and had the skills required to manage the home.
- People lived in a home where the provider and registered manager had improved the way audits were carried out and ensured that actions were taken to address shortfalls.
- There was an action plan in place for the home which ensured that care, support and the environment were continually improved.
- The registered manager had a good oversight of the needs of people and the care provided. Staff felt well supported and thought the registered manager was very approachable.
- There was a staffing structure which gave clear lines of accountability and responsibility. There was always a registered nurse on duty who monitored people's health and well-being.
- The registered manager understood their responsibilities and kept the Care Quality Commission informed of all significant incidents at the home.

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

- People were very happy with the care and support they received. Comments included, "I love living here. I think because it's normal. Nobody tries to be perfect, it's a home like your own home" and "It's fantastic. Couldn't wish for anything better, just fantastic."
- Staff provided care to people in accordance with their wishes and needs. All care was personalised to each individual and delivered in a person-centred way.

- People felt they continued to have control over their day to day lives and were able to make choices about how they lived. One person told us, "Everything is what I want."
- People were cared for by staff who were happy in their jobs. This helped to create a happy and inclusive atmosphere for people to live in. One member of staff said, "I love working here. It's a lovely place and the residents always come first."

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 and provider were open and approachable. One member of staff said, "You can always go to the manager. You would always be listened to." People said that they would always talk to someone if anything worried them.
- The registered manager and provider undertook investigations when things went wrong and worked with other professionals, such as the Local Authority Safeguarding Team, in a transparent way.

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

- Staff worked in partnership with other professionals to make sure people received the care and treatment they needed. This included regular meetings with other professionals to enable staff to discuss individual concerns and more general issues.
- The provider sought the views of staff to enable them to influence the running of the home and be involved in changes. Staff were able to share their views through one to one supervisions and team meetings.
- The provider encouraged people and visitors to share their views on the home. There were posters around the home requesting feedback.
- Following the relaxation of COVID-19 restrictions the home was opening up to the community to help people stay connected. This included visits from church and school groups.