

Larchwood Care Homes (South) Limited

Great Horkesley Manor

Inspection report

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Great Horkesley
Colchester
Essex
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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

Great Horkesley Manor is a residential care home providing personal care and accommodation for up to 73 older people in one adapted building. The service is located in the village of Great Horkesley. The premises are set out over two floors and consists of three units, Wing, Willow and Chestnut a dementia care unit. At the time of our inspection there were 37 people living at the service.

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

Since the last inspection there had been a change in manager. There was an improved open and transparent culture within the management team which was demonstrated throughout the inspection. The manager, provider and staff were enthusiastic and committed to further improving the service for the benefit of people using it.

We found a number of improvements had been made since the last inspection. Steps had been taken to protect people from risks associated with inadequate staffing levels, safeguarding people from abuse and improper treatment, staff's unsafe practice and the management of people's medicines.

There were improved governance systems with regular quality assurance checks and audits in place. People's experience of care and support were at the core of these systems. Where issues were found, action was taken promptly to ensure improvements were made. Where external quality and safety audits had identified shortfalls, action plans were in place to rectify and reduce risk of harm.

We identified further improvements were still required to the standard of care plans to ensure planning for meeting the needs of people at the end of life and ensure effective monitoring for people at risk inadequate fluid intake and with a catheter in place.

Some aspects of the home environment had improved since the last inspection. There was ongoing refurbishment work to improve communal areas and improvements to sluice rooms completed. Further work was required to improve lighting in communal areas and replacement flooring. We were reassured these improvements were scheduled within the service improvement plan.

People told us they felt safe and staff knew how to identify and report concerns relating to people's safety. Risks were assessed and managed to reduce the risk of avoidable harm. People received support to take their medicines safely.

There were enough staff available to meet people's needs. Staff were safely recruited. Staff received training relevant to their role.

People were asked for their consent before care was provided. 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 were supported by a staff team who knew them well and understood their needs and preferences. People and their relatives were involved in the assessment and planning of their care. People were supported to participate in activities and follow their own interests. People knew how to raise a concern if they were unhappy with the service they received. Systems were in place to ensure complaints were investigated and where improvements were needed action plans were in place.

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

Rating at last inspection The last rating for this service was Requires Improvement (published 21 September 2018). There were multiple breaches of regulations 9, 12, 13, 17 and 18. Following our inspection we met with the provider to discuss our findings. The provider told us what they would do and by when to improve. They followed this up with an action plan which included timescales for compliance. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit

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 ●

Great Horkesley Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two Inspectors, one Assistant Inspector and one 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

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

Since the last inspection there has been a change in manager. The current manager has submitted their application to register with the Care Quality Commission. A registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with 11 people who used the service and seven relatives about their experience of the care provided. We spoke with ten members of staff including the manager, regional manager, deputy manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records including medication records. We looked at staff training and four staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the oversight and management of the service.

Is the service safe?

Our findings

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

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

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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- Risk assessments detailed people's individual risks such as, mobility, risk of falls, malnutrition and managing behaviours that may present a risk to the individual and others.
- Further work was needed to ensure robust assessment and monitoring for people with a catheter in place. Daily notes did not always evidence weekly bag changes had taken place for everyone with a catheter. We also noted not everyone with a catheter in situ had their daily fluid intake monitored as per their care plan. We discussed this with the management team who reassured us a system to improve monitoring would be put in place immediately.
- People had personal emergency evacuation plans known as PEEPS. These were used to inform staff and emergency services in how to support people to evacuate the building in the event of fire or flood.
- Staff received health and safety training including what action to take in the event of a fire. Staff gave examples of how they supported people to prevent the risks of falls, first aid and the monitoring of inadequate food and fluid intake.
- Risks associated with the safety of the environment and equipment were identified and managed. Audits did not include checks on walking frames and wheelchairs to ensure people's safety. We found wheelchairs with ill-fitting foot plates, foot straps missing and walking frame Ferrell's worn which presented a risk of falls. We discussed this with the manager. They took immediate action to put in place audit checks on equipment and ordered replacement parts where needed.
- Scheduled checks of the premises were carried out to ensure that ongoing maintenance issues were identified and resolved, such as legionella, fire and electrical safety. A recent visit from the local authority fire service in July 2019 did not identify any shortfalls.
- Maintenance issues were logged and prioritised each day.

Using medicines safely

- Processes were in place for the safe keeping and timely ordering and supply of medicines. Staff completed training to administer medicines and their competency was checked.
- We carried out an audit of stock against medicine administration records for six people and found these tallied.
- Where people received 'as and when required' (PRN) medicines staff had clear instructions which described why these medicines had been prescribed, how people liked to take them. Staff did not always record the reasons why PRN pain relief medicines had been administered according to the provider's policy. Senior staff responsible for oversight of medicines told us staff would be reminded of the need to ensure this information was recorded.
- Creams and lotions were administered by care staff. Body maps with information as to what creams and lotions had been described did not inform staff where these were to be applied. Senior staff told us this would normally be in place but had been missed for this month's cycle. By day two of our visit action had been taken to rectify this.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure people were safeguarded from abuse.
- Staff were trained and both they and the registered manager demonstrated their understanding of how to raise safeguarding concerns appropriately in line with the provider's policy and local authority protocols.
- Where concerns had been raised the service worked in partnership with health and social care professionals to ensure people's safety.
- People and their relatives told us they felt safe and free from any bullying or discrimination from staff. One person told us, "I feel safe with all the staff, not one of them would I be afraid of." Another said, "There's a very friendly atmosphere here. I know if I am worried about anything they will help me. I am comfortable with all the staff. Not so keen on agency staff because they don't know you like the regular staff do so I can feel a little hesitant with them."
- Safety checks were carried out on agency staff by the employing agencies and confirmed by the service.

Staffing and recruitment

- At our last inspection, we found there was insufficient numbers of staff available to meet people's needs at all times. At this inspection we found improvement.
- People and their relatives told us there was enough staff to meet their needs. One person said, "I feel safe here. I get a good night's sleep and when I get up in the morning there's people who are ready to help and if you need someone there's always someone there."
- A relative told us, "We visit every day. The staff are good, but there hasn't always been enough of them. If there's lots of agency staff and staff keep changing they don't always understand [person's relative] needs, but that's been improving lately and we don't have any concerns about staffing at the moment."
- There were enough staff on duty during our inspection to meet people's needs. Staffing levels were based on individual needs using a dependency tool.
- Staff were deployed to ensure personalised, one to one care support was provided where this had been assessed as needed.
- Registered services are required to undertake checks to protect people from the employment of unsuitable staff. We found most of these checks had been completed for new staff. We identified one member of staff working at the service with a ten year gap in employment history which had not been explored.
- Following our feedback, the provider told us they would ensure this would be investigated.

Preventing and controlling infection

- People told us they were happy with the standard of cleanliness in their rooms and staff told us there was always personal protective equipment available.

- Not all areas of the service were free from offensive odours. The manager and regional manager told us carpets in need of replacement had been identified and plans were in place to replace carpeting throughout to rectify this issue.
- Staff had been provided with infection control training. Protective clothing such as aprons and gloves were readily available for staff and worn.
- A recent visit from environmental health had awarded the service five stars with no shortfalls identified.
- Sluice rooms had been refurbished since our last inspection with stainless steel equipment to provide easy clean equipment to reduce the risk of cross infection.
- The provider audits monitored infection incidents and trends. Where concerns had been identified action plans were put in place to protect people from the risk of acquiring infections.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- The provider monitored and reviewed accident and incidents across all their services. Their audits reported on trends and identified high risk areas from the data submitted by their services..
- Action plans were put in place with timescales to reduce the risk of harm to people.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved 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

- Prior to people moving into the service, a needs assessment in line with best practice was undertaken by a member of the management team. This was done in consultation with people and, their representatives. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Staff described how they would make appropriate referrals and action the advice provided from specialists such as dieticians, mental health teams and speech and language therapists.

Staff support: induction, training, skills and experience

- Staff received training to ensure they were competent and skilled to support people with their individual needs.
- New staff were provided with shadowing opportunities, induction training and undertook the care certificate. This is a recognised set of standards for staff working in care.
- Staff described how they were supported with induction training and provided with a 'buddy' to provide mentor support. This enabled them to understand and, equip them to fulfil the roles for which they were employed.
- Staff received supervision to enable them to review their practice and consider any training needs.
- Training provided was a mixture of on-line with some face to face elements. Staff access to on-line training was monitored with reminders sent to ensure staff completed all required training.

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

- People's nutritional needs had been assessed and professional advice obtained when needed.
- People at risk of losing weight, were weighed regularly and staff monitored their dietary intake.
- People were provided with a choice of nutritious food and drink.
- People were mostly positive about the food provided. One person told us, "The chef in the kitchen is really great, he comes and asks you if you are happy. Some days are better than others, I suppose you can't please everyone." Another person told us, "The food is fine here and I enjoyed the lunch today. As long as they keep going with what they're doing I'll be pleased. It's very good and if I want eggs, I can always have them."
- Meals were pleasantly presented. People were supported to exercise choice as to where they ate their meals.
- Dining rooms during the lunchtime period had a relaxed atmosphere. People were provided with a choice of meals, a choice of drinks. Alternative meals were offered if people did not want what they had previously

chosen from the menu.

- People had access to drinks regularly throughout the day as well as snacks.

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

- The environment was purpose built and well laid out with enough communal space to meet people's needs.
- People's bedrooms had been personalised. Adaptations had been made to the building enabling people to move freely around the premises, including those who used wheelchairs. Handrails were situated in all corridors and we observed people using these to help them move around the service safely.
- There was an ongoing plan for refurbishment of the building. We observed current works in progress to improve two communal rooms.
- Lighting in some corridors and communal spaces was insufficient and could put people at risk of falls. We discussed this with the regional manager who told us improvements to lighting had been identified as needed and was included as part of the current year refurbishment plan for the service.
- People had access to outside, secure spaces with seating areas and raised vegetable and planting areas.

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

- The provider had recently implemented an oral health policy. This provided staff with guidance in assessment and care planning to ensure people's oral health care needs were met. We noted assessments of people's needs had not been carried out as per the provider's policy. We discussed this with the manager and regional manager. By the second day of our visit action had been taken to assess everyone using the service with oral health care plans put in place. Contact had also been made with a community dental service to provide people access to regular dental check-ups.
- Where people required health or social care services, staff made referrals and liaised with professionals to attend appointments and request assessments. For example, referrals and access to chiropodists, opticians, continence advisors, GP's and community nurses.
- Staff told us they worked well as a team and described the handover process where they communicated people's changing needs.

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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- An assessment of people's capacity to make specific decisions and best interests were documented. Quality audits had identified further work was needed to improve capacity assessments and plans in place

to improve this.

- Discussions with the manager demonstrated they recognised when people were being potentially being deprived of their liberty and applications had been made for legal authorisation where required.
- Where DoLS applications had been submitted to the local authority, some applications had been approved and others were periodically followed up.
- People told us staff offered them choices as to how they spent their time and sought their permission before providing support.
- Staff told us they had completed training in understanding their roles and responsibilities in relation to the MCA and DoLS.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved and has now 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

- Staff interacted with people in a friendly, relaxed and sensitive manner. Our observations of care, review of records and discussion with the manager, staff and people demonstrated people were treated with kindness and respect.
- Everyone we spoke with was positive about the manager and staff and told us staff were kind, friendly, respectful and polite. One person said, "There's a very friendly attitude throughout here. It's a very pleasant place to live. I could go anywhere here, and they would be friendly to me at all times. The staff are respectful. They know what they're doing, and I would trust them. I feel wanted here."
- When asked about what the service did well? One relative said, "It's the way that they communicate with [person's relative] and communicate with me. They're good at understanding both of us, kind and respectful. They [staff] always keep us informed of any changes or concerns."

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

- People were provided with opportunities to feedback their views as to how the service was run.
- 'You said, we did' comments and suggestions forms were provided to encourage people to share their views as to the quality of care and suggestions for improvement. The manager responded to comments and suggestions with actions they had taken in response. This included suggestions to, 'Improve the driveway, produce a newsletter and provide consistent staffing'.
- People were encouraged in residents' meetings to air their views in the planning of menus and social activities.
- People and their relatives told us family and friends were able to visit without restriction and, where appropriate, involved in the planning and review of care plans.
- There was limited information about people's life history, religion, culture and sexuality. The management team told us they had recognised this as an area of care planning that needed improvement.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were always respectful in the way they supported them. Staff said they promoted people's privacy and dignity by providing personal care in private. One person told us, "The staff are obviously well trained, the way they give a little knock on the door and talk nicely to you, with respect when they're helping you. I'm fed, watered and pilled and I have my book and I am comfortable here."
- Some people could wash and dress themselves without support and staff encouraged this independence

and it was reflected within care plans. One person said, "The staff are very good; they do the very best for you. They encourage me to do what I can for myself, this is good for me, otherwise you would just give up wouldn't you." Another said, "I like to do things for myself and I can do most things. They [staff] encourage me to keep on doing what I can for myself. It is good for me."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved and has now 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

At our last inspection the provider had failed to safeguard people from the risk of abuse. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At our last inspection we found a lack of information in relation to the care of people with indwelling catheters and those at risk of acquiring pressure ulcers. At this inspection we found improvement with more detailed personalised care plans, which provided staff with the guidance needed to maintain people's health and wellbeing.
- The management team had identified in quality audits areas where further work was needed. This included, more detail needed in capacity assessments.
- Feedback from people varied regarding their involvement in the care planning process. Some people were aware of their care plans and others told us they were not.
- Staff recorded statements in daily logs such as, 'all personal care given' or 'assisted with personal care' but did not always provide a description of what that support consisted of. It was not always evident in care plans people's preference for either a bath or a shower and how often they wished to receive this support. We discussed this with the manager who told us this would be raised with staff and included in future training sessions and management monitoring.

Meeting people's communication needs

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

- Staff were provided with guidance in care plans which described how best to support people with sight and hearing impairment. This included information in relation to the use of hearing and visual aids.
- Staff spoke slowly and gave people time where individuals found decision making difficult. We observed staff checking people's hearing aids were working and if batteries needed replacing. This helped people to

understand and communicate their needs with staff.

- Some signage helped people to locate their way around their service.

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

- Activities were tailored to meet people's individual needs, preferences and interests. The service employed two activity organisers, who along with other staff, were proactive in finding out what interested people and what would encourage them to take part in activities.
- There was a range of activities on offer, both within the service and in the community, to help prevent people becoming socially isolated and to keep people active.
- A weekly plan of activities was distributed to people and were made available on notice boards. These included activities such as, arts and crafts, gardening, a gentleman's club and visiting entertainers. Community trips to a local cinema for dementia friendly screenings were enjoyed.
- The manager told us they had been working to improve links with the community. Links had been formed with the British Legion who visited the service for joint lunches for reminiscence with army veterans and participate with people in joint games of pool. A local school group of children visited the service to participate in joint activities with people who used the service.
- The manager and staff also worked in partnership with Essex County Council 'Friends and Neighbours' network to provide opportunities for people to benefit from community activities. As a result, one person living with dementia had attended a local music festival. Staff told us this person had enjoyed a wonderful experience which gave them a sense of wellbeing and lively conversation for days after.
- Another person had a wish to have an opera singer visit. In response a professional mezzo soprano was organised to visit and entertain a group of people. Staff told us, "The whole unit was captivated by this and for some this was a completely new experience." And, "This created a lovely positive atmosphere and people really enjoyed the occasion."
- Newsletters had been developed which show cased events people had been involved in these were made available to people.

Improving care quality in response to complaints or concerns

- The provider's complaints and feedback procedure were visible and available to people who used the service and others.
- Where complaints had been received these had been investigated and reviewed by the management team and resolved where possible with a clear audit trail of actions taken in response.
- People told us they would feel confident to raise any concerns. One told us "I can go to any of the staff including the manager and know they will listen to me if I was concerned about anything."

End of life care and support

- At the time of the inspection one person was receiving end of life care from the service.
- Care plans showed some people had been consulted as to their wishes if they should need end of life care. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders were in place for people who had expressed a wish not to be resuscitated.
- There was limited information in care plans which would indicate consideration had been to the person's emotional as well as physical wellbeing to support a good death. This had been identified by the management team as an area which needed improvement.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved and has now 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.

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

At our last inspection the provider had failed to ensure governance systems were effective in monitoring the quality of the service and safety of people who used the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection there has been a change in manager. A new manager had been appointed in April 2019. They had previously worked at the service as the deputy manager. Their application to become registered with CQC was being processed.
- There was an improved organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The manager demonstrated an in-depth knowledge of people's needs and those of the staff team.
- There were improved governance systems with regular quality assurance checks and audits in place. People's experience of care and support were at the core of these systems. Where issues were found, action was taken promptly to ensure improvements were made. Where external quality and safety audits had identified shortfalls, action plans were in place to rectify and reduce risk of harm.
- Staff spoke with pride about working at Great Horkesley and were positive about the change in management.
- One member of staff said, "The place has been transformed since you [Inspector] were last here. It is a much nicer place to work, less stressy. The new manager really cares about the people who live here, and the staff, we work better as a team now." Another told us, "I have worked here for a long time and the change of manager has meant a big improvement. We are more organised, things don't keep chopping and changing which means we are much clearer about what we are supposed to do, I am much clearer about my role."

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

- People staff and relatives told us there was an improved open and transparent culture within the

management team which was demonstrated throughout the inspection. The manager, provider and staff were enthusiastic and committed to further improving the service for the benefit of people using it.

- One person told us, "The manager is a lovely person and you can go and talk to her whenever you like." A relative told us, "The atmosphere in this home has been transformed. It is much calmer and staff more settled. Things are improving. The new manager has improved the staff morale which benefits the people who live here. " Another told us, "The home has a good vibe since the change in management, it's a much more relaxed atmosphere. This manager is more approachable, more proactive, quicker to deal with any query. She listens more and grasps what I have to say."

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 manager kept an overview of all accidents, incidents, safeguarding and complaints. These were reviewed by the provider to ensure correct action had been taken and to identify any lessons that could be learned.
- The manager had notified CQC of significant events such as safeguarding concerns.

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

- People, their representatives and staff were encouraged to contribute their views on an ongoing basis. Where people made suggestions to improve the quality of care in residents' meetings, surveys and care reviews, action plans were put in place in response.
- The provider and representatives of the provider visited regularly to carry out quality and safety monitoring which involved talking to people who used the service to gain their feedback.
- Staff told us they were fully informed of changes and, encouraged to share ideas to improve team working and people's experience of the care and support provided.
- There was a system to ensure staff received the training they needed to meet people's needs. Where updated training was due, staff were informed of this and record of completion was kept under review to make sure it was done.
- The provider had developed an open culture and lessons were learned when issues had happened. Learning was shared between the provider's services with action plans to reduce the risks of similar happening in the future.

Working in partnership with others

- Feedback from stakeholders involved with the service were complimentary and cited improved, positive and effective working arrangements. One visiting health professional told us, "This is one of my favourite care homes to visit. They are quick to report to us where nursing input is needed and responsive to our guidance. This is a well-run home. We do not have any concerns."