

# Achieve Together Limited

# Pendean Court

## Inspection report

16 Pendean Court  
Barras Cross  
Liskeard  
Cornwall  
PL14 6DZ

Tel: 01579340230

Date of inspection visit:  
03 May 2023  
04 May 2023  
12 May 2023

Date of publication:  
22 June 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Pendean Court is a residential care home providing personal care for up to 8 adults who have a hearing loss, some of whom may have a learning disability or a physical disability. At the time of the inspection 6 people were living there.

Pendean Court is a detached, single-storey service that is fully wheelchair accessible and adapted to suit the needs of people. Each person has their own en-suite bedroom and access to communal areas and a garden. Pendean Court is situated in Liskeard, Cornwall.

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

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.

The service was not able to demonstrate how they were meeting some of the underpinning principles of "Right Support, Right Care, Right Culture.

Right support:

The service is staffed by a small staff team who know people well. Staffing levels had increased which meant people's physical care and social needs were now met.

Staff supported people to make choices about their daily lives and engage in activities, that were tailored to their individual needs and promoted their independence. People were supported to maintain and develop relationships.

Staff had attended communication training in British Sign Language and Makaton. This meant staff were able to communicate with people and understood their individual communication needs.

Staff demonstrated an understanding of people's individual care, behavioural and communication needs. This helped ensure people's views were heard and their diverse needs met.

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.

Staff were recruited safely. The staff team had the appropriate levels of knowledge and skills to support people and responded to their individual needs and choices. Staff were supported by a system of induction, training, and the re-introduction of supervisions, appraisals and staff meetings.

People received their medicines in a safe way and were protected from abuse and neglect.

#### Right care:

People and relatives were complimentary about the changes at the service. Comments from people included, "You don't have to worry about me now" and "I like living here". Relatives commented, "I have no worries I'm much happier with the care."

The manager had implemented a new care plan format that included information about people's individual needs, routines, and preferences. This care plan directed, informed, and guided staff in how to meet a person's care needs. The manager assured us this care plan format would be introduced for all people they supported.

Other records such as communication plans and risk assessments were also being reviewed to ensure they reflected people's current communication and care needs.

It was recognised that people's care needs were being met but records still required improvement.

There was a strong person-centred culture within the staff team. Positive behaviour support plans had been developed for some people, to help staff understand how to support someone in distress, and provided guidance to ensure consistent approaches were used when supporting them.

People received good quality person-centred care that promoted their dignity, privacy, and human rights. Staff were observed talking to people in dignified and respectful way.

#### Right culture:

The staff at Pendean Court were committed to ensuring people were leading the lives they wanted. Staff created an environment that inspired people to understand and achieve their goals and ambitions.

People led lives that reflected their personalities and preferences because of the ethos, values, attitudes and behaviours of the management and staff. People were treated with dignity, respect, and care.

People, relatives, and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

#### Mental Capacity Act

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

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.

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 10 November 2022). At our last inspection we found breaches of the regulations in relation to governance, communication, activities, and staffing. The provider completed an action plan after the last inspection to tell us what they would do and by when, to improve.

At this inspection, we found the provider remained in breach of a regulation.

#### Why we inspected

We undertook this targeted inspection to check whether the Warning Notices we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The warning notice was served in respect of a lack of oversight of the service. At this inspection we found improvements had been made. However, the provider acknowledged that work to implement further changes, especially in regarding to documentation, remained in progress. We therefore have converted this to a requirement notice.

We also checked whether the Warning Notices we previously served in relation to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The warning notices were served in respect of a lack of communication and activities. At this inspection we found improvements had been made and the provider was now meeting this regulation.

We also checked if the Requirement Notice we previously served in relation to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. At our last inspection we found the provider had not ensured there were enough suitably qualified, skilled and experienced staff to provide support to people using the service. At this inspection we found improvements had been made and the provider was now meeting this regulation.

The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pendean Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement

We have found a breach of regulation in relation to governance at this inspection. Following the inspection managers told us about actions they had taken to mitigate risk.

Please see the action we have told the provider to take at the end of the full version of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Pendean Court

## Detailed findings

### Background to this 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 1 inspector and a British Sign Language interpreter.

#### Service and service type

Pendean Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under 1 contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

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

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the 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 reviewed information we had received about the service since

their registration. We used all this information to plan our inspection.

During the inspection

Inspection activity started on 3 May 2023 and ended on 12 May 2023.

An unannounced inspection visit was carried out by 1 inspector and a British Sign Language (BSL) interpreter on the 3 May 2023. We visited the service and spoke with five people about their experience of the care provided.

The inspector visited the service on the 4 May 2023 and met with the regional manager, manager, deputy manager and spoke with 5 staff. We reviewed the providers care records and documentation.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service and quality monitoring systems.

We spoke with 3 relatives and a health and social care professional about their experience of the service on the telephone. We received a further 2 emails from health and social care professionals and 2 emails from staff.

# 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 we have rated this key question good.

This meant people were safe and protected from avoidable harm.

At our last inspection we found the provider had not ensured there were sufficient numbers of suitably qualified, skilled and experienced staff to provide support to people using the service. 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 improvements had been made and the provider was now meeting this regulation.

### Staffing and recruitment

- Since the previous inspection the provider had reviewed its staffing levels to ensure that it could meet people's needs. This led to an increase in care staff from 2 to 4 staff daily, plus the creation of a domestic post. A deputy manager and manager had also been employed. At night, 2 waking staff were on duty. This meant there were sufficient staffing levels in place to meet people's current needs.
- People told us they were pleased with the increase of staff and felt there were always sufficient staff on duty. Comments included, "More staff, its better." People told us, and we saw, staff responded in a timely manner when people called for assistance.
- Relatives were pleased with the increase in staffing levels. Comments included, "The increase in staff has helped a lot, they are getting more support."
- Staff told us they felt staffing levels had 'improved' as they had more staff on duty which gave them the opportunity to spend, time with people, plus support people with their activities in the community.
- Rotas confirmed that enough staff were always on duty to meet people's current needs.
- The provider had actively recruited staff. The services recruitment practices were safe and all necessary pre-employment checks had been completed. The Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk from abuse

- People told us they felt safe and cared for. Comments included, "I am safe now" and "You don't have to worry about me." People were encouraged to report any concerns they may have about their welfare to the manager or staff.
- Relatives told us they felt their family members were cared for safely. Comments included, "I have no worries I'm much happier with the care."
- People were relaxed and comfortable with staff and had no hesitation in asking for help from them.
- The service had effective systems in place to protect people from abuse and staff understood what to do to make sure people were protected from harm.

- The service supported people to manage some aspects of their finances. We checked the monies for some people in the service and this tallied with finance records.

#### Assessing risk, safety monitoring and management

- People sometimes found it difficult to express themselves or manage their emotions. The manager had introduced some positive support care plans to support people when they became anxious. This meant there was some consistency in the approach used by staff.
- Staff knew people well and were aware of people's risks and how to keep them safe.
- The manager had implemented risk assessments so that people's safety and wellbeing was assessed and well managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines, and any other factors. This meant staff had guidance in how to manage people's care safely.
- The managers reviewed all accidents or incidents and ensured that action was taken to minimise future risks for people and staff.
- Safety plans were in place and accessible, these outlined the support people needed to evacuate the building in the event of an emergency.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.

#### Using medicines safely

- Since the previous inspection, improvements had been made in how staff recorded on the Medicine Administration Records (MAR) sheets. Staff now recorded the number of medicines they had received, the date or who had received them. Likewise, they recorded when a medicine had been administered, the date and by whom. This meant that the potential for medication errors had been minimised.
- If people needed 'as required' medicines (PRN), such as pain killers, staff now had access to PRN protocols. PRN protocols provided staff with information, direction, and guidance about when these medicines could be used. This meant staff had a consistent understanding when these medicines could be administered.
- A person administered their own medicines, to develop confidence in their independent living skills. A risk assessment was completed and recorded how the person would like the team to support them to manage their medicines. This was reviewed regularly.
- There were systems in place to help ensure people received their medicines safely and as prescribed. Only staff who had received training in how to support people with medicines administered them.
- The provider had policies in place to guide and support staff with the management of medicines and a robust system in place to provide oversight of medicines management.

#### Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- The service was supporting visits from families and friends.

#### Learning lessons when things go wrong

- The manager and deputy manager were new in post and wanted to learn from issues and incidents. The manager had developed an effective oversight of incidents that occurred at the service. They used this to identify areas of learning and improvement. They also took action to minimise the risk of reoccurrence where relevant.
- The service worked closely with other health and social care professionals to adapt and change the way people were supported.

# 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 we have rated this key question good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we found there was a lack of staff induction and training. 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 improvements had been made and the provider was now meeting this regulation.

### Staff support, training, skills and experience

- Some people living at the service had a hearing impairment. People were pleased that staff communication skills had improved following the last inspection as 80% of staff had attended communication courses in British Sign Language (BSL) and Makaton courses. However, people felt that whilst this was an improvement, they also commented, "Staff are good, but to make it great, learn sign language." The manager acknowledged that they were proactively looking at ways to ensure all staff had training in this area.
- People and relatives were complimentary about the staff support and their skills. A relative commented, "[Person name] uses sign language BSL. Over the years staff have come to me and asked me what [person's name] signs are. [Person's name] also lip reads. Staff are learning sign language." Relatives were pleased that an emphasis on BSL and Makaton training had occurred to aid in communication.
- Following the previous inspection there had been an improvement in the delivery of staff induction and training. A plan was implemented to ensure new staff had access to an induction and all staff had access to relevant training. Staff confirmed they had a positive induction and had received "A lot" of training. The Induction and training matrix evidenced that the manager had oversight and was monitoring staff's performance, to ensure they were up to date with best practice.
- The manager was new to the post, and the deputy manager had been employed for a month. The deputy manager had implemented a timetable where staff would be provided with opportunities to discuss their individual work and development needs. Staff meetings and one to one meeting's provided staff with the opportunity to raise any issues and share ideas.
- Staff told us they felt very supported by the new management team and had access to a range of training to support them in their roles.

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

- There had been no new admissions to the service since 2018. There were two vacancies at the service. The provider stated the vacant beds would not be filled at this time as they want to embed the new systems and changes to continue to improve the quality of care before they would consider new admissions.

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

- A speech and language assessment (SALT) in respect of a person's diet had been undertaken. Due to the person's health needs changing, the most recent dietary plan was held on staff handover notes so that staff had the up-to-date information to hand. Staff were able to explain to us the person's current dietary needs. Continuous assessment was ongoing, and the manager assured us that once finalised this would then be incorporated into the person's care plan.
- Comprehensive risk assessment in relation to choking on foods had been completed with SALT support. This meant staff had information, direction, and guidance in what actions to take to support the person to minimise the risk of choking.
- People were satisfied with the quality and quantity of food and drinks available. Some people were involved in menu planning and shopping.
- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- Staff respected people's beliefs and ensured that their diet reflected their views.

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

- People told us that staff contacted relevant health professionals for health check-ups and if they felt unwell.
- A person was an inpatient in hospital and staff were providing support to them during their hospital stay. Relatives commented "Staff supporting [person name] in hospital have been brilliant." The relatives added how this had assisted and improved communication for all agencies who were supporting the family member to ensure the person's care needs were met.
- People's health conditions were well managed, and staff engaged with external healthcare professionals for example GP's and speech and language therapists.
- Care records evidenced that staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being.

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

- People's rooms were personalised to their individual requirements. People told us they liked their rooms and had personalised them to reflect their interests and hobbies. One person told us of the plans they had to redecorate their room.
- The provider had invested in the property and had redecorated some areas of the home, with others still being completed. People told us they were involved in choosing paint colours, the décor, decorations, and furnishings in their home.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There was an outdoor space which people could access and use safely.
- The property was fitted with equipment such as overhead hoist equipment and grab rails for people to use in support of their independence.
- A maintenance list for works to be completed was in place so that the manager and provider were aware of what works needed to be carried out to ensure the premises was fit for purpose.

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. 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.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain deprivation of liberty safeguards (DoLS) authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff worked within the principles of the Mental Capacity Act (MCA) and sought people's consent before providing them with personal care and assistance. We heard staff asking people if they wanted assistance with their personal care and waited for the person to reply before supporting the person.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's best interests.

# 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 we have rated this key question good.

At our last inspection we found the provider had not ensured staff had access to care plans or communication plans so that staff did not have guidance, information or direction in how to support or communicate effectively with people. This was a breach of Regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

### Planning personalised care

- The manager had implemented a new care plan format that included information about people's individual needs, routines, and preferences. This care plan directed, informed, and guided staff in how to meet a person's care needs. The manager assured us this care plan format would be introduced for all people they supported. The manager was keen to ensure that people and their relatives were involved in the development of their care plan.
- People and relatives told us they were being listened to and that their views were being sought in how they wanted to receive support. They were aware that care plans were being updated.
- Staff were positive about the new format of people's care plans and their views had been sought in their development. They told us, "Care plans need work on them, some are out of date, but we know how to support people as we discuss it at handover, have the communication book and also as we are a small team and know people well." We attended a staff handover, there was good communication within the staff team and staff shared information appropriately, about people's needs.
- Whilst the development of care plans was in place, people told us that their care needs were met. This was also evidenced in the persons daily logs.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People and relatives told us that due to the increase in staffing this meant people were able to partake in activities in the service and in the community. People told us, "Staff will come out with me, and when I want to go." Relatives commented, "Staff levels have improved which means people can go out again - more staff, so there's more for people to do."
- Staff were positive about the improved opportunities for people to partake in activities of their choosing due to the increase in staffing levels. Staff told us that as people were able to partake in more activities this had led to a reduction of anxiety and boredom for some people.
- People were involved in a lot of activities. During the inspection some people went out for a walk, to the shops, completed artwork and socialised with each other and staff. People told us they had recently been swimming, been to the gym, pub, cinema, and other places of interest. This was also evidenced by photographs on display and in people's care records.

### 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.

- Some people living at Pendean Court had a hearing impairment. Following the last inspection staff had attended British Sign Language (BSL) and Makaton training. People, relatives, and staff all said that communication had improved.
- The manager was in the process of assessing each person's communication styles and would then formulate a communication plan. One had been completed and the managers aim was for each person to have a communication plan tailored to their needs.
- The manager was keen to learn new methods and techniques of communication and listened to advice provided by the BSL interpreter in how information could be presented in a more meaningful way. The manager took this onboard and on the second day of inspection it was evident that some changes to how information was presented on notice boards for example, had already been altered.

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

- People told us that if they had any concerns, they felt able to approach staff to discuss their issues with them.
- Relatives echoed this view and told us when they had raised a concern with the current manager, this was listened to, acted on and resolved.
- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.

# 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. The rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found the providers lack of leadership and oversight did not always support the delivery of high-quality, person-centred care. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

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

- There was no registered manager in post. The current manager commenced working at Pendean Court in December 2022. The deputy manager started in the last month. Pendean Court had experienced a turnover of managers and staff needed assurances that this management team would remain in post. The current manager informed us they would remain at the service and that following this inspection they would submit their registered managers application with the CQC.
- It is recognised that people's care needs were being met but records still required improvement, such as care planning and communication tools.
- The providers auditing systems identified 148 actions, some of which remained 'in progress' and not yet completed. These improvements and changes needed to be embedded into the service.

We found no evidence anyone had been harmed. However, the lack of registered manager, the failure to ensure records were accurate and up to date, and actions from the auditing system had not been embedded into the service contributed to a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had taken some action to make improvements to the service including the increase in staffing levels, staff support and training especially around communication.
- The managers worked alongside and supported the staff team as they implemented many changes to the home. Staff were positive about the changes made and identified that these changes had made a positive difference to their confidence, skills and wellbeing. They also identified that the standard of care had improved for the people they supported.
- Staff spoke positively about the manager and the newly appointed deputy manager. They felt their views had been listened to and felt more supported, for example the increase in staffing and that staff supervision

now occurred, handovers were more formalised, and staff meetings occurred. Staff morale had improved.

- The manager now had dedicated time to concentrate on managerial tasks. This was supported by the recent appointment of the deputy manager and due to the increase in staffing levels at the service.

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

- Management and staff were committed to their roles and had built positive and caring relationships with people.
- We observed that staff had good relationships with people, and they were treated well. Staff were committed to providing the best possible care and support for people and achieving positive outcomes for them.
- The culture within the service was open and centred on the people who used the service. People and staff had easy access to the management team when needed.
- Staff were complimentary about the leadership of the service. Relatives felt the service was managed well.

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 understood their responsibilities under the duty of candour. People and relatives were kept well informed of any events or incidents that occurred with their family member. A relative told us, "They phone me if [relative] has been poorly."
- The ethos of the service was to be open, transparent, and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The provider had notified CQC of any incidents in line with the regulations.

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

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

Continuous learning and improving care

- The management team were committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- Regular management meetings were held to support improvements to the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The lack of registered manager, the failure to ensure records were accurate and up to date, and actions from the auditing system had not been embedded into the service contributed to a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.