

Barleycroft Care Home Ltd

Barleycroft Care Home

Inspection report

Spring Gardens
Romford
RM7 9LD

Tel: 01708753476

Date of inspection visit:
06 October 2022

Date of publication:
10 November 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Barleycroft is a care home that provides accommodation, personal and nursing care for up to 80 people across three separate floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia. At the time of the inspection, there were 58 people using the service.

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

People had their care needs assessed before they began to use the service. Staff received training to give them the necessary skills and knowledge to help them meet the needs of people who used the service. 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 to maintain good health. The management team worked with health care professionals to ensure people's needs were met.

We have made a recommendation about staff supervision.

People's right to confidentiality was protected. Staff had built up good relationships with people and were familiar with their needs and preferences. They treated people with dignity and respect. People were encouraged to maintain their independence wherever possible. The provider was committed to challenging any form of discrimination it encountered. People were encouraged and had an opportunity to contribute and have their say about the care and support they received.

People received care that was responsive to their needs. Care plans provided staff with enough information to enable them to meet people's needs. Information on how to communicate with people was included in their care plans. There was an effective complaints system available. Comments and complaints people and their relatives made were responded to appropriately. People took part in activities to help ensure they were not socially isolated. They were supported to maintain relationships with their relatives.

We have made a recommendation about people's care records.

The manager had an open-door policy where people, relatives as well as staff could raise any issues or concerns they had. The provider was aware of when the CQC should be informed of events and incidents that happen within the service and the responsibilities of being a registered provider. There were systems in place to monitor the service and address any areas of improvement where needed. The provider had good links and worked closely with other health and social care professionals to ensure people received the care and support they needed.

Staff understood what abuse was and the actions to take if a person using the service were being abused. Risks to people were identified and care was planned to mitigate the risks. The provider had effective

recruitment procedures to make safe recruitment decisions when employing new staff. There were enough staff working for the service to meet people's needs. People were supported with their prescribed medicines by staff whose competency to administer medicines had been assessed. There were policies and procedures regarding the prevention and control of infection. The provider had a system in place to record and monitor accidents and incidents.

On the day of the inspection, the Wi-Fi connection at the service was working intermittently. This could have an impact on the care and support people receive. For example, there was a delay in people receiving their medicines on time as the provider used electronic medicine administration records. We discussed our concern with the nominated individual who acted immediately to rectify the issue. An appointment was brought forward with the IT company to visit the service and to resolve this on-going issue. The provider also sought advice from the GP as some people had not received their medicines on time.

We have made a recommendation about the provider's business continuity in the event of infrastructure disruptions.

Rating at last inspection and update

The last rating for the service was requires improvement (published on 25 February 2022) and there were breaches of Regulations 12 (safe care and treatment), 9 (person centred care), and, 17 (good governance). 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.

This service has been in Special Measures since 2 June 2021. This meant we kept the service under review and, we re-inspected the service within 6 months to check for significant improvements. During this inspection the provider demonstrated that improvements have been made. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Barleycroft Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by two inspectors, a specialist advisor, 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

Barleycroft 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post. A new manager had been in post since July 2022 and had submitted an application to register with CQC. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection. We reviewed the action plan the provider sent us. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 12 people's care plans and risk assessments, six staff files, staff rotas for permanent and agency staff, health and safety audits, and, medicine administration records (MARs). We also looked at Deprivation of Liberty Safeguards authorisations records and complaints records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with the manager, the deputy manager, two nurses, the chef, one kitchen assistant, eight carers, two activity coordinators and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with four people who use the service and four visiting relatives.

We were able to get the views of some people only due to their needs. 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 speak with us. Following the inspection, we continued to seek clarification from the provider to validate evidence found, such as policies and action plans. We spoke with 16 relatives to obtain their views of the service. We continued to seek clarification from the provider to corroborate evidence found.

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 changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, we found the procedures for administration of medicines were not being followed and left people at risk of not having their medicines as prescribed. 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.

- At our last inspection people had not always received their medicine as prescribed and the provider did not have robust systems to protect people from the risks associated with the management of medicines.
- At this inspection, we found medicines were managed consistently and safely in line with national guidance.
- The provider had introduced a robust system to ensure people received their medicines on time and as prescribed. They completed a daily check to ensure people received their medicines safely. This helped to identify any concerns and address any shortfalls.
- Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency.
- Medicine Administration Records (MARs) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines.
- MARs sheets were completed accurately and stocks checked tallied with the balances recorded.
- Staff followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines.
- Medicines were kept securely in locked trolleys. Only authorised staff had access to medicines for people who use the service.

Assessing risk, safety monitoring and management

- Risk assessments had been carried out to identify any risks to people, when providing care and support.
- Risks assessments covered areas such as nutrition, moving and handling, and, medicines management. This gave staff guidance on what action they should take to reduce risks and to keep people safe.
- Staff knew the risks to people and how to manage them to ensure people remained safe. The management team regularly reviewed the risks to people to ensure risk assessments remained up to date and accurate.
- Records confirmed that checks on the premises and equipment were carried out to ensure health and safety of people, staff and visitors to the service.
- People who used the service had a personal emergency evacuation plan (PEEP) which advised staff on the any assistance people needed in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse or harm and staff understood how to keep them safe and report any concerns they had.
- People told us they felt safe at the service and had no concerns on the way staff provided them with the care and support they needed. One person said, "Yes, I feel safe here it is pretty good." One relative told us, "[Family member] is safe. Overall, the care is very good."
- Staff were clear about their responsibilities to report concerns and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. They had safeguarding training and knew how to recognise abuse. One member of staff told us, "I will report any concerns to the manager."
- Staff knew how to escalate any concerns that they might have to external agencies. A whistle blowing procedure was also in place and staff were confident to use it.

Staffing and recruitment

- There were enough staff employed to meet the needs of the people using the service. One relative told us, "There are always staff around when I visit." Another relative said, "They do have quite a lot of agency staff working in there."
- The manager explained that they did use agency staff. However, they had the same group of agency staff and this helped to ensure people received consistent care and support from staff who knew them.
- Systems were in place to ensure there were sufficient numbers of staff available depending on people's needs. Most staff felt there was enough staff on duty. We looked at the staff rotas for one floor for the previous four weeks and noted the number of staff on duty reflected what the manager told us during our inspection.
- The provider had effective recruitment procedures to make safe recruitment decisions when employing new staff.
- We looked at staff files and saw checks had been undertaken before new staff started working for the service. We saw evidence of identity checks, references being taken, criminal records check and right to work in the United Kingdom. This ensured people who used the service were not exposed to staff that were barred from caring for vulnerable people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Learning lessons when things go wrong

- Records showed that accidents and incidents were recorded in detail and these were investigated by the manager to prevent or minimise them from happening again. This helped to ensure people remained as safe as possible. Where necessary, measures were put in place to avoid any repeat events.
- There was an on-call system in place so there was always a member of the management team available. Procedures were in place for staff to follow in an emergency.

- We noted appropriate actions were taken to ensure the people remained safe till the emergency services arrived. For example, staff observed people for any bleeding if they had a fall and also had their heart rate and blood pressure monitored.

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 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
At our previous inspection in February 2021, we found the provider did not always carry out appropriate assessments to ensure the service could meet people's needs. 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 in December 2021, we were not able to look at this area as there had not been any new people admitted to the service. However, we have noted that the management team had reviewed the needs of people who were currently at the service to ensure these were identified and met accordingly.
- At this inspection we noted that before people started to use the service, the manager carried out an assessment of their needs. The assessment included all aspects of care, such as the person's mobility, their nutritional needs, personal hygiene care, communication, medicines, lifestyles, beliefs and cultural background. This meant people received support from staff who understood their needs and how to support them.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate and relevant training.
- Relatives told us that staff knew what they were doing. One relative said, "The staff are very good, overall, the care is very good."
- The provider had a training programme for all staff to complete to ensure they had the skills to meet people's needs. One staff member said, "We do a lot of training here."
- Records showed that staff had received training in a number of key areas relevant to their roles. Staff had received training in fire safety, the Mental Capacity Act, moving and handling, infection control, safeguarding, equality and diversity, dementia awareness and food safety.
- New staff received an induction, which covered their familiarisation with the service, the people who used it and the policies and procedures of the provider.
- Staff were given appropriate support which helped to ensure they were able to provide effective care. However, we noted not all staff had received a formal supervision meeting recently. This was discussed with the manager. The manager started work at the service in July 2022 and had identified supervision meeting and annual appraisal to be taken place for all staff as needed.
- Following the inspection, the provider told us they have taken action to address the shortfalls we identified at the inspection.

We recommend that the provider follows best practice in supporting staff by providing regular formal supervision meeting.

- Staff told us they felt very supported by the manager and their deputy manager. One member of staff told us, "The manager is very supportive with any concerns we have."

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

- People's needs were met by the adaptation of the environment and appropriate use of equipment.
- People had access to different aids to ensure their needs were being met. For example, we noted there were assisted baths for people as well as walking shower rooms.
- The provider had replaced some of the fire doors and some flooring within the service. The garden had been made safe for people and a new area for people to smoke had been built.
- We were informed that some of the call bell points were being replaced. In the meantime, staff were carrying regular check on people to ensure they remained safe and a risk assessment was in place.

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

- Staff had received guidance and training to enable them to understand the requirements of the MCA and the Deprivation of Liberty Safeguards (DoLS). They understood the importance of people having the right to make their own decisions.
- People were able to make day to day decisions about their lives. For example, they were supported to choose what they would like to eat or how to spend their time as they wished.
- Staff ensured they gained consent from people before carrying out any tasks for example when assisting them with personal care.
- We noted the management team had appropriately sought authorisation for DoLS for some people living at the service, therefore protecting their human rights.

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

- People were supported to eat and drink enough to help keep them healthy. One person told us, "I enjoy the food, and can have something different to eat, if I do not like what is on offer." Another person said, "The food is getting better, today lamb pie."
- There was a list in the kitchen office which had the information about people's likes and dislikes, if they required food with a modified consistency, if they were diabetic or on food supplements. Food that reflected people's cultural background was offered.
- A Food menu was displayed in each kitchen unit and in the dining area so people were able to choose what they would like to eat.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live

healthier lives, access healthcare services and support

- The service had an effective working relationship with a number of health care professionals to ensure that people received co-ordinated care and support. One person told us, "The doctor comes in regular to visit."
- Staff monitored people's health and welfare and reported any concerns to the management team who made referrals to health care professionals where required. For example, we noted one person had difficulties swallowing food, the staff had arranged for a professional to visit to advise them accordingly on how to support this person.
- Information about the involvement of healthcare professionals in people's care was available in their care plans.

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 changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and encouraged them to do as much as possible for themselves. Care plans contained details of what people could do by themselves and where they needed support. This helped to ensure people did not lose their confidence.
- During our visit we saw staff interacting with people in a kind and friendly manner. There was a relaxed atmosphere within the service. People were comfortable in the company of staff who engaged with them.
- We noted staff asked permission before they entered people's rooms. However, we found one instance where staff went into a person's bedroom without seeking their permission. This was brought to the attention of the manager and the nominated individual.
- We saw people's bedrooms doors were closed when staff assisted them with personal care.
- The provider had a policy on confidentiality which staff were aware of. Staff knew not to disclose information to people who did not need to know. This helped to ensure that people's information was treated confidentially. All personal records were kept locked cupboards.
- We found information which was on personal computers such as care plans was password protected.

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

- Where people were able to, they were encouraged to contribute and have their say about the care and support they received. Otherwise, their relatives made the decisions on their behalf. One relative told us, "[Family member] has a care plan and I have been involved with that."
- Staff encouraged people to exercise their choice in areas such as how they wanted to be supported, or what activities they wanted to take part in.
- Relatives told us the staff kept them informed about any changes in their family member's health and well-being. One relative told us, "My [family member] had a fall and I was notified more less straight away, and I could not get to the hospital but they [staff] stepped in and went."

Ensuring people are well treated and supported; respecting equality and diversity

- People were not always well treated and supported.
- We received mixed feedback from people who used the service about how staff treated them. One person said, "The staff are good." Another person told us, "The staff do not talk to you much." This was discussed with the manager who stated that they had already planned a meeting with all staff to discuss feedback they had received from people who used the service and their relatives.
- People were respected and treated equally regardless of their abilities, lifestyle and beliefs. Staff had

received training in this area and had a good understanding of equality and diversity. People were called by their preferred name and this was noted in their records..

- A relative told us, "I think most staff are kind and caring, but others not so." Another relative mentioned, "The care staff are nice"
- Staff had a good understanding of the care needs for people who used the service. They were able to tell us what people did and did not like and how they liked to be supported.

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 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; End of life care and support

At our last inspection, we noted people's care was not always personalised. Care records did not capture people's needs and the action to take to meet identified needs. We also found people's end of life wishes were not always recorded. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement has been made at this inspection and the provider was no longer in breach of Regulation 9.

- At our last inspection people's preferences regarding personal care, such as whether they would prefer a strip wash, shower or a bath were not included in care plans.
- At this inspection we found there had been improvements made to the care plans. We found they contained sufficient information about the care and support people needed. This helped to ensure staff met people's needs. For example, in one care plan, it was clearly recorded on the action staff had to take when supporting the person with certain aspects of their personal care.
- People and their relatives told us the care and support provided by staff was good. One person said, "The staff are fine." A relative told us, "[Family member] has a care plan in place, and they (staff) do keep me updated of anything to do with [Family member]. The staff are good."
- We noted some information about people's mental health needs could be further improved. This was discussed with the management team.
- At the last inspection, we found people's end of life wishes were recorded. However, some of the information was not individualised. During this inspection, we found this had improved.
- People's end of life care wishes had been recorded and staff had received training in this area. This helped to ensure staff had the knowledge and skills to care and support people when they approach the end of their lives.

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.

- We saw support plans had information about people's communication needs.
- We saw staff had been provided with guidance on how to communicate with people. For example, one

care plan said, "When communicating with [person], use simple sentences due to their cognitive impairment and had a [medical condition] in the past."

- Information was made available in accessible format, for example, we saw the menu was in a picture format.

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

- People's social and emotional needs were taken into account. People took part in activities which they had chosen to help ensure they were not socially isolated. There was an activities timetable in place for people who used the service.
- Staff supported people to stay in touch with their relatives and to maintain relationships with the people who mattered to them. Relatives told us they could visit their family members and were made welcome.
- The activity coordinator told us that two weeks ago, people who used the service went on a trip to Southend. This was confirmed with relatives we spoke with. There were also two birthday parties arranged recently.

Improving care quality in response to complaints or concerns

- The provider had a system in place to record any complaints or concerns received. This included the details of the concern, actions taken and the outcome. One person told us, "The manager will come up every morning to see how we are and if we have any problems."
- Relatives told us that they were able to discuss any issues with the manager or their deputy. One relative said, "I have spoken with the new manager, I had a couple of queries, which they sorted out."
- There was a record was kept of any complaints and what had been done in response. People and relatives were given the contact details for external agencies which they could contact if they felt their complaints had not been resolved satisfactorily.

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 inadequate. At this inspection this key question has changed to 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.

Continuous learning and improving care

At our last inspection, we noted the provider had not always ensured that an accurate, complete and contemporaneous record was maintained in respect of each service user. The provider's audits and checks around the management of medicines were lacking. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement has been made at this inspection and the provider was no longer in breach of Regulation 17.

- At this inspection, we noted improvements had been made around to the audits and checks around the management of medicines, accurate record keeping, health and safety and people's preferences.
- The audits and checks regarding the stock of medicines were robust. Stocks of medicines were monitored closely and medicine records were kept accurately.
- The health and safety audits were now completed more thoroughly and any concerns around health and safety were dealt with appropriately.
- Care plans had important information about people's health conditions and were reviewed accordingly.
- The provider had introduced a new electronic system for care planning. However, some information was kept in the old care planning system. It was at times difficult to find if people had a care plan regarding their medical conditions, because of the two systems. The nominated individual was able to find the information in the old care planning system.
- The management team informed us that they were in the process of transferring all the information about people's care needs to the new care planning system.

We recommend the provider implement best practice to ensure people's records are easily accessible.

- During our inspection, the Wi-Fi network kept dropping and we were at times unable to access records such as care plans or medicines records. We were concerned that this could have an impact on people's care.
- We found that the provider did not have a backup system for when such issues occurred. This was discussed with the nominated individual. They contacted the company which installed the network system to attend as soon as possible to resolve this on-going issue. We saw correspondence where the company had agreed to visit the service following our inspection.
- Following our inspection, the provider had put a contingency plan in place to ensure people received their medicines on time if the Wi-Fi network fail to work properly again.

We recommend the provider implements best practice guidance to ensure business continuity in the event of infrastructure disruptions.

- People, staff and relatives spoke positively about the new manager and the deputy manager. One person told us, "I have met the new manager, they seem very nice and give you the impression they are listening to you." One member of staff told us, "The new manager is very approachable, and as recent I had to have some time off for personal reasons but was allowed it, and you can always discuss any problems you have with them. This goes for the deputy manager as well."
- Staff told us the manager was approachable and was easy to talk to if they had any issues to discuss.

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

- The manager was aware of requirements in relation to the duty of candour and conducted themselves in an open and honest way throughout the inspection.
- The manager understood their legal responsibility to be open and honest when something goes wrong and had responded accordingly where the duty of candour applied.
- The provider was aware of when the CQC should be informed of events and incidents that happen within the service and the responsibilities of being a registered provider.
- The provider had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines and was open and transparent in responding to any issues raised. They kept us up to date with any changes that happened at the service.
- Staff had a clear understanding of what was expected of them. They were aware who they were accountable to and understood their roles and responsibilities in ensuring people's needs were met.
- The provider had a range of policies and procedures in place that gave staff guidance about how to carry out their role safely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider ensured people and staff had an equal opportunity and were not treated differently or discriminated against because of their characteristics. Everyone had an equal chance to take up opportunities to fulfil their potential.
- There were staff meetings held where staff were able to share ideas with each other as well as contributed to the running of the service. Staff were encouraged to discuss any issues/concerns they might have during those meetings.
- Meetings were also held with relatives and this gave them an opportunity to share any issues they might have or anything they would like to discuss.

Working in partnership with others

- The staff team had good links and worked closely with other health and social care professionals to ensure people received the care and support they needed. They referred people to a range of professionals such as the GP when needed. This helped to ensure people's changing needs were met.
- The management team kept themselves up to date with best practice as far as health and social care was concerned. The manager regularly visited our website to make sure they were familiar with our regulations and to be aware of what was happening within health and social care. They also subscribed to various newsletters within the sector.