

Housing 21

Housing 21 – Dovecote Meadow

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Housing and Care 21-Dovecote Meadow provides personal care to people living in apartments on a shared site. The complex comprises 175 apartments across three buildings.

Not everyone living at Dovecote Meadow received personal care. The Care Quality Commission only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were 83 people in receipt of a service.

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

Everyone we spoke with complimented and praised the staff team and gave examples of the outstanding care that was delivered. One relative said, "Anything you ask they do, they bend over backwards to make [Name] feel comfortable. Staff are loving and so friendly."

The provider's vision and values were person-centred to make sure people were at the heart of the service. This vision was driven by the exceptional leadership of the registered manager.

Staff were highly skilled and knowledgeable about each person they cared for and they were extremely committed to making a positive difference to each person. They were enthusiastic and believed passionately in the ethos of the service. One staff member told us, "Staff work as a team and we are there to support people whatever they need. As people become more dependent we try to help them remain at Dovecote."

People were extremely well-cared for, relaxed and comfortable. Staff knew the people they were supporting very well and care was provided with exceptional patience and kindness. The service went to great lengths to ensure people's privacy and dignity were always respected.

People using the service, their relatives and staff were confident about approaching the registered manager if they needed to. They were extremely complimentary about the registered manager and the whole workforce. They recognised that their views were valued and respected by the provider who consistently used their feedback to support quality service development.

There was a very strong and effective governance system in place. Processes were in place to manage and respond to complaints and concerns.

There was clear evidence of collaborative working and excellent communication with other professionals to help meet people's needs and maintain their independence wherever possible.

The service was flexible and responsive to people's needs and was able to accommodate sudden changes

to them. Records were well-personalised, up-to-date and accurately reflected people's care and support needs. Care was completely centred and tailored to each individual.

Systems were in place to encourage positive risk taking to maintain people's independence. Risk assessments identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

There were sufficient staff employed. All people told us they felt very safe with staff support. One person commented, "I cut myself and staff were here like lightning."

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 access health care professionals when required. They received varied and nutritious diets.

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 good (published 13 January 2017).

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 as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Housing 21 – Dovecote Meadow

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 was carried out by an inspector 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 for older people.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that management would be in the office to support the inspection.

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 about their experience of the care provided and five relatives. We spoke with 13 members of staff including four assistant care managers, an assistant housing manager, one domestic staff member and seven support workers.

We reviewed a range of records. This included six people's care records and three medicines records. We looked at four staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. People and relatives told us people were safe and trusted staff. One person commented, "We feel comfortable, confident, care is there. Staff are around when you need them, it's a cushion."
- Staff had a good understanding of safeguarding. The registered manager and staff team were aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe. A relative told us, "[Name] is safe and well-looked after. I can go home knowing they're safe."

Assessing risk, safety monitoring and management

- Risks were managed and detailed risk assessments were in place.
- Staff were pro-active in identifying risks to people living in their own homes. Initial risk assessments were carried out with people when they began to use the service and staff continually monitored safety in people's apartments and took action to address any risks. A system for evaluating risk was in place.
- Where people required equipment to keep them safe, these were in place and appropriately maintained.

Staffing and recruitment

- There were sufficient staff to support people safely. Relatives and staff confirmed there were enough staff to support people and to ensure their needs could be met. One relative said, "When [Name] presses the buzzer, they don't have to wait long, staff come within three minutes."
- People received their care from a team of staff whom they knew well. People told us, "I always know who is coming" and "I have regular staff, new ones [staff] come with old staff and they are introduced."
- Staff stayed for their allocated time, were reliable and arrived as arranged. One person commented, "Staff always come. They tell us every morning who is coming. They don't leave early, they stay as long as they need."
- The provider used safe recruitment practices to reduce the risk of unsuitable staff being employed.
- People received support in the event of an emergency. Managers were contactable outside of office hours should staff require advice or support.

Using medicines safely

- Systems were in place for people to receive their medicines safely. One person told us, "Staff remind me and ask me if I've taken my tablets."
- Staff did not administer medicines until they had been trained to do so. Competency assessments were completed regularly to confirm staff had a good understanding in this area.

Preventing and controlling infection

- Staff received training in infection control to make them aware of best practice.
- Disposable gloves and aprons were available for use to help reduce the spread of infection. A person commented, "Staff always use the gloves and aprons in the bathroom."

Learning lessons when things go wrong

- A system was in place to record and monitor incidents to ensure people were supported safely.
- Any incidents were analysed to identify trends and patterns to reduce the likelihood of their re-occurrence.
- Safety issues were discussed at meetings to raise staff awareness of complying with standards and safe working practices.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 training about the MCA and understood the implications for their practice.
- People told us they only received care and support with their consent. One person said, "Staff telephone 111 for advice, if I'm not well, it's up to me, they will ask if they can phone the doctor."
- Where there were concerns about a person's capacity to give consent or make a choice the staff worked in accordance with the Mental Capacity Act. This included consulting with people, carrying out assessments of capacity and acting in their best interests.

Staff support: induction, training, skills and experience

- Staff members received training that helped maintain their skills.
- New staff received a detailed "Carers Tool Kit" of guidance when they started work as part of their comprehensive induction. They also completed the Care Certificate and worked with experienced staff members to learn about their role. One staff member said, "I shadowed two staff for five days when I started working here."
- People were supported by staff who received ongoing training that included safe working practices. A staff member said, "There is an excellent training programme for all staff. There are many opportunities to help improve practice and personal development."
- People received care which was appropriate to them because staff received bespoke training. For example, if a person had a specific piece of equipment then staff who supported the person received

individual training in the person's home environment.

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

- People had their needs and choices assessed and met. A member of the management team carried out assessments with people wishing to use the service to make sure they were able to meet their needs and expectations.
- Care plans were developed for each identified care need and staff had guidance on how to meet those needs. One person told us, "We recently changed the care plan to suit ourselves and it is working well. We asked for it and staff and the social worker were very helpful."
- People received their support in accordance with current best practice guidelines. The registered provider kept themselves up-to-date with changes and made sure this was reflected in care provision.

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

- Staff supported people with the preparing of their meals and drinks, where required, and care plans described people's eating and drinking needs. One person said, "Staff ask what I want to eat, it depends how I feel. I ask them to open the cans of soup, my daughter does the shopping."
 - A restaurant was available for lunch time meals and snacks and an evening meal could be ordered to eat in people's apartments. One person told us, "I get my lunch from the restaurant and they [catering staff] have kept me a cream cake that I'll take up for my tea."

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

- Records showed there were care plans in place to promote and support people's health and well-being. A person commented, "Staff were very concerned when we came back from holiday, [Name] looked ghastly. They picked that up, they asked if they could do anything to help."
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided.
- Information was shared with other agencies if people needed to access other services such as hospitals.

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 good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The service promoted a strong person-centred culture where people were the heart of the service and was committed to ensuring they received the best possible support in an exceptionally caring and nurturing environment. People's comments included, "One day I got upset, there was lots of tears, staff member sat on the bed and gave me a hug, they made me not feel silly", "[Name] was not looking well and staff noticed. We had a review of our care package and have made some changes, which has benefited us both" and "Staff have lovely personalities, anything is done with a smile on the spot."
- Staff were exceptionally kind and committed to the people they supported. They all said they enjoyed "coming to work." Several said, "I love working here." People were overwhelmingly positive about the care and support they received. One relative told us, "Staff are so kind, they'll do whatever [Name] asks. They just pop in, no hassle. One put a hair colour on [Name] on their break. It raised their spirits, put a smile on their face." A person said, "It's the smiling face in the morning" and "My life has turned around and improved, I'm much happier since I've moved here."
- There were several examples of where staff had gone 'the extra mile' to provide exceptionally caring and compassionate support and worked with people to improve their well-being and quality of life. Examples included, staff contributed an item for the Christmas lunch provided for people who had no relatives or visitors on Christmas day and a party day and presents were also provided. A person said, "They [staff] offered to look after the dog so we could go on holiday." For a person, who was receiving palliative care, staff shopped for household items and helped furnish and make the person's apartment comfortable and homely for them. For another person who lived with dementia, staff supported them to enjoy visits to the shops and seaside to paddle and improve their well-being. Staff placed small bets at the local betting shop for people who could not get out. The service provided free ice creams and ice lollies during the recent very hot weather to keep people cool and hydrated.
- The relationship between staff and the person receiving care was considered as important as the physical care provided. People told us they had formed extremely trusting relationships and spoke affectionately about the staff who supported them. One person said, "Staff are like jewels, it's not like a job to them" and "Staff aren't regimented. You know you can have a chat with them."
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.

Respecting and promoting people's privacy, dignity and independence

- There was a strong culture of empowering people. Independence and autonomy were promoted at all times and was at the centre of all care and support that people received.

- Staff understood the importance of people maintaining their independence and the benefits it had for their well-being. A relative told us, "They [staff] encourage independence, they changed the bedroom around so [Name] can walk with help to the wardrobe and pick their own clothes, it's another step forward."
- The service used technology to keep people safe. It was involved with a pilot scheme with the local council for the use of assistive technology. For one person an electronic beam turned on the light and sent a message to the telephone to alert when a person gets up and they are at risk of falling. The technology is programmed and it also provides structure to the day of a person by reminding them of daily living tasks such as getting dressed and what time of day it is. Plans were in place to use it to monitor people's nutrition and hydration with the use of sensors on the fridge and kettle.
- Staff were very proud of their caring approach towards people. Staff all knew the importance of respecting people's privacy and dignity. One relative told us, "Staff when they take [Name] to the bathroom they will come away, they will give time and go back, they leave the bell on the hand rail."

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

- Every effort was made to ensure people were supported to express their views so that staff understood their preferences, wishes and choices, including where people may not communicate verbally. A relative commented, "[Name] talks to staff, anything they've asked for, they [staff] do it. They listen." Another relative said, "[Name's] speech is improving."
- Regular individual meetings took place with people to discuss their care and support needs which also included discussion about their plans for the future and their aspirations. One person commented, "I had a review a couple of weeks ago, staff made changes for me, I wanted an earlier call and they've accommodated it."
- Communication methods such as electronic tablets, large print, pictures and other bespoke methods of communication were also used to help people remain involved and retain ownership and be responsible for decision making in their lives.
- Guidance was available in people's support plans which documented how they communicated. Records contained detailed information about people's likes and dislikes so staff were able to provide person-centred care if people could no longer tell staff how they wished their care to be provided.
- People received their care and support from a service which was flexible and able to respond to individual requests and changes. One person said, "I've just got a new care plan as I've come out of hospital. We are content, we know we can review it if things aren't working."
- People's families said they were informed and felt involved in their family member's care. One person told us, "They've telephoned the family loads of times when I've been ill."

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 good. At this inspection this key question has remained the same. 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

- Care was delivered by a team of staff who knew people well. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care. One person told us, "The care plan is here, we made changes recently, the staff are particular about filling it in. They ask every day if things are alright."
- People had assessments and care plans which covered all aspects of their physical, emotional, psychological and social needs. Information detailed what was important to the person and how they wished to be supported to achieve their goals.

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.

- The provider ensured information was available for people and staff in formats which met their individual needs. For example, pictures, symbols and large print.

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

- A range of entertainment and activities were available to reduce social isolation and to keep people engaged. One person commented, "I am meeting new people every day and I have so much more freedom. I am very happy living here, it's brilliant." The service also helped arrange, with relevant professionals, where people wanted to access day centres. A person commented, "I go to a day centre on Mondays. I go in a taxi with another person from here, we don't pay much. Staff provided some leisure supported in the community. One relative said, "We have arranged some companionship sessions when [Name] goes out and about with the staff."
- There was a lively, welcoming atmosphere in the service and a camaraderie was observed amongst the people and visitors. People mostly spent time in their apartments and they met up in communal areas during the day or for pre-arranged events.
- The loudspeaker system informed people each day what activities were happening. A notice board and a newsletter advertised regular events that were taking place in the service.
- The service arranged for in house activities to be provided, often at the request of the resident's committee and a mini bus was available for trips within the community. Activities included fund raising events and table top sales, seasonal entertainment, bowls, knit and natter, bingo, games and coffee

mornings.

- The service also encouraged families to be involved with activities. One person commented, "Family get to know what's on and they are invited."

End-of-life care and support

- The registered manager told us that end-of-life care was not something the service provided routinely as Dovecote Meadows was an Extra Care Scheme. However, working with other organisations the service was able to support people who wished to remain in their homes.
- At the time of inspection, no person was receiving end-of-life support although palliative care had been provided to a person previously.
- Information was not available for all people about how they wished to be care for, if they had any cultural or spiritual wishes. Nor who was responsible for the funeral arrangements. We discussed this with the registered manager who told us it would be addressed.

Improving care quality in response to complaints or concerns

- Everyone said they would be very comfortable to make a complaint if they needed to. One person said, "I would just tell staff if I needed to complain, I've not needed to, definitely not."
- People could be confident that any complaints made would be fully investigated and responded to. Where the provider felt people had not received the high standard of care they required they apologised and made improvements. In one instance, the complainant received flowers as an apology.

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 good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The organisation led by example to create a culture which was incredibly caring and supportive to people who used the service and staff.
- An exceptionally motivated and enthusiastic staff team was in place, led by a motivated management team that worked together to follow best practice and achieve very positive outcomes for people who were referred to the service. A scheme was in place to recognise staff that worked for Housing 21 and for the number of years that they had worked at the service.
- Dovecote Meadow and the staff team had been recognised and had won several awards for the care provided including, "Exceptional team award 2018", "Silver award Dovecote Meadow EAC National Housing Older Persons Awards 2019. Best housing with care scheme" and a tenant had won the "Tenant of the year award" for their services running a shop in the complex and the residents committee.
- The organisation was committed to protecting people's rights with regard to equality and diversity, including people who live with dementia. Staff were trained to understand how they supported people's rights and this was embedded in their practice. A team charter had been developed that advertised these values and principles.
- Strategically the organisation was innovative and ensured it kept up-to-date with best practice to benefit and influence people's care. For instance, the use of technology to keep people safe and retain their independence and ensuring the services were environmentally friendly for people who may live with dementia. The service was responsive to ensure people received person-centred care that promoted their independence. People were supported to remain at the service, for as long as possible.

Continuous learning and improving care

- There was an exceptionally strong focus on continuous learning and improvement and keeping up-to-date with best practice to ensure people's needs could be met for as long as possible. For instance, where people required more support. There was a comprehensive training programme. Housing and Care 21 were awarded the Investors in People Gold award in 2018. This is awarded in recognition of investment in staff training and development.
- The provider and managers were committed to developing their leadership skills and those of the staff. There were opportunities for career progression and personal development. Staff received training appropriate to their role. For instance, assistant managers studied for management qualifications.
- The provider had an excellent record of being a role model for other providers. They worked in conjunction with leading external professionals to improve services for people and raise awareness of

supporting people to live safely. The provider was keen to develop its dementia care strategy and had commissioned further research into this area of care to enable people to live in extra care services for longer.

- As a national organisation, a national care worker forum had been developed to share best practice and positive ideas. The quality assurance department circulated a regular newsletter to share good practice across services.

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

- The provider had considered how people, relatives and staff were meaningfully involved in making decisions about how the service was designed and run. Regular surveys were carried out and results were advertised in "You said, we did actions." An active residents committee fed ideas into meetings and the running of the complex. One person said, "I go to the meetings, they say what is going on, we say what we want, you're free to speak."

- People and staff were encouraged to voice their opinions, and the management team responded to comments put forward. For example, the Pebbles Project had been developed on the housing side with the use of an electronic tablet so front-line staff could deal with people's queries and help them complete forms.

- The management and staff team were outward looking and had formed links with other organisations such as local charities to gather and share information and also give people the opportunity to fund raise for some charities. They were members of agencies such as the Dementia Alliance, McMillan Nurses, the Alzheimer's Society and worked collaboratively with the local Urgent Care Teams, the fire and police services, advocacy organisations and Older Person's Mental health forum.

- People's awareness was raised and they received a range of information such as health and safety, data protection and other relevant topics to safeguard them. They were kept very well-informed about events in the service and initiatives in the community. For example, the Alzheimer's Society and dementia diaries. One person commented, "A great learning curve to understand how dementia affects people's daily life. Diaries a very good way of maintaining a record of feelings, events and memories which could be referred back to."

- People were consulted individually and had the opportunity to attend regular engagement forums. For example, the monthly coffee morning or meetings.

Working in partnership with others

- There were several examples of "good news" stories where staff had worked in partnership with other social and health care professionals to ensure people received care appropriate to their needs and to enable them to enjoy a better quality of life and remain with the service. People were supported to access the community to reduce social isolation, people's care packages being reduced as they became more independent or increased where more support was required.

- The service was fully committed to provider forums and events that were organised via the local and health authorities. This included, involvement in a pilot project about assistive technology to help people be supported safely as they became more independent.

- To promote people's safety in their own homes the provider shared training and information about the building with other agencies such as the emergency services. The contact with emergency services proved beneficial in not only increasing knowledge but arranging home fire safety visits for some people, with their agreement.

- A comment from a visit from the fire service stated, "I want to congratulate staff for their professionalism and prompt action to an incident. They could guide fire crew to the exact location and give exceptional advice about person in question so the incident was resolved speedily."

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

- The service was exceptionally well-led. The ethos, vision and values were led by the provider and registered manager. A person commented, "Everything is good here, the manager is a great mate, I get on well them."
- Staff shared the vision of the organisation to provide person-centred care and to put people first. All people commented very positively about staff support they received. Staff were encouraged to develop their skills through training and personal development.
- People received their care from a provider who continually monitored standards and constantly looked at how improvements could be made. The governance and improvement agenda were firmly embedded into all areas to improve service provision. This included through audits, accident and incident analysis, surveys, meetings, spot checks, individual supervision of staff and appraisals. Where any incidents occurred they were analysed individually and then checked for trends to reduce the likelihood of reoccurrence. For instance, if there were repeated medicines errors staff were removed from this task until they had been retrained and observed.
- A quality assurance department ensured robust governance systems were in place. A programme of regular checks were carried out and internal and external audits to monitor the quality of care provided and ensure any shortfalls were addressed promptly.
- All audits and checks fed into a continuous improvement plan identified through monitoring in line with CQC's regulatory framework and performance standards, the Key Lines of Enquiry [KLOE]. This made sure the service continually moved forward and challenged itself, and staff, to provide the best care and support possible to people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities with regard to Duty of Candour. They were open and honest but they had not needed to use the Duty of Candour.