

## Barchester Healthcare Homes Limited

# Marriott House & Lodge

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We inspected Marriott House and Lodge on 9 October 2018 in light of information of concern that we had received in respect to people's care. Marriott House and Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Marriott House and Lodge is registered to provide care and accommodation for 119 older persons with nursing, residential care and physical care needs. Accommodation is provided in two separate buildings. Marriott House provides care and support for people with nursing needs over three floors and Marriott Lodge provides residential care for people over four floors. There is a passenger lift in both buildings to provide access to people who have mobility issues. On the day of our visit 50 people were living in Marriott House and 34 people were living in Marriott Lodge. We previously inspected Marriott House and Lodge on 19 and 20 October 2017 and found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found concern in relation to staffing levels, people's dignity being respected and quality monitoring and the service received a rating of requires improvement overall. We asked the provider to take action to make improvements. The provider sent us an action plan stating how they intended to improve, and these actions have been completed and the provider was now meeting legal requirements. However, at this inspection, we found further areas of practice that needed improvement.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Day to day management of the service was carried out by an interim general manager, a senior deputy manager and a deputy manager. However, despite having management arrangements in place, the service had been without a registered manager for a significant period of time.

On the day of our inspection there were sufficient staff to support people. However, the provider relied heavily on agency staff and this had impacted on people's experience of the care they received.

People felt well looked after and supported. We observed friendly relationships had developed between people and staff. People were treated with dignity and respect, and they were encouraged to be as independent as possible.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

Risks associated with people's care, the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

People chose how to spend their day and they took part in activities. They enjoyed the activities, which included, arts and crafts and visits from external entertainers. There were representatives from local churches, so that people could observe their faith. People were also encouraged to stay in touch with their families and receive visitors.

People were cared for in a clean and hygienic environment and appropriate procedures for infection control were in place. Healthcare was accessible for people and appointments were made for regular check-ups as needed.

Care plans described people's preferences and needs, including their communication needs. People's end of life care was discussed and planned and their wishes had been respected.

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as the care of people living with dementia.

Staff were knowledgeable and trained in safeguarding adults and knew what action they should take if they suspected abuse was taking place. Staff had a good understanding of equality, diversity and human rights. People's care was enhanced by adaptations made to the service.

People were happy and relaxed with staff. They said they felt safe and staff had received supervision meetings with their manager and formal personal development plans.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank.

People were encouraged to express their views. People said they felt listened to and any concerns or issues they raised were addressed. Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where the management team was always available to discuss suggestions and address problems or concerns.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

The provider used safe recruitment practices. There were enough staff to ensure people were safe and cared for. However, the high usage of agency staff had impacted on people's experience of the care they received.

Medicines were managed and administered safely. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. The service was clean and infection control protocols were followed.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People spoke highly of members of staff and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed. People's individual needs were met by the adaptation of the premises.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

**Good** ●

### Is the service caring?

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their

**Good** ●

independence was promoted.

### **Is the service responsive?**

**Good** ●

The service was responsive.

The service had arrangements in place to meet people's social and recreational needs. Comments and compliments were monitored and complaints acted upon in a timely manner.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes, including on the best way to communicate with people.

People's end of life care was discussed and planned and their wishes had been respected.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well led.

Despite having management arrangements in place, the service had been without a registered manager for a significant period of time.

The provider had systems in place to monitor the quality of the service, drive improvement and ensure that they were aware of and up to date with legislation and developments within the sector.

People, relatives and staff spoke highly of the service. The ethos, values and vision of the organisation were embedded into practice, and people were involved in the running of the service.

The service had a presence in the community and engaged with other organisations to benefit people. Staff were happy in their roles and felt well supported. Staff had a good understanding of equality, diversity and human rights.

# Marriott House & Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 October 2018 and was unannounced. We carried out this inspection in light of information of concern that we had received. The inspection team consisted of one 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 service.

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On this occasion, we did not ask the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we observed the support that people received in the communal lounges and dining areas of the service. Some people could not communicate with us because of their condition and others did not wish to talk with us. However, we spoke with 15 people, four visiting relatives, four care staff, a registered nurse, an interim general manager, a senior deputy manager, a deputy manager and a regional director.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including six people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, training records and audit documentation. We also 'pathway tracked' the care for two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

# Is the service safe?

## Our findings

At the last inspection on 19 and 20 October 2017, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured that there were sufficient numbers of staff to care for people safely. We also identified areas of improvement in relation to medicines recording and the assessments of risk being followed. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made, and the provider is now meeting the legal requirements. However, we have found further areas of practice that need improvement in relation to the high use of agency staff.

At the last inspection, there were insufficient staff to ensure both the physical and social needs of people were met. At this inspection, we saw that improvements had been made and there were enough care staff available to meet people's needs. The regional director told us, "We have increased staffing levels since the last inspection. We have lost some staff, but we are in the process of recruiting. We have had to use an increase in agency staff to keep people safe". We saw audits and analysis of the time it took for people's call bells to be answered and saw that when people required assistance, staff responded promptly. Our own observations supported this, however, the service had not currently recruited an adequate number of permanent care staff. This meant that the service relied heavily on the regular use of agency staff. People gave us negative feedback in relation to continuity of staff and their experiences of the care delivered. One person told us, "I don't know staff, I can't tell who is who". Another person said, "Staff here are very good, some are long standing, but they do vary". Another person added, "Staff have changed since I have lived here, one or two were outstanding. On the whole they do the best they can with what they have got". A relative told us, "I have lost some confidence in the home over recent months [in relation to staffing]". This view was echoed by permanent staff who told us, "It has been very difficult working here, the Summer was not good with the staffing. Things are getting better in the last month," "We have enough staff normally, but we use a lot of agency staff, which sometimes takes longer to get things done, as they don't know the residents as well. It is getting better though" and "We work well together and they get agency staff to cover, but it will be better when we get permanent staff". We spoke to the interim general manager about this who told us, "We always double up agency staff with permanent staff to improve safety and we will be in a position in a couple of weeks' time where we won't need to use agency staff". We were told that several new members of staff had been recruited, and documentation including forward planned rotas showed that there would be a reduction in agency as new staff started work. However, at the time of our inspection, the high use of agency staff had impacted on people's care delivery and their experience of care received. We have identified this as an area of practice that needs improvement.

At the last inspection, we saw that some information in relation to people's PRN 'as required' medicines was not documented. For example, specific procedures to follow when administering PRN medicines was not routinely available and staff's recording of PRN medicines administered was not always accurate. At this inspection, we saw that improvements had been made. Documentation showed that the guidelines around people's use of PRN medicines was in place and that recording was accurate. We observed a registered nurse carrying out the lunchtime medicines round safely. They followed methodical processes for preparing, administering and recording people's medicines. The registered nurse understood people's needs and

supported them to take their medicines in a caring manner. People expressed no concerns around their medicines. One person said, "She [staff] is lovely when she comes with my tablets, she knows me so well". Another person said, "They always remind me when I need to take it".

At the last inspection, we saw that risks assessments in relation the use of thickening powder and moving and handling were not routinely being followed. The interim general manager told us that, where required, moving and handling training had been given to staff and that people's risk assessments were up to date. We saw this was the case, and staff had a good understanding of people's needs and supported people to safely use equipment to assist with their mobility and maintain their independence. Risk assessments were reviewed by staff to ensure they provided current guidance for staff. At no point during this inspection did we see that thickening powder had been left within people's reach. Accidents that had occurred had been recorded and monitored to identify patterns and trends and relevant action had been taken to reduce the risk of the accident occurring again.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans which informed staff of how to support people to evacuate the building in the event of an emergency. Equipment was also regularly checked and maintained to ensure that people were supported to use equipment that was safe.

People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. One person told us, "I feel safe living here". Another person said, "I don't need to worry so much since I have lived here". A further person added, "I feel safe, everything is done for me now".

Staff had a good awareness of safeguarding. They had undertaken relevant training, could identify different types of abuse and knew what to do if they had any concerns about people's safety. Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people. We saw examples of when the management of the had liaised appropriately with the local authority in respect to safeguarding.

We viewed a sample of people's rooms, communal areas, bathrooms and toilets. The service and its equipment were clean and well maintained. One person told us, "They take care when they come to clean my room". There was an infection control policy and other related policies in place. We observed that staff used personal protective equipment (PPE) appropriately during our inspection and that it was available for staff to use throughout the service. Hand sanitisers and hand-washing facilities were available, and information was displayed around the service that encouraged hand washing and the correct technique to be used. Additional relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

People were cared for by staff that the provider considered safe to work with them. Prior to staff starting work their identity was confirmed and their previous employment history gained. Security checks ensured that staff were suitable to work in the health and social care sector. This had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. Documentation confirmed that nurses had current registrations with the Nursing and Midwifery Council (NMC).

## Is the service effective?

### Our findings

People told us they received effective care and their individual needs were met. A relative said, "Staff are very good, I have never had to complain". Another relative added, "If there was a problem, someone would call and inform me".

The provider met peoples' nutrition and hydration needs. There was a varied menu, specialist diets were catered for and people remained complimentary about the meals served. One person told us, "Meals are very good here, I can pick what I want". Another person said, "I like the food I can get more if I want it". A further person added, "I can order what I like and change my mind on the day".

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 with appropriate legal authority. 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. We saw this was the case and staff knew the correct procedures to follow and were aware of their responsibilities under the Act.

Staff undertook assessments of people's care and support needs before they began using the service. The pre-admission assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Documentation confirmed people continued to be involved where possible in the formation of an initial care plan.

Staff liaised effectively with other organisations to ensure people received support from specialised healthcare professionals when required. One person told us, "The GP service is very good here, they will take me if needed its only over the road". People's individual needs were met by the adaptation of the premises. There were adapted bathrooms, toilets, handrails, passenger lifts and slopes to ensure people had access to all areas of the service.

Staff received effective training in looking after people, were supported and had a good understanding of equality and diversity, which was reinforced through training. Staff, including agency staff, received an induction to familiarise them with the running of the service and ongoing support.

The Equality Act covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called 'protected characteristics'. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would

always be protected.

## Is the service caring?

### Our findings

At the last inspection on 19 and 20 October 2017, the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because interactions between people and staff were not always positive, and their dignity was not always respected. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made, and the provider is now meeting the legal requirements.

At the previous inspection we saw examples of people being cared for in an undignified manner, for example being left unattended to for unacceptable periods of time and some negative interactions between people and staff. At this inspection we saw that people were attended to in a timely manner and were supported with kindness and compassion. We saw good interaction between people and staff. The interim general manager told us that the management of the service conducted a daily 'walk round' to look at the quality of care delivered and to determine any areas that required improvement. We saw this was the case. Staff demonstrated a strong commitment to providing compassionate care. Throughout the day, staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people.

Staff supported people and encouraged them, where they were able, to be as independent as possible. For example, we saw people assisting with making tea. Care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One member of staff said, "I encourage people to do things for themselves, we don't want them to lose their skills". Another member of staff said, "I always give people the opportunity to do things for themselves first and if they don't want to or can't, then I will help them".

Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "The staff they do have here are very supportive". Another person said, "The staff are so nice here, don't let them hear I said that". A relative added, "The staff give very sensitive care".

People's privacy and dignity was protected and we saw staff knocking on doors before entering and talking with people in a respectful manner. One person told us, "Staff are respectful". A member of staff added, "We always knock on doors and cover people when giving personal care, it's all about respect and dignity for the residents. Dignity is engrained in all we do".

Staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they that they were free to do what they wanted throughout the day. They said they could choose what time they got up and went to bed and how and where they spent their day. One person told us, "We do have a say in what we want to do". Staff were committed to ensuring people remained in control and received support

that centred on them as an individual. One member of staff told us, "I knock on the door and say, 'do you want to get up' and if they say no, that's fine, I just come back later". Another added, "The promotion of choice and independence is done very well here". Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors were able to come to the service at any reasonable time, and could stay as long as they wanted. A relative told us, "We can visit when we wish". Peoples' equality and diversity was respected and staff adapted their approach to meet peoples' individualised needs and preferences. Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual beliefs.

## Is the service responsive?

### Our findings

At the last inspection on 19 and 20 October 2017, we found areas of practice that needed improvement. This was because the provision of meaningful activities was not person centred and did not meet people's social and recreational needs, and the procedure for making a complaint was not robust. At this inspection, we found that improvements had been made.

At this inspection, we saw a varied range of activities on offer which included, music, arts and crafts, coffee mornings, exercise and visits from external entertainers. Representatives of churches also visited, so that people could observe their faith. The general manager told us, "The activity co-ordinators have restructured their day to ensure everyone has activities, including one to one activities". We saw that people enjoyed the activities on offer. One person told us, "We do have activities". Another person said, "I Like my own company, but I know they are there for me". A relative added, "The activities here seem to be enjoyed, they go to a local school". It was clear that a formal activities programme had been developed and implemented, and we saw evidence to support this.

The interim general manager told us that since the last inspection a full review had taken place in respect to the complaints process. We found that people knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One person told us, "I have no complaints". The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required.

The provider was meeting the requirements of the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Staff ensured that the communication needs of others who required it were assessed and met. We saw that where required, people's care plans contained details of the best way to communicate with them and staff were aware of these.

We saw that people's needs were assessed and care plans were developed to meet those needs, in a structured and consistent manner. Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. One person told us, "They [staff] know the small things about me". Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. Care plans contained detailed information on the person's likes, dislikes and daily routine, with clear guidance for staff on how best to support that individual. We saw that people were given the opportunity observe their faith and any religious or cultural requirements were recorded in their care plans.

Peoples' end of life care was discussed and planned and their wishes had been respected if they had preferred not to discuss this. People were able to remain at the service and were supported until the end of their lives. Observations and documentation showed that peoples' wishes, with regard to their care at the end of their life, had been respected.

People had access to technology to ensure they received timely care and support. The service had a call bell system which enabled people to alert staff that they were needed. We saw that people had their call bells within reach and staff responded to them in a reasonable time. Furthermore, the service used an electronic care planning system that was accessible for staff.

## Is the service well-led?

### Our findings

At the last inspection on 19 and 20 October 2017, the provider was in breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people the provider's systems of quality monitoring and improvement were not robust and had not fully identified or prevented the concerns that we saw. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made, and the provider is now meeting the legal requirements.

At the last inspection we identified issues in relation to staffing levels and people being treated with dignity and respect at all times. The providers systems of quality monitoring had not routinely identified and rectified these issues. Improvements had been made and the provider undertook quality assurance audits to ensure a good level of quality and safety was maintained. The interim general manager and senior deputy manager told us that regular audits of quality took place, which included audits of medicines, health and safety and care plans. Documentation we saw supported this, and the results of these audits were analysed to determine trends and introduce preventative measures.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Day to day management of the service was carried out by an interim general manager, a senior deputy manager and a deputy manager. However, despite having management arrangements in place, the service had been without a registered manager for a significant period of time. The previous registered manager had deregistered with the CQC on 23 July 2018. We saw documentation that showed that the provider was in the process of trying to recruit a permanent registered manager, however, an application to register a manager had not been received by the CQC. It is a condition of the provider's registration that the service has a registered manager, and is an area of practice that needs improvement.

Staff said they felt well supported within their roles and described an 'open door' management approach. They commented that they worked well together as a team. One member of staff told us, "I feel supported in my role here and can speak with managers if needed". Another member of staff said, "I can approach the managers at any time, they are lovely. Any differences are sorted out straight away". A further member of staff added, "I'm happy and I'm supported. If I want help, I can ask for it". This was echoed by the interim general manager who told us, "I've come here to make the home safe and support the staff. We involve the staff in the running of the home and I feel that staff morale has got better".

People and staff spoke highly of the service and felt the service was well-led. Staff commented they felt supported and could approach management with any concerns or questions. One person told us, "The home is well run". Another person said, "It is very good here, better than being at home". A member of staff added, "We can always improve, but this home is improving, it's getting better. I have a good feeling about this home".

We discussed the culture and ethos of the service with people, and staff. One person told us, "I am very lucky here". Another person said, "It's lovely here". The interim general manager added, "We are improving all the time in the care that we give". Staff supported this and a member of staff said, "There is a nice family spirit here, we all know each other, we are like a family". A further member of staff added, "We treat everyone like family, including the resident's families as well". There was also a clear written set of values displayed in the service, so that staff and people would know what to expect from the care delivered.

We saw that people and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Meetings and satisfaction surveys were carried out, providing the interim general manager with a mechanism for monitoring satisfaction with the service provided. A relative told us, "If we have a suggestion, I feel we would be listened too". A member of staff said, "I love working here, anything I suggest they do action, we get feedback from residents' meetings".

Up to date sector specific information was also made available for staff including details of managing specific infectious conditions. We saw that the service also liaised regularly with organisations within the local community. For example, the Local Authority, Clinical Commissioning Group (CCG) and a local hospice, to share information and learning around local issues and best practice in care delivery. The provider also actively encouraged visitors from the local community to come into the home and meet people. For example, coffee mornings and lunches were available for local people to come into the service and meet the residents. Staff in the service offered free hot drinks and cake to all emergency service personnel and opened up parts of the service for local meetings and parties.

Staff had a good understanding of equality, diversity and human rights. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistle-blowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The interim general manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The interim general manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.