

Bupa Care Homes (CFHCare) Limited

# Abbotsleigh Mews Care Home

## Inspection report

Old Farm Road East  
Sidcup  
Kent  
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16 September 2019

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

### About the service

Abbotsleigh Mews Care Home is a care home accommodates 120 people living with dementia, sensory impairment or a physical disability across four separate houses, each of which has separate adapted facilities. There were 119 people using the service at the time of our inspection.

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

We have made two recommendations about the management of some falls and dining experiences of people in Calvin House (one of the four houses).

People and their relatives gave us positive feedback about their safety and told us that staff treated them well. The registered manager and staff understood what abuse was and the signs to look for. Senior staff completed risk assessments for each person which were up to date with clear guidance for staff on how to reduce risks. The provider carried out comprehensive background checks of staff before they started work. Staff kept the premises clean and safe. The provider had a system to manage accidents and incidents.

Staff carried out pre-admission assessments of each person's needs to see if the service was suitable and to determine the level of support they required. Staff received appropriate support through training, supervision and appraisal to ensure they could meet people's needs. Staff told us they felt supported and could approach their line manager and the registered manager at any time for support.

Staff assessed people's nutritional needs and supported them to have a balanced diet. The provider had strong links with external professionals and worked with them in a timely manner to ensure people received effective care. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments. The provider worked within the principles of Mental Capacity Act (MCA). Staff asked for people's consent, where they had the capacity to consent to their care.

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice.

Staff showed an understanding of equality and diversity. They involved people or their relatives in the assessment, planning and review of their care. Staff respected people's choices and preferences. They recognised people's need for stimulation and supported them to follow their interests and take part in activities.

Staff developed care plans for people based upon their assessed needs. Care plans were reviewed on a regular basis and were reflective of people's current needs. People told us they knew how to make a complaint and would do so if necessary. The provider had a clear policy and procedure for managing complaints. People received appropriate end-of-life support.

The service had a positive culture, where people and staff told us they felt the provider cared about their opinions and included them in decisions. The registered manager had knowledge about people living at the home and made sure they kept staff updated about any changes to people's needs. They encouraged and empowered people and their relatives to be involved in service improvements through periodic meetings. The provider had worked effectively in partnership with a range of healthcare professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (report published on 27 April 2017).

#### Why we inspected

This was a planned inspection based on the rating at the last inspection.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Abbotsleigh Mews 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 Care Act 2014.

#### Inspection team

This service was inspected by two inspectors, a specialist advisor, and an Expert by Experience on the first day. The Chief Executive Officer also joined the inspection team to observe the inspection process. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is in older people. One inspector, an assistant inspector and an Expert by Experience returned to the service on the second day, to complete the inspection.

#### Service and service type

Abbotsleigh Mews Care Home 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.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 13 September 2019 and ended on 16 September 2019.

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.

#### What we did before the inspection

We looked at all the information we had about the service. This included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also used information the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection. We also contacted the local authority to gain their views about the home. We used this information to help inform our inspection planning.

#### During the inspection

During the inspection, we spoke with 16 people and six relatives to seek their views about the service. We also spoke with 12 members of staff, the registered manager and the deputy manager. We reviewed a range of records. This included 12 people's care plans, risk assessments and 26 medicines records. We reviewed 10 staff files in relation to recruitment, induction, training and supervision. We also reviewed records relating to the management of the service which included policies and procedures, health and safety checks, cleaning schedules, accidents and incidents, surveys, minutes of meetings and various quality assurance reports.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at medicines, staffing levels and falls management 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Improvement was required to ensure staffing levels in Calvin House (one of the four houses making up the service). We received a mixed response from people and their relatives about staffing levels. One person told us, "Sometimes a bit short but they [staff] work around it." One relative commented, "Sometimes when they do the dressing or the personal care, they could do with one more." Another relative mentioned, "Yeah there is always someone about when you need, whether Monday to Friday or at the weekends, no dips."
- Staff were kind and trying to support people as best they could however, the layout and staffing numbers available were not enough to create a positive or a relaxed dining experience in Calvin House. We observed people were becoming agitated with each other but were not noticed by staff who were busy trying to support other people with their meals. For example, one person was calling for help to use the toilet, when staff did not respond in a timely manner, we made staff aware of this. A second person was continuously sneezing and was asking for help, we asked the staff to attend to them.
- When asked about staffing levels, one staff member told us, "It is doable but hard." Another member of staff said, "Yes, to meet people's needs but not for their wellbeing necessarily. Unpredictability of residents justifies another pair of hands."
- We brought this to the attention of the registered manager, they had already identified the staffing need and told us, staffing in Calvin House was under regular review, and they had decided to add a sixth staff member for 10am to 6pm or 11am to 7pm shift from the next week after the inspection.

We recommend the provider always continues to monitor the overall dining experience of people in Calvin House and consider maintaining staffing levels in response to their changing needs.

- The registered manager and senior staff carried out regular reviews of people's needs to determine staffing levels. Records showed staffing levels for night and day shift were being monitored on a regular basis, and new staff were recruited as and when a vacancy arose.
- The service had a call bell system for people to use when they required support and we saw staff responded to requests in timely manner. One person told us, "I used it last night as I needed to go to the toilet. They [staff] were there within five minutes; I'm very happy." Another person said, "Yes I have one. The response is good."
- People were supported by staff who were suitable for their roles. The provider carried out comprehensive background checks of staff before they started work. These checks included details on their qualifications and experience, their employment history and reasons for any gaps in employment, references, a criminal records check, proof of identification, and checks on the registrations of qualified nurses with their professional body.

## Assessing risk, safety monitoring and management

- Improvement was required to ensure risks of falls were effectively and consistently managed. The risk assessments for falls were reviewed and updated to reflect people's current management plan. However, some people had suffered frequent falls and there was no action plan to suggest how the risks would be mitigated and their effectiveness was monitored. For example, one person had seven falls in nine months, and another person had two falls in four months. Their risk assessments were reviewed, and mitigation measures were put in place, but people were not referred to the falls clinic.
- In response to our feedback, the registered manager immediately contacted the GP to make necessary referrals to the falls clinic. In addition, the registered manager further told us they would straight away review all people who had frequent falls and take appropriate action.

We recommend the provider continue to monitor and seek advice from a reputable source on best practice to reduce the risk of falls and act accordingly.

- Following the inspection, the registered manager sent us supporting documents to show what action they had taken about people who had frequent falls.
- We saw some areas of good practice in falls management. For example, records showed examples where trip hazards were removed, or appropriate equipment had been put in place to support manage the risk of falls. One relative told us, "My [loved one] has been here about four to five months and has had a couple of falls, and the Doctor has been called."
- Senior staff completed risk assessments for each person which had detailed guidance for staff on how to reduce risks. These included risk management plans around manual handling, eating and drinking, and skin integrity.
- The provider had arrangements to deal with emergencies. Records confirmed that the service carried out regular fire drills. People had personal emergency evacuation plans (PEEPs) in place which gave guidance for staff and the emergency services on the support they would require evacuating from the service safely.
- Staff received first aid and fire awareness training so that they could support people safely in an emergency.
- Staff and external agencies, where necessary, carried out safety checks on the environment and mobility equipment such as hoists and the safety of gas appliances.

## Using medicines safely

- People said the support they received from staff with their medicines met their needs. One person told us, "They [staff] help me. It [medicine] comes up to me in a little pot." Another person said, "They [staff] get medicine to me and they like to see I take it."
- People, including those who are on the PEG (Percutaneous Endoscopic Gastrostomy) [a specialist feeding tube put directly into the stomach. The aim of a PEG is to feed those who cannot swallow], received their prescribed medicines from staff that had been trained and whose competency had been assessed.
- Some people were prescribed medicines on a 'when required' basis (PRN). There was clear guidance in place regarding when these medicines should be given, and staff recorded the reason why it was given and its effect.
- We observed staff providing people with appropriate support whilst administering medicines, for example by ensuring that they were positioned correctly and comfortably.
- Medicine Administration Records (MARs) reviewed matched with the numbers of medicines in stock. End of Life care drugs were in stock, for people who required them. The service followed the legal requirements for managing Controlled Drugs (CDs).
- Medicines were securely stored and were only accessible to trained staff. Staff monitored fridge and room temperatures to ensure that medicines were stored within safe temperature ranges. The service had policies and procedures for the safe disposal of unused medicines.

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

- People and their relatives gave us positive feedback about their safety and told us that staff treated them well. One person told us, "You can't fault the staff, they are lovely and caring." Another person said, "They [staff] take me in my wheelchair every day to the dining table." One relative commented, "Whenever we visit there has always been someone to see my relative. When they [staff] talk to my [loved one] they hold my relative's hand close to them when talking."
- The service had a policy and procedure for safeguarding adults from abuse and people were being protected from the risk of abuse.
- Staff completed safeguarding training and knew what to do if they suspected abuse. They were also aware of the provider's whistle-blowing procedure.
- The registered manager-maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes of any investigation. They also notified CQC of these as they were required to do.

### Preventing and controlling infection

- Staff kept the premises clean and safe. They were aware of the provider's infection control procedures and followed these to ensure that people were protected from the spread of infection. Bedrooms and communal areas were kept clean and tidy. One person told us, "Oh yeah, it is spotless." Another person said, "They [staff] keep it tidy."
- We observed staff using personal protective equipment such as gloves, and aprons to prevent the spread of infection. Staff told us they washed their hands before and after any procedure.

### Learning lessons when things go wrong

- The provider had a system to manage accidents and incidents and to reduce the likelihood of them happening again.
- Staff completed accident and incident records which were reviewed by the unit manager and the registered manager to improve safety and prevent reoccurrences. For example, Additional care plans were in place for people who were identified with special needs. For example, diabetes, swallowing difficulties and skin care.

# 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.

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

- Senior staff carried out a pre-admission assessment of each person's needs to see if the service was suitable and to determine the level of support they required. This assessment included people's medical, physical and mental health needs; mobility, nutrition, allergies and social activities.
- Where appropriate, relatives were involved in these assessments. This information was used as a basis for developing person centred care plans to meet people's needs.

Staff support: induction, training, skills and experience

- The provider supported staff through induction and training to ensure they had the appropriate knowledge and skills to meet people's needs. Staff told us they completed a comprehensive induction training before they started work. One member of staff told us, "I had four days induction training and over three days shadowing people and I was shown what the job would be."
- Training records showed staff had completed training in areas including basic life support, food safety, health and safety, infection control, end of life care, moving and handling, falls management, administration of medicines and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us they found the training programmes useful.
- Staff were supported through regular supervision and yearly appraisals. Supervision included discussions about staff wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. One member of staff told us, "I get regular supervisions and appraisal."
- Staff felt supported and said they could approach their line manager and the registered manager at any time for support.

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

- People's nutritional needs were assessed, and staff supported them to have a balanced diet. People told us they enjoyed the meals on offer and had enough to eat and drink. One person told us, "Well it is quite good. I can also change to have something else." Another person said, "Not like at home but it is good. They [staff] cut up my food for me." One relative commented, "I think my [loved one] likes it."
- Staff recorded people's dietary needs and preferences in their care plans. This information was shared with kitchen staff to ensure people received a suitable diet. For example, we saw information available to kitchen staff about who needed soft or fortified diets.
- The provider protected people from the risk of malnutrition and dehydration. We saw action had been taken where risks associated with nutrition had been identified. For example, where people were at risk of malnutrition, records showed that staff sought advice from a dietician and completed food and fluid charts to monitor their intake. Staff ensured people were kept hydrated and juices and snacks were available and

offered to people throughout the day.

- Staff provided support to people who needed help to eat and drink and encouraged them to finish their meals.

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

- The provider met people's needs by suitable adaptation and design of the premises. There were accessible toilets and bathrooms throughout the home with hand rails and people had their own ensuite facilities.
- People's bedrooms were personalised and were individual to each person. Some people had brought items from home which had been used to make their rooms familiar and comfortable. People had access to an outside garden area.
- The provider was in the process of improving the layout of Calvin House (one of the houses in the home), to improve people's dining experience.
- We observed people moving freely about the home, with the addition of signage. Access to the building was controlled to help ensure people's safety.

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

- The provider had worked with local healthcare professionals including a GP surgery, district nurses, occupational therapist, speech and language therapist and dietician.
- Staff supported people to access healthcare services. One person told us, "Yes I do. They [staff] help me and they are spot on." One relative commented, "My [loved one] has been here about four to five months and has had a couple of falls and the Doctor has been called,"
- A GP visited the home regularly to review people's health needs as and when necessary. We saw the contact details for external healthcare professionals, specialist departments in the hospital and their GP in each person's care record.
- Staff completed health action plans for people and monitored their health and supported them to attend appointments.

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

The Mental Capacity Act 2005 (MCA) provides 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. The application procedures for this in care homes and hospitals are 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.

- The registered manager and staff were aware of the requirements of the MCA and DoLS and worked with the local authority to ensure the appropriate assessments were undertaken. Where applications under DoLS had been authorised, we found that the provider was complying with the conditions applied on the authorisations.
- Staff we spoke with understood the importance of gaining people's consent before they supported them. One person told us, "Oh yeah, they always ask you, very kind I think."
- Records showed assessments had been completed in accordance with the requirements of MCA. Where people had been assessed as lacking capacity we saw that the relevant decision had been made in their

best interests, with the involvement of staff, relatives and healthcare professionals, where appropriate.

# 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff showed an understanding of equality and diversity. People and their relatives told us they were happy with the service and staff were kind and treated them with respect. One person told us, "Oh yes, they are lovely staff."
- People's care plans included details about their ethnicity, preferred faith and culture. The service was non-discriminatory, and staff supported people with any needs they had with regards to their disability, race, religion, sexual orientation or gender.
- Staff confirmed that people were supported with their spiritual needs where requested. For example, the provider arranged for people to attend a church service to practice their faith. One person told us, "Yes, oh yes. Someone from the church comes to me."

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

- Staff involved people and their relatives in the assessment, planning and review of their care. One relative said, "My [loved one] has been here about 16 months and yeah we were involved in the care reviews."
- Staff respected people's choices and preferences, such as the clothes they wanted to wear, their food and drink preferences, and what activity they wanted to do during the day.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. One person told us, "Oh yes they [staff] do always." Another person said, "I think they [staff] are really good at that [respecting privacy]."
- People were supported to maintain their independence. We saw people with various mobility aids mobilising independently in the home. Staff told us they encouraged people to complete tasks for themselves, as much as they were able to.
- Staff knocked on people's bedroom doors before entering and they kept people's information confidential.
- People were well presented. Staff received training in maintaining people's privacy and dignity.

# 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.

### Meeting people's communication needs

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

- Staff communicated with people in the way they understood. However, we observed on first day of the inspection when people had limited ability to communicate in English language, most staff were unable to communicate with them. We brought this to the attention of the registered manager. On the second day of the inspection we saw a booklet with written and visual prompts updated with the commonly used phrases was developed, to help guide the staff to communicate.
- The registered manager told us if people required information in different formats, they would make this available in line with the Accessible Information Standard.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff completed care plans for each person which described their likes, dislikes, life stories, career history, their interests and hobbies, family and friends, and communication needs. Staff told us this background knowledge of the person was useful to them when interacting with people.
- Care plans were reviewed on a regular basis and were reflective of people's current needs.
- Staff completed daily care records to show what support and care they provided to each person in line with the care and support planned for. Staff continued to monitor people's needs to ensure they were being met.

### 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 were supported to maintain and develop relationships with those close to them. The provider also organised social events and relatives were invited to promote relationships.
- Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities. One person told us, "They [staff] do outings occasionally. The last one I went on was to a college. The staff looked after us with tea, food, singing and dancing. It was lovely." Another person said, "Oh yeah, I really like the bowling."
- One relative commented, "Yeah the activities coordinator comes in and does my [loved one's] nails. Since they now like flowers, the activity coordinator always brings fresh ones in on Fridays." Another relative said, "Last week it was my [relatives] birthday and we arranged for a singer to come in. the staff gave us a quiet room but also they decorated the room too. This was so important for my [other relative] as they were able

to enjoy being a couple again. We feel the atmosphere is just wonderful. We are treated like family."

- The provider employed an activities coordinator who arranged various activities daily. These included singing, drawing, flowers, games, quizzers, bingo and outings.
- Relatives told us there were no restrictions on visiting and that all were made welcome. We saw staff addressed visitors in a friendly manner, and they were made to feel welcome and comfortable.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and would do so if necessary. One person told us, "Nothing to complain about." One relative said, "No, not had the need too."
- The provider had a policy and procedure for managing complaints and we saw this information was displayed in the communal areas to ensure people were aware of what they could expect if they made a complaint.
- The provider maintained a complaints log which showed when concerns had been raised. Senior staff had investigated and responded to any complaints in a timely manner and where necessary they held meetings with the complainant to resolve their concerns. The registered manager told us that there had been no reoccurrence of the issues that complaints had been addressed to people's satisfaction. and this was confirmed by the details in the complaints log.

End of life care and support

- People received appropriate end-of-life support. People's end-of-life preferences had been discussed with them, and care plans developed to ensure their preferences in this area were met.
- Staff completed end-of-life care training and they worked with the local hospice, where appropriate, to ensure people's end-of-life needs were met.
- People had valid Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms in place where this decision had been discussed with them and their relatives, where appropriate. However, we found one of 11 people's DNAR was incomplete. We brought this to the attention of the registered manager, who straight away contacted the GP for advice and reviewed DNARs for all people.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- The provider had systems and processes to assess and monitor the quality of the care people received. This included checks and audits covering areas such as health and safety, medicines management, accidents and incidents, house maintenance, care plans, risk assessments, food and nutrition, infection control, staff training, information and home governance, and night checks. As a result of these checks and audits the service made improvements. For example, about safe smoking risk assessments completed, and torn bedrail bumpers changed. However, the provider's audits had not identified some further improvements required in specific areas. Such as referrals to falls clinic, not having accessible information available to staff help them communicate with people and ensuring everyone's DNARs were up to date.

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

- The registered manager encouraged and empowered people and their relatives to be involved in service improvements through periodic meetings.
- People told us the service was well managed, and the care and support was meeting their needs. One person told us, "It is great, my [loved one] died three years ago and we did not know what to do with my [relative's] ashes. When I moved here I asked if I could put them in the garden here and they said yes. We brought and planted a rose outside, so I could see it from my room. We put the ashes in the bottom of the rose. Of course, we had to get permission but they [management] were lovely and I can say hello every day to my [relative]."
- One relative said, "Friendly, professional is the way they come over. My [relative] had to go to hospital for three weeks, when they came back here, I was here to meet my [relative] and they looked dreadful. But the staff washed and fed my [relative] and the transformation was amazing. All the colour came back into them. My [relative] was happy to be back."
- The service had a positive culture, where people and staff told us they felt the provider cared about their opinions and included them in decisions. One member of staff told us, "I like working here. It's challenging but I enjoy it and I am passionate about what we do here."

### 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 service had a registered manager in post. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- There was a duty of candour policy and the registered manager understood their roles and responsibilities.

Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

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

- There was a clear management structure at the home. Staff were aware of the roles of the management team. They told us that the unit managers and the registered manager were approachable and were regularly present in the home.
- We saw the registered manager interact with staff in a positive and supportive manner.
- Staff described the leadership at the service positively. One member of staff said, "Team work in the unit is excellent. When we have finished our assigned tasks, we help each other. The registered nurse is brilliant, always ready to step onto the floor to make sure staff get breaks and is very supportive."
- People and their relatives commented positively about staff and the registered manager. One person told us, "The manager is very good." Another person said, "The manager treats you very well." One relative commented, "The manager talks to me, we have very good communication."
- We observed that people, relatives and staff were comfortable approaching the registered manager and their conversations were friendly and open.

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

- The provider sought people's views through the use of satisfaction surveys. We found most of the responses were good and staff had acted to make improvements where people had made suggestions.
- The registered manager held regular meetings with staff where they shared learning and good practice, so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, any changes or developments within the service.
- Staff also discussed the changes to people's needs during the daily shift handover meeting to ensure continuity of care.

Working in partnership with others

- The provider had worked effectively in partnership with a range of professionals and acted on their advice. For example, they worked with commissioners, dieticians, GPs, district nursing, Speech and Language therapists and hospital staff.