

Mr & Mrs R M Boundy

# Garson House Care Home

## Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Garson House Care Home is a residential care home for 13 people with conditions associated with old age including dementia. There are some bedrooms on the ground floor, but most bedrooms are on the first floor with access via a passenger lift. Communal lounges and dining area are all located on the ground floor. The home is in the middle of a small town and so access to local shops and cafes is available.

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

People were at risk of receiving unsafe or inappropriate care as care records did not always reflect their current needs and safety monitoring was not always completed. We found assessments and care planning was, at times, based on historical documents and did not reflect people's current needs. Care planning documentation that detailed care delivery measures and outcomes was not always completed.

People, staff and visitors were placed at risk by poor environmental management. Fire risk assessments were not current, people were using mobility equipment that had not been serviced for in excess of two years and the expired electrical safety certificate for the service could not be located. Action was being taken to address this.

There were no formal systems to review incidents and accidents in operation, placing people who may have evolving care needs at risk. We also identified one staff member had not been recruited in line with requirements.

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. However, there was a lack of understanding around the Mental Capacity Act 2005 and how it was applied in the service. Whilst there were systems in place that ensured for those people who were deprived of their liberty, it was done so with the appropriate legal authority, it was not clear the service management fully understood when an application was needed. We have made a recommendation about this.

People received personalised care; however, the records being used were historical and did not reflect people's current care needs. Improvements were needed around end of life care planning to ensure it was consistent throughout the service for all people being supported.

There were insufficient governance systems in operation to ensure the health, safety and welfare of people using the service and others. Auditing of care records, environmental risks and Mental Capacity Act 2005 documentation had not been consistently completed. The provider had also failed to notify CQC in full about any significant events at the service in line with regulatory requirements.

People told us they felt safe at the service and staff knew how to identify and report concerns. Medicines were managed safely, and the service were following current infection control guidance. Visitors were able

to enter the service. Staff received training and felt well supported by the service management. The service worked well with other health professionals and we received positive feedback from the professionals we contacted.

People and their relatives spoke positively of the caring staff that supported them. One person told us, "Of course I'm happy here." We reviewed the compliments the service had received, and we saw peoples' records were stored confidentially to promote their privacy.

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 (published 4 October 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

The inspection was prompted in part due to a low number of statutory notifications received from the provider. A statutory notification contains information about certain incidents and events the provider is required to notify us about by law. A decision was made for us to inspect and examine those risks.

#### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, good governance, fit and proper persons employed and failure to send statutory notifications to the CQC as required. We have also made a recommendation around the current systems in place for managing Deprivation of Liberty Safeguard applications.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow Up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe.

Inadequate ●

### Is the service effective?

The service was not always effective.

Requires Improvement ●

### Is the service caring?

The service was caring.

Good ●

### Is the service responsive?

The service was not always responsive.

Requires Improvement ●

### Is the service well-led?

The service was not well-led.

Inadequate ●

# Garson House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

This inspection was carried out by one Inspector.

#### Service and service type

Garson House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Rise Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post. There was also another manager appointed who was involved in the day to day management of Garson House Care Home. We have referred to them in this report as the service manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

We reviewed additional information we held about the service, this included previous inspection reports and statutory notifications. A statutory notification contains information about certain incidents and events the provider is required to notify us about by law.

#### During the inspection

We spoke with six members of staff which included the service manager, administrative staff and care staff. We also spoke with the Nominated Individual who was also the registered provider and registered manager of the service. We spoke with five people who lived at the service, three people's relatives and observed some interaction between people and staff.

We reviewed a range of records, including peoples' care records, staff recruitment files, records relating to safety checks including fire safety and accident and incident records. We also reviewed medicines records and records relating to monitoring and quality assurance. Following our site visit we received feedback from three healthcare professionals. We also received further clarification and documentation from the service to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Inadequate. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

- People were at risk of receiving unsafe or inappropriate care as care records did not always reflect their current needs and safety monitoring was not always completed.
- Where people's risks were assessed, records did not always reflect their current needs. For example, one person's continence records did not reflect their current needs. This placed them at risk of unsafe care.
- Records did not indicate people's needs had been met in line with their care plan. For example, one person's malnutrition plan identified they required monthly weighing to be completed, however weight charts indicated five months had elapsed since the person was last weighed. This placed the person at risk of any sudden weight loss not being identified.
- A specific plan of care had not been created to ensure people's needs were met. For one person who was nursed in bed, the service had not produced a record to show how the person should be supported in relation to regular repositioning. Whilst staff clearly explained how the person was supported, this was not evidenced through supporting records.
- People had individual emergency plans in place to ensure people were supported to evacuate in the event of a fire. However, we found some of these had been created in 2018 and were not reflective of the person's current needs, placing them at risk of not being evacuated safely if required.
- Environmental safety monitoring was not safe. For example, we found hoists and other mobility equipment in the service had not been serviced since March 2019 presenting a risk to people.
- Some items of portable electrical appliances had not been tested annually to ensure they were still safe to use. The fire risk assessment for the service was shown as requiring review in July 2022 and emergency lighting had not been tested or serviced since May 2021.
- A representative of the provider told us the electrical safety certificate for the service had expired but was unable to locate it to evidence by how long.

### Learning lessons when things go wrong

- There was no formal system to ensure accidents and incidents were monitored by the service management to identify any patterns or trends.
- Staff we spoke with told us they knew how to report accidents and incidents; however, it was not evident further steps were taken following an accident or incident which placed people at risk.
- We reviewed one person's records. We found hospital discharge and follow up records showed they had an incident on a piece of mobility equipment in December 2021 and they suffered a fracture. There was no accident or incident form within the persons records detailing the incident or what further preventative action was taken.
- Another persons' records showed a series of falls and incidents since 2019 that may have indicated a

decline in their mobility requiring further action. No changes had been made to the persons' mobility plan that was dated 2018.

Whilst we did not find significant impact to people, inaccurate records relating to the delivery of care presented a risk. The current safety management of the service environment and building presented to a risk to people and staff in the service. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- Staff had not consistently been recruited safely. Relevant pre-employment checks had not always been carried out including obtaining references from previous employers. On reviewing one staff members' file there were no references to evidence their previous conduct in employment to reduce any possible risks to people. The service manager subsequently sent references, but they did not correspond to those on the application form or show compliance with the relevant legislation.

Whilst we did not find significant impact to people, incorrect recruitment processes presented a risk to some people. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient staff on duty to meet people's needs. A person we spoke with said, "They are around, but busy."
- Relatives and staff we spoke with did not raise any concerns about staffing levels. The service manager and staff told us the service had undergone a very challenging time with staff often working additional and excessive hours to ensure people were cared for.
- The service operated a set number of staff throughout the day to care for people and also employed additional staff such as housekeeping staff.
- There was currently a reliance on agency staff at the service, but the provider had ensured the same agency staff were used to promote care continuity.
- Due to the inability to recruit locally, the provider had sponsored a number of foreign national staff to come and work at the service to reduce current staffing pressures. The provider is currently awaiting the completion of the visa process.
- We observed during the inspection that call bells were responded to promptly.

#### Using medicines safely

- Medicine systems were safe, and people were receiving their medicines as prescribed.
- There were effective systems to order, store, administer and return medicines and the service used a dedicated pharmacy.
- Medicine administration records we reviewed were completed accurately.
- A small group of specific staff were trained in medicines management and staff told us their competency was assessed prior to administering peoples' medicines.
- Protocols for medicines which had been prescribed to be taken 'as required' such as pain relief were mainly completed and available. We identified a minor oversight in relation to a prescribed 'as required' medicine that the service manager told us they would rectify.
- Medicines requiring additional security and recording were stored as required.
- Medicines management audits were completed monthly by a dedicated member of staff.

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

- People were protected from the risk of abuse as staff understood reporting procedures, however some



improvements were needed in the recorded reporting process.

- The service had safeguarding policies for staff to access; however, these were not specific to Garson House Care Home and were produced by the local authority. The main policy in place at the service was dated 2013. The requirement of a service specific policy was highlighted to the provider and the service manager as this would highlight internal reporting processes to staff.
- People told us they felt safe with staff and we made observations to support this. One person said, "I feel happy here." A relative said, "We are more than happy Mum is safe here."
- Staff we spoke with confirmed they had received training in safeguarding and were able to explain both internal and external reporting processes.
- Staff told us they felt confident any concerns they reported would be addressed promptly to protect people at the service.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date, however the service manager had not completed a recent infection control audit due to staffing constraints.

#### Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance.
- Risk assessments had been completed where relevant. This included when people received visitors when they were assessed as being at or close to the end of their lives.
- People's families told us they were supported to visit in a safe way and felt welcome when visiting.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of our inspection, there were no people living in the service that had an authorised DoLS. We found two applications to deprive people of their liberty had been made. These applications were currently pending progression by the relevant local authority.
- Whilst applications had been made, it was not clear there was a good working knowledge within the service management as to when a DoLS application should be made.
- We saw that for some people the service had completed a capacity assessment on admission which is not in keeping with the principles of the MCA. Further assessments had been recorded afterwards with no clear rationale as to why they had been done.
- Some people had an appointed Lasting Power of Attorney (LPA) in place to make certain decisions on their behalf if they did not have capacity to do so. This documentation could not be produced during the inspection but was sent retrospectively by the service manager. This documentation did not evidence the LPA gave the attorneys the relevant legal authority to make decisions about care and welfare. Within another person's care plan, their end of life care plan stated they had an LPA but this documentation was not within the person's care records.

We recommend the service seeks advice and guidance from an accredited source to ensure the MCA 2005 and relevant supporting legislation is well embedded in the service.

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

- People were assessed prior to moving into the service to ensure their needs could be met and the environment was suitable for them.
- The service manager told us prior to the Covid-19 pandemic they would complete a home visit. The service currently worked in partnership with the local authority and families for pre-admission processes at the time of the inspection.
- Nationally recognised tools in relation to skin integrity or identifying a risk of malnutrition were used within care plans, however as highlighted within the report these were not always current or reflective of people's needs.

Staff support: induction, training, skills and experience

- Staff received a continuous training programme to support them in their roles and deliver care in line with recognised standards.
- The service manager explained training was delivered across both an online platform and practical training sessions.
- Staff told us they felt well supported with their training needs and this allowed them to support people correctly.
- Induction for staff new to the care industry included attaining the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Whilst staff did not always receive regular supervision, they told us they felt well supported by the service management. The service manager told us regular supervision and appraisal would commence following the imminent arrival of new staff.

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

- People we spoke with during our inspection did not raise any concerns about the food they received. One person commented, "The food choice is good."
- People were supported with hydration. People were observed being offered choices of drinks and there were drinks available to people in their rooms.
- Healthcare professionals we spoke with did not raise any concerns in relation to the nutritional support people received.

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

- People had individual rooms with some having en-suite toilet facilities. People also had access to communal bathroom and toilet facilities.
- Additional communal areas were available for people to use. The service benefitted from a lounge area and a dining area. There were large communal garden areas in the grounds of the service and a summer house.
- There was a passenger lift in operation to support people to access the upper floor.
- Communal areas such as the toilets had clear signage on them to aid people in navigating around.
- People told us they were happy with the service and their individualised rooms. People's rooms were personalised with items such as family pictures and ornaments.

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

- People had access to a variety of healthcare services and professionals according to their needs. One person said, "They get the Doctor if needed."

- People were registered with a GP for appointments and advice as needed. Healthcare professional feedback we received was positive.
- A healthcare professional comment included, "[Service manager] and the carers contact us or the GPs when they have any concerns about a resident's health. We have no concerns about the safety of the residents."
- People's relatives were confident the service would seek and receive care from external professionals and told us they were made aware of any concerns. One relative said, "The communication is good."

# 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 our last inspection we rated this key question Good. The rating for this key question has remained Good. 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

- People received care from staff who had developed positive and caring relationships with them. Staff we spoke with knew people well.
- Staff had a very positive attitude towards the standards they wanted to provide, with one care staff member saying, "Everything revolves around the residents here."
- People were positive about the care they received and staff that supported them. One person told us, "I'm happy here." Another person told us, "They look after us very well really."
- Relatives spoke positively about care provision and staff. One said, "I'm really happy with it here. Mum is really happy."
- A selection of compliments received by the service were reviewed. One read, 'Thank you so much for looking after Mum so well. I'm sure she enjoyed her time at Garson House.' Another said, 'Your team worked very hard keeping him comfortable, your kindness has always been appreciated.'

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

- People told us they received care how they wished and in line with their preferences.
- No concerns were raised by people about involvement or contributing to their care or making decisions about their daily lives. Every person we spoke with said staff listened to them and respected their thoughts and opinions. One person said, "I get everything I need, but I try to do a lot for myself."
- We observed staff offering people choice and people were communicated with respectfully.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We observed positive interactions to support this during the inspection.
- Staff gave examples of how they promoted independence and we made observations to support this. People were offered choices during the day including around their meal choice and what they wished to do.
- People were positive about the level of independence they had when being supported with personal care.
- The service had ensured that people were afforded privacy when using the visitors area which had been created due to the Covid-19 outbreak. We saw this being used the day of our inspection.
- Records within the service were maintained confidentially.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant there was a risk people's needs were not always met.

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

- We found staff were responsive to people's needs, however improvements were needed around records.
- Every person at the service had a care plan, however these plans were not always reflective of their current needs. This meant there was a risk care would not always be responsive.
- Some records within people's care plans were dated 2018 and 2019 and did not always reflect change. For example, one person's mobility plan had not been changed since 2018 despite falls and incidents occurring.
- Some assessments had been completed but it was not clear why they were in place or what their purpose was. For example, one person had a 'depression assessment' and an 'emotional assessment' completed in 2018. It was not clear what the purpose or the intent of the plan was nor had it been reviewed or updated in just under five years.
- Whilst records required updating, people and their relatives told us care was personalised and staff knew them well. One person said, "I get everything I need."

End of life care and support

- Whilst we did not identify any impact on people, care and planning to support people at the end of their lives was not always recorded to evidence people's preferences and wishes.
- At the time of our inspection, there were people within the service currently assessed as nearing the final stages of their life.
- Care records did not consistently evidence people had records relating to their end of life wishes. For example, some records had an end of life care plan and others did not. Where the end of life records were left blank, it was not evident any steps had been taken to formulate a plan or have a discussion around end of life care planning.
- Where it could be achieved, during the Covid-19 pandemic people close to the person had been supported to be with them at the end of their lives.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Whilst we were unable to identify any direct impact on people, it was not evident the AIS had been considered or embedded within the service. The service manager told us they did not currently use any

additional methods to aid or enhance communication.

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 had limited opportunity to be involved in activities. The service manager told us current staffing issues had impacted on being able to have a structured programme.
- People told us at times they did not have things to do but we saw people in the communal areas spent time together. One person told us, "I think they do the best they can." Another person commented, "Sometimes we just sit here - like today, I will go to my room."
- The service manager told us that upon the arrival of new staff, which was forecast to happen in the very short term future, activities would be more structured and frequent.
- People had visitors to support them to avoid being socially isolated. We saw on the day of the inspection people were visited and spent time with others in the communal areas and in their own bedrooms.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. The policy and procedure detailed how complaints or concerns would be handled.
- There was a copy of the complaints policy and process within the communal area when entering the service.
- The service manager told us no formal complaints had been received for a very long time.
- People and their relatives did not raise any concerns or issues about either making a complaint or complaints management. One person we spoke with told us, "I have no complaints but would be happy to speak to someone."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- There were currently significant shortfalls within the leadership and oversight of the service which placed people at risk. This had resulted from both the personal circumstances of a senior figure in the service leadership and a staffing problem.
- There were no effective systems to monitor the health, safety and welfare of people at the service and the service environment. For example, care plan audits had not been completed frequently and identified some poor record keeping or inaccurate care plans and emergency evacuation records. Infection control audits had also not been completed.
- We found the absence of audits in operation had failed to identify concerns identified during the inspection relating to inaccurate records regarding people's health and welfare. In addition, there was no effective monitoring in relation to protecting people at increased risk of harm following a fall or incident or ensuring recruitment was safe.
- Current governance arrangements and leadership understanding had not ensured the documentation relating to the Mental Capacity Act 2005 had been appropriately completed.
- The failure to ensure the service environment and associated equipment in use was safe had not been identified. Matters such as expired portable appliance testing, unserviced mobility equipment and being unable to locate an out of date electrical safety test certificate did not evidence an effective governance system was in operation.

The inadequate and ineffective governance arrangements may present a risk to people and staff at the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had failed to notify CQC in full about any significant events at the service in line with regulatory requirements. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The absence of reported data may not ensure effective regulation can take place.

The failure to notify CQC of deaths and a serious injury in line with requirements was a breach of Regulation 18 of the Care Quality Commission (Registration Regulations) 2009.

Continuous learning, improving care and working in partnership with others

- There was no current system to review incidents and accidents to reduce the chance of recurrence and



learning. This did not evidence that continual learning and adaptation to people's changing needs was fully embedded in the service.

- The service manager continued to learn and evolve to the changing guidance during the Covid-19 pandemic and had copies of relevant guidance and legislation to support learning.
- The service management had community links prior to the Covid-19 pandemic, including with members of the local population. It was forecast that community links will be reconnected in the near future.
- Staff and the service management worked with other professionals to ensure people's needs were met appropriately. The registered manager commented positively on their relationship working with other professionals.
- All of the feedback we received from healthcare professionals about the service was very positive. One commented, "The owner led the carers very well and expects high standards of care." Another said, "I have always found the management and staff very helpful and caring. When I have had residents under my care or someone has gone into to care, I have never had a concern about the care and communication that I have received."

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

- People, their relatives and staff told us they had confidence in the leadership at the service. Relatives said the service manager was always available for them.
- One relative told us, "I'm happy with the management." Another told us, "If there is ever any concerns they are straight on the phone."
- Staff spoke of a positive working environment despite significant pressures and challenges due to current staffing issues. One staff member said, "[Service manager] is amazing, she cares so much and she's just brilliant." Another staff manager described the service manager as, "Amazing."

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

- There were no formal systems currently in operation to seek continuous feedback from people, their families and staff. However, the service size and number of people living within it meant that communication was frequent, and no concerns were raised.
- There were no formal staff meetings, however staff we spoke with told us communication was very frequent due to the small staffing team and all of the staff felt the current systems in place were sufficient. There was a communication book to record and share key messages.