

Wigan Council

Heathside Residential Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Heathside Residential Home is based in Leigh and is owned by Wigan Council. The home can accommodate up to 23 older people living with a diagnosis of dementia, as well as provide reablement support for up to seven people, within the newly constructed Heathside Assessment Pathway Service (HAPS). At the time of the inspection 25 people were living at Heathside Residential Home.

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

People spoke positively about the exceptionally high standard of care and support provided at Heathside Residential Home, stating they would definitely recommend the home to others. The home was described as being extremely responsive to people's needs and strove to provide personalised care which was focused on supporting people to achieve their goals and wishes.

People's independence was encouraged and promoted. We saw people had developed positive relationships with the staff, who knew people well and how best to care for them. Staff were highly motivated and compassionate, happily providing support outside of scheduled shifts, to accompany people on outings and activities or achieve goals they wanted to fulfil.

People told us they felt safe living at the home. Relatives also felt their loved ones received safe care, provided by staff who were kind, caring and respected people's privacy and dignity.

The home used a wide range of assistive technology and equipment to supplement the care provided by the staff. This had a positive effect in reducing falls and improving people's quality of life.

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

People were complimentary about the food and drink provided, telling us enough was provided and they were offered choice. People requiring a modified diet received these in line with guidance.

People reported staff were competent and knew how to do their jobs. Staff also told us they received sufficient training to carry out their roles.

Care files contained personalised information about the people who lived at the home and how they wished to be supported and cared for. People and relatives told us they were involved in care planning and reviews.

Where people required support at the end of their life, this was carried out respectfully, compassionately and with professionalism.

Peoples' social and recreational needs were met through a comprehensive activity schedule. A mix of activities were organised throughout the week which catered for all interests and abilities. This included regular access to the local community either individually or as a group.

The home had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Action plans had been completed to promote continuous improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Heathside Residential 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

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 care service.

Service and service type

Heathside Residential 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who lived at the home and seven relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, activities co-ordinator, team leader and care workers.

We reviewed a range of records. This included four people's care records, five staff personnel files and multiple medication records. We also looked at other records relating to the management of the home and care provided to people living there.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional information supplied relating to activities, therapy provision and the use of technology within the home.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living at Heathside. Relatives also had no concerns about the safety of their loved ones. Comments included, "[Relative] is 100% safe" and "I feel safe here, no qualms at all."
- Staff knew how to identify and report any safeguarding issues or concerns. Safeguarding training had been provided during induction and regularly refreshed to keep skills and knowledge up to date. This included specific training on the local authorities reporting system.
- The home had reported any safeguarding concerns in line with local authority guidance. A log had been used to record and monitor each referral, which included what had occurred, actions taken and outcomes.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care files contained detailed risk assessments which considered any hazards, the level of risk and how these would be minimised. Reviews had been completed quarterly, or sooner if a person's needs had changed.
- The home had effective systems in place to ensure the premises and equipment were safe and fit for purpose. Safety certificates were in place and up to date for gas and electricity, hoists, the lift and fire equipment, which had all been serviced as per guidance with records evidencing this.
- Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. There was an up to date fire risk assessment in place, along with personal emergency evacuation plans.
- Accidents and incidents had been recorded consistently and dealt with appropriately. Each incident had been reviewed by a manager, prior to being submitted to the provider who provided additional oversight. The aim was to consider each incident and how to prevent a reoccurrence.

Using medicines safely

- Medicines were being managed safely. Staff had received medicines training and had their competency assessed.
- Medicines administration records (MAR) had been completed accurately and consistently. A log had been used to record the time people had taken their medicine, to ensure sufficient gaps between doses had been maintained. Guidance about allergies and how people liked to take their medicines was included with the MAR. Information was also provided for each medicine, which detailed what it had been prescribed for, as well as how much to give and when.
- We saw 'as required' (PRN) protocols in place for people who took this type of medicine, such as paracetamol. These provided staff with information about what the medicine was for, how much to give and

when, including how to know it was needed if the person couldn't tell them.

- Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines had been administered and documented as per guidance.

Staffing and recruitment

- Enough staff had been deployed to meet people's needs. Feedback from people, relatives and staff confirmed this. Comments included, "Yes, we do [have enough staff]. Never feel like you are rushing" and "There are plenty staff, they have a very low staff turnover here."
- The home used a system to determine staffing levels, which was based on people's needs and the ratio of staff needed to meet these. The residential unit had a daily staff team of six, with additional support available from the activity champion and management. A separate staff team was used to cover the Heathside Assessment Pathway Service (HAPS), due to the differing needs of people using this aspect of the service.
- Safe recruitment procedures were in place, to ensure staff employed were suitable for the role and people were kept safe. Personnel files contained references, proof of identification, work histories and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

Preventing and controlling infection

- The home had received five-star food hygiene rating, the highest achievable, when last inspected by environmental health in September 2018. We found these standards had been maintained.
- The home was clean and free from odours with appropriate infection control and cleaning processes in place. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.

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, good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff completed regular training and supervision sessions, to ensure they had the knowledge, skills and support to carry out their roles. These had been clearly documented to evidence completion.
- Bespoke training sessions, in areas such as catheter and urinary care, urinary tract infection (UTI) and dehydration and sepsis, had been provided to ensure the home and its staff could meet people's needs. Reablement staff had received trusted assessor training, to ensure they could complete assessments of people's needs and provide support accordingly.
- Staff training included a detailed induction programme, covering training the provider considered to be mandatory, such as safeguarding, moving and handling, mental capacity, infection control and fire safety and included time spent shadowing experienced staff.

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

- Prior to people moving in, pre-admission assessments had been completed. These ensured the home could meet people's care needs and the environment was suitable.
- People's likes, dislikes and preferences had been captured as part of the admission process. This information had been used to help complete people's care plans
- Each person we spoke with, told us they were happy with the care received and were supported to make choices. One told us, "I can do what I want within the home. I can get up and go to bed when I choose." A relative stated, "Mum wasn't happy in one room, so they moved her and she's much happier. All her needs have been met."

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

- People and relatives we spoke with, were complimentary about the food and drink available and said enough was provided. One person told us, "Food and drink is very good, can have anything and portion sizes are good." A relative stated, "Food is fine, no problems with it. Mum gets food she likes to eat."
- People were able to eat where they chose. Staff were attentive to the needs of people during meal times, supporting those that required assistance to eat, whilst maintaining oversight of everyone else.
- People's specific dietary requirements, for example, soft, pureed or fortified diets, or thickened fluids, were being met with guidance in place for both kitchen and care staff to refer to. However, we found some instances where information in care files had not been updated in a timely way to reflect people's changing dietary needs. This was addressed during the first day of inspection.

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

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

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

- Restrictive practice assessments had been completed, to assess whether people were being deprived of their liberty.
- DoLS applications had been submitted where required, with a log used to monitor applications. We saw outstanding assessments had been chased up periodically by the registered manager.
- Where people lacked capacity to consent and did not have a legal representative, such as a Lasting Power of Attorney (LPA) for health and welfare in place, we saw mental capacity assessments and best interest meetings had taken place to make important decisions.

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

- People had access to a range of medical and healthcare services, with GP's and other professionals regularly visiting the home. Guidance from professionals was included in people's care files and helped inform both risk assessments and the care planning process.
- Staff had been trained to complete basic observations, such as blood pressure, pulse and temperature monitoring and urine dipstick testing, to reduce reliance on visiting professionals and enable earlier interventions to be introduced where issues were suspected or noted.
- The home had signed up to an oral care pilot scheme, run by the NHS to ensure people's oral care needs were being met appropriately.
- Where concerns had been identified, such as unplanned weight loss, issues with skin integrity, or concerns with swallowing, we saw referrals had been made timely to professionals such as GP's, dieticians, district nurses and speech and language therapists (SaLT). This ensured people received the correct care and support.
- Waterlow, which is a pressure ulcer risk assessment and prevention tool, had been completed monthly.
- The home used recognised monitoring tools, to assess people's risk of malnutrition, obesity and the development of pressure sores, with actions taken where necessary including the provision of equipment and regular monitoring.

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

- The environment was suitable for the people who lived there. The residential area of the home was filled with items of memorabilia, themed areas to aid reminiscence and pictorial signage, to help people identify bedrooms, bathrooms and toilets, as well as navigate their way around the corridors.
- The reablement area, Heathside Assessment Pathway Service (HAPS), had been custom built to meet the needs of people who used it. Dementia friendly lighting had been installed, bedrooms and communal areas designed to help promote people's independence with equipment and aids installed, so people could practice and re-learn skills prior to moving back home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People and relatives spoke highly about the standard of care provided. Staff were described as being 'very kind', 'friendly' and 'looked after people very well'. One person told us, "I love it here, the staff are smashing." One relative stated, "It's like I am leaving her with family", whilst another said, "All staff have been brilliant, it is clear staff love what they do, as they are really caring."
- There was an extremely strong and visible person-centred culture at the home. Staff members went out of their way to ensure people's needs were met and wishes fulfilled, including attending the home in their own time to provide support to people they were keyworkers for. This included personalising and decorating people's bedrooms, themed around their likes and interests to supporting people to attending activities they had expressed an interest in during conversations but had not done for some time, such as watching live sport, attending tea dances and going on shopping trips.
- One staff member had accompanied a person to a close family members wedding, remaining with them throughout. Due to this person's support needs, they would not have been able to go, without the staff's input in their own time.
- Within the reablement area, HAPS, staff had supported people to both forge and maintain interests and hobbies, which they could continue following discharge. This included daily support to attend an allotment to the completion of volunteer work, which gave this person a great sense of purpose.
- Observations during inspection demonstrated the positive interaction and relationship staff had with people, with appropriate use of physical contact used frequently to provide reassurance. These interactions had been noted by relatives with one telling us, "Staff, even the domestics, are always hugging the residents. Staff interact 100% with people here, I can't fault them."
- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. Care files contained an equality and diversity profile, which documented whether people had any specific needs or requirements relating to culture, religion, spirituality, lifestyle choice or disability.

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

- People received exceptional care in line with their wishes from staff who knew people well and what they wanted. People told us staff spent time chatting to them, listening to what they had to say and involving them in their care. One person told us, "The staff listen to me, they don't miss a thing. They help me when I need it but give me the opportunity to do things myself."
- People were asked for their views on the home and care provided via annual questionnaires and a 'you said...we did' format. Questionnaires had been compiled in an easy read format, using words and pictures,

to ensure they were accessible to all.

- Analysis of people's responses had been completed with action points generated and carried through. People were actively involved in this process, so they could see their requests were being met. For example, conversations and planning had taken place to create a garden designed by people living at the home, who wished to be involved with the support of their family and friends. People felt pride at sitting in an outdoor space they had been involved in creating.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were extremely respectful and treated them with dignity. One relative stated, "Mum is always treated with dignity and respect, never had any concerns in the way she is treated."
- Staff were passionate about maintaining people's privacy and dignity and ensured this was done consistently. Comments included, "I treat the residents how I would want to be treated" and "I tell people what I am going to do, make sure they are comfortable with this, close doors and curtains and use towels to protect their dignity."
- Staff described the ways in which they promoted people's independence. One stated, "We do this as much as we can, let people choose their own clothes, fasten buttons on their shirts. What they can manage to do, we promote."
- HAPS was all about improving people's independence and re-learning skills. People using the service and their relatives were positive about the impact the service had had. One relative told us, "Since [relative] has been here, they have picked up a lot and we are getting our [relative] back. Staff are brilliant, couldn't have picked a nicer place. It's like a home from home." Another stated, "They have been taking [relative] home three times a week, staff show [relative] and us what to do. I wouldn't have thought of some of the things they have shown us. They are so compassionate, they really care about [relative] and want to get them home."

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 improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People and relatives told us the home and staff were extremely responsive to their needs. Staff took time to get to know people, their likes, dislikes and interests and ensured care was delivered accordingly. Comments included, "Clearly the staff love what they do, can't fault them, they ensure all [relatives] needs are met" and "Mum is cared for in the way she would want, she is loved here, it is a loving environment."
- We observed numerous examples of person-centred approaches being utilised to meet people's individual needs. One person had been supported to re-connect with the professional football club they used to play for. This person now meets up regularly with ex-players they had lost touch with and engages weekly with visitors to the home, sharing stories of their playing days.
- Another person was reluctant to wear any footwear or to stand and mobilise. This person talked regularly about football and how they loved their boots. A staff member purchased some football boots, which upon seeing, the person asked to wear immediately. They then stood and walked about in them. They regularly ask to wear their football boots, which brings them joy.
- A third person used to love fishing in their youth but had not been for some time due to health issues. Once aware of this, the activity champion researched supported fishing options and found somewhere they could go to fish. After attending, the person told staff it had been a "day to remember". This activity has now been incorporated into their care plan.
- The home had embraced and was enthusiastic about the use of pioneering assistive and digital technology to improve people's health, wellbeing and safety. They had recently been shortlisted for a national innovation award as a result of the work completed in this area.
- The home had been trialling a device which attaches to a person's bed frame and continually monitors heart rate, respiration and body motion. The system provides an alert up to three minutes prior to people deemed a high falls risk getting out of bed, which allowed staff time to attend to the person and provide support. Since installing the system falls had reduced by 66%.
- The system has also benefited people at risk of developing pressure areas, by reducing the need to wake people and provide unnecessary pressure relief through the night. The system alerts staff if a person has not changed position independently within two hours, so they can provide care. Otherwise, people are left to sleep, which had improved their sleep/wake cycle, mood and general wellbeing.
- Other examples included an electronic system used within the reablement service, which helped promote independence, by providing remote monitoring, prompting to take medicines and complete set tasks, as well as providing a means to communicate via messaging and video calling. This system was transferable into people's homes.

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

- The home had an enthusiastic and proactive activity champion, who was ably supported by each member of staff. Activities and events were an integral part of people's care and support and were planned morning, afternoon and evening. Regular outings into the community were completed, both as a group and individually, so people could do the things they wanted.
- Every year themed events are organised based on people's suggestions and things which meant something to them. The home has previously turned itself into a holiday camp for a week. Held a weekend long music festival, 'Heathfields' for residents, their families and the local community and were planning a cruise ship event. Each day they will visit countries chosen by people, with menus, activities and events based on each specific country.
- The home recently piloted a music-based scheme which offered bespoke playlists to the audience they were playing to, based on lived experiences and requests. Following the pilot and the positive response of people living at the home, the system was purchased and used regularly.
- The home had links with a local primary school and nursery school, with children from both visiting weekly to engage in activities with people. Positive bonds and relationships have developed through this, with some children visiting at weekends to spend more time with people.
- Pet therapy was used regularly within the home. Following requests from people who enjoyed the animals visiting but wanted more, the home purchased its own rabbits, which people could help care for.

Improving care quality in response to complaints or concerns

- The complaints procedure was displayed prominently throughout the home, to ensure people knew action to take if they wished to raise concerns.
- People told us they knew how to complain and would feel comfortable doing so but had never had cause to. Comments included, "This place is very, very good. Never had any complaints" and "I have never needed to complain but would speak to staff if I did. They would sort any issues out."
- The home had a complaints log, on which complaints, actions taken, and outcomes would be recorded. However, in line with people's positive views on the home and care provided, none had been received since the last inspection.

End of life care and support

- People who wished to, had been supported to make decisions about their preferences for end of life care, which were clearly detailed in the relevant section of their care plan.
- The home ensured anyone on end of life care received one to one support, to ensure the person was not left on their own at any time.
- This personalised support was evidenced by a letter sent to the home by a relative. Within it they stated, 'Care staff sat with [relative] on a 24/7 basis, ensuring they were never left alone, even though they were not conscious. They showed, love, care, compassion and dignity throughout. I do believe in angels and they work at Heathside'.
- The home was supported by GP's and district nurses as required, to ensure people received the necessary care and support when approaching the end of their life.

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.

- Care files contained communication and respect assessments, which detailed people's needs, any

difficulties they may have and how best to communicate with them. These included details of any aids or equipment they needed to assist with communication.

- Information was available in a range of formats, such as easy read, to ensure all people living at the home had access to information in a way they could understand.

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, good. This meant leaders and the culture they created promoted high-quality, person-centred care.

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

- The home had an experienced registered manager who had been in post for over four years. They were supported by a team leader and four shift leaders, who together oversaw the daily operation of the home.
- People and relatives spoke positively about the home and how it was managed. Comments included, "It's a really, really good quality home" and "The home is fantastic, not a bad word to say about it."
- External professionals we contacted prior to the inspection, were also complimentary about the home and the leadership provided. One stated, '[Registered manager] is a real leader of both the service and her staff team and is able to motivate them in to doing things a little differently to enable a positive impact on people's daily lives.'
- The registered manager understood their regulatory requirements. The previous inspection report was displayed and available within the home and online. The registered manager had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.
- A range of audits and monitoring systems had been used to assess the quality and performance of the home and care provided. For each audit we saw actions and outcomes had been documented, to ensure continuous improvement was maintained and the home was meeting regulations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Since the last inspection the home had received Wigan Council's customer excellence award, in recognition of their effort to improve customer services and satisfaction. They had also been nominated and placed third at the Great British Care Awards (North West).
- Quarterly resident and relative meetings had been held, to capture people's views of the home and care provided, as well as discuss future plans and ask for people's feedback and suggestions.
- The home captured people's requests and suggestions via a 'You said... We did...' system. This listed what people had said or proposed, along with the actions taken by the home to fulfil people's wishes.
- Staff spoke positively about working at the home and the support they received. The registered manager and senior staff were reported to be approachable and a visible presence in the home. Comments included, "[Registered manager] is proper hands on" and "Everybody helps everybody, never worked in a home like this before."
- Team meetings were completed regularly, which provided staff with an opportunity to raise any issues or

concerns, as well as being involved in decisions about the home.

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

- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People and their relatives told us they currently had no concerns in this regard. Effective communication was maintained through meetings and the home having an open-door policy, with senior staff and the registered manager always available.

Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations, including the local community.
- The home was part of a project titled, HipHoperation, whose aim was to get people moving and interacting with other generations through dance. They were also part of the active care homes project, who were also focussed on keeping people moving, their health and wellbeing.
- The home is also part of the community circles hub model and meet with other local care providers on a monthly basis to share resources, training opportunities and ideas. This had led to some great partnership working across services and people accessing activities in other neighbouring care homes.