St Vincent's Charitable Trust

St Vincent's Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
St Vincent's Nursing Home is a residential care home providing personal and nursing care to up to 60 people aged 65 and over with general nursing needs and end of life care. At the time of the inspection there were 54 people living at the home. The service had four separate units, each of which have individual bedrooms with en-suite facilities and communal living, dining, bath, shower and toilet facilities.

People's experience of using this service and what we found
The provider had a procedure in place for infection prevention and control but Covid-19 risk assessments for people living at the home were not always in place. We have made a recommendation about the management of risks in relation to infection control.

People we spoke with told us they felt safe when receiving care. The provider had made improvements in the way medicines and risks were managed. Improvement had also been made in relation to the recording and investigation of incidents and accidents. There were appropriate processes for the recruitment of care workers.

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. Assessments of people's support needs were carried out before the person moved into the home.

People told us they felt care workers respected their dignity and privacy. People's religious and cultural wishes were identified and supported. People felt care workers provided support in a kind and caring way.

The provider had made improvements to the way care plans were recorded to ensure they identified how the person wanted their care and support provided. The provider responded to complaints in a timely manner.

The provider had a range of quality assurance audits and checks in place to monitor how care was being provided. People receiving care, relatives and care workers told us they felt the service was well run.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection and update
The last rating for this service was requires improvement (published 3 December 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Vincent's Nursing Home on our website at www.cqc.org.uk.

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**

St Vincent's Nursing 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.

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
The inspection was carried out by two inspectors, a member of the medicines team and an Expert by Experience who spoke with people living at the home and a relative. 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
St Vincent's Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-
We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, deputy manager, general manager, quality governance facilitator, care workers and deputy chef. We also spoke with one visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

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

Requires Improvement

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 requires improvement. At this inspection this key question has now remained the same. 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.

Preventing and controlling infection
• The provider had robust infection control procedures in place but Covid-19 risk assessments were not completed for people living at the home to identify any health issues or personal characteristics which increased possible risks from Covid-19.
• A Covid-19 care plan had been developed but there was standard wording used in relation to the person's risk and their specific risk was not identified. For example, we saw the Covid-19 care plans for people living with medical conditions such as an illness affecting their breathing or diabetes did not identify they were living with a medical condition which could increase the risks of Covid-19.

We recommend the provider review the guidance in place relating to reduction of Covid-19 risks for people living in care homes.
• The general manager confirmed that daily temperature checks were carried out for everyone living at the home as well as monitoring of their health.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● 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.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

• Risk assessments and risk management plans were in place and where a person had been identified as living with a specific risk, guidance on how to reduce possible risks was now provided for care workers and nurses. For example, we saw the needs assessment identified a person was living with Parkinson's Disease. We saw there was a detailed care plan in place which provided care workers and nurses with information on the disease with guidance on how to support the person and reduce possible risks.
• Personal emergency evacuation plans (PEEPs) had been developed for people living at the home and they included detailed information on how people should be supported if there was an emergency at the home. The PEEPs included if the person had any mobility issues or visual impairments, if they required any equipment such as a hoist and how many care workers needed to provide support.
• Care workers checked pressure relieving mattresses and recorded when they carried out the check on the electronic care system. The electronic records also indicated when people who were cared for in bed were repositioned to reduce the risk of them developing skin integrity issues.

Using medicines safely

At our last inspection we found nurses were not always recording the administration of medicines when these were given to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

• Medicines were safely managed. There were known systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. Medicines were safely secured and records were appropriate.
• The provider had introduced a new system to monitor and audit people's medicines on a regular basis, and we found improvements had been made as a result of this. For example, a monthly audit by the registered manager and clinical lead were carried out alongside a yearly audit to help ensure medicines administered as prescribed for people who used the service.
• We were assured that medicines related incidents were investigated properly with appropriate action plans and there were adequate processes in place to help ensure staff learned from these incidents to prevent them occurring again. For example, as a result of an incident where a care worker administered a medicine instead of a nurse, appropriate actions were taken and learning was shared via the provider's shared bulletin alert.
• People received their medicines as prescribed, including controlled drugs and those who self-administered their own medicines. We looked at 13 medicines administration record (MAR) charts and found no unexplained omitted doses in the recording of medicines administered, which provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed.
• There were separate charts for people who had medicines such as patches and insulin prescribed to them, and these were filled in appropriately by nurses. However, we found that body maps had not been completed for people who had creams prescribed to them to indicate the site of application. This was raised with the registered manager during the inspection.
• We found that room and fridge temperatures had been recorded appropriately in all areas where medicines were stored, including treatment rooms and people's own rooms.

Learning lessons when things go wrong

At our last inspection the provider had failed to ensure the process for recording and investigating incidents and accidents had been followed by staff. This was a breach of regulation 12 (Safe Care and Treatment) of

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

• When incidents and accidents occurred, we saw information was being recorded in line with the provider's processes.
• During the inspection we reviewed the records of four incidents. We saw these records included information on what actions had been taken immediately following the incident, if updates were required to care plans or risk assessments and what lessons had been learned.

Systems and processes to safeguard people from the risk of abuse
• People we spoke with told us they felt safe living at St Vincent's Nursing Home and when they received care. Their comments included, "I feel very safe here; I only have to press the call bell and they are here. They're never far away" and "I do feel safe, especially at night. The night nurse always comes in to see how I am. I go to bed and I feel safe." A relative told us, "It feels very secure here. I like that there is fob key access, which makes me feel comfortable that my relatives are safe."
• The provider had a clear process in place for the reporting and investigation of safeguarding concerns. At the time of the inspection, the general manager confirmed there had been no safeguarding concerns raised during the previous year.

Staffing and recruitment
• The provider had a robust recruitment process in place which enabled them to check new staff had the appropriate skills and knowledge for their role.
• People felt there was enough staff on duty to provide the support they required. People told us, "There are enough staff. At night people check-in on me" and "If I need anything there is always someone to help."
• The staffing levels on each unit were based upon an assessment of the level of support people required. This assessment was ongoing with staffing levels adjusted as people's needs changed.
• The provider had a robust recruitment process in place. During the inspection we looked at the recruitment records for four new staff members who had been recruited since the last inspection. We saw each staff member's records included a full employment history, two references and a criminal record check which followed the provider's process.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found staff were not always up to date with their training to support them in providing safe and appropriate care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

• People we spoke with felt the staff had the appropriate training to provide the care and support they needed. One person said, "I think the staff are well trained. They seem to know what they are doing."
• The training records for all staff indicated that the majority of staff were up to date with training that had been identified as mandatory by the provider. We also saw nurses had completed training in relation to specific aspects of care such as tissue viability and PEG. A PEG (Percutaneous Endoscopic Gastrostomy) is a way of introducing food, fluids and medicines directly into the stomach through a thin tube that has been passed surgically through the skin and into the stomach. In addition to the specific training they also received support from specialist nurses for additional guidance when required.
• Each member of staff had a training profile booklet which was given to them then they started working at the home. This identified the training required for their role and how they should access the training courses.
• The general manager explained that during the pandemic the provider had invested in online training and purchased a tablet computer which staff could use on site or at home to complete their required training.
• The majority of care workers we spoke with told us they felt supported and they confirmed there were regular team meetings on their units. They also had regular supervision with their line manager and appraisals.

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.

At our last inspection we found systems were either not in place or robust enough to ensure people's care was provided in line with the principles of the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

• The provider was working in line with the principles of the MCA and ensured the care was provided in the least restrictive way possible.
• Care plans identified where DoLS had been authorised for the person and if a person had a Lasting Power of Attorney in place to enable their relatives or representatives to support them in decision making. A lasting power of attorney (LPA) is a legal document that lets a person appoint one or more people to help them make decisions or to make decisions on their behalf.
• Mental capacity assessments had been carried out and best interest decisions had been made in relation to aspects of a person's care including the use of bed rails, Covid-19 testing and the administration of a Covid-19 vaccine.
• Care workers demonstrated a good understanding of the principles of the MCA. One care worker told us, "If they have capacity it is their decision to make, if not I will show them things like food and drink to choose. Even though they have dementia they are still a person and we have to treat them well and always give them a choice."

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to have a healthy diet which included food and drinks they enjoyed. People we spoke with told us they liked the food and drink options available and they were able to choose where they ate their meals. Their comments included, "If you want anything special, they're accommodating. I like a salad in the evening, and they will make that for me. There's a choice for lunch. You can have a vegetarian meal too", "Throughout the day there are plenty of extras: juices, fresh fruit. Even the visitors can help themselves" and "The food is good. You can have lunch where you choose, in the dining room or elsewhere."
• Care plans included information on what people preferred to eat and drink. Guidance was also available if the person required a specific diet for example soft or pureed food.
• We saw people were able to select their own meal choice from the menu for the next day and, where required, care workers supported people to identify their meal preference.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People confirmed they were able to access healthcare professionals to help them live a healthier life. Their comments included, "I've had telephone conversations with doctors, they're not visiting at the moment [because of pandemic]. My chiropodist is visiting tomorrow. I'm registered with a dentist but I've not seen him yet" and "When I visit the hospital the driver takes me there in the bus belonging to the home. Somehow, he makes everything lighter."
• Care plans provided guidance for care workers on how to support people with their oral healthcare which included how much support a person required with cleaning their teeth and if a person had dentures, explaining how they should be cleaned. The support provided with oral health was recorded in the records

of the care provided which were completed by the care workers.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's care and support needs were assessed before they moved into the home to ensure their identified needs could be met. When an application to move into the home was received, senior staff would meet with the person and their relatives/representatives to identify their health and care needs and how they wanted their support to be provided. This was used to develop the care plan and risk assessments.
• A relative commented, "There was a really thorough assessment completed when my relative moved here. I can remember talking about possible risks with personal care as my relative has dementia. The manager was involved with this and listened to my suggestions to avoid the situation becoming traumatic for both my relative and the carers. This has helped my relative stay safe."

Adapting service, design, decoration to meet people's needs
• The home had an environment which enabled people to be as independent as possible and to take part in activities they enjoyed. People were given enough space in corridors and doorways to move easily around the home especially if they used equipment to support their mobility such as wheelchairs, frames or motorised mobility scooters.
• Units and rooms were clearly identified to support people in finding their way around. Photographs of the staff working on each unit were displaying in the communal areas to support people in identifying them.
• People told us they were able to access the garden and were able to grow flowers and vegetables with staff supporting them when required.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Respecting and promoting people's privacy, dignity and independence

• People we spoke with told us they were happy with the care they received and the care workers and nurses providing support in a kind and caring manner. People's comments included, "I am treated with kindness. The carers are respectful" and "I see how they treat others here and it is very dignified. They always use names. They touch people appropriately when helping them."

• During the inspection we saw that care workers and nurses spoke with people in a kind and friendly way. We saw they asked people if they needed help and encouraged them to do as much as possible themselves. During lunch we saw care workers chatting with people, laughing with people, helping them make choices and making the meal an enjoyable experience.

• People told us they were supported to maintain as much independence as possible. One person told us, "Things are done with great care. I have much independence. I choose my own clothes when I get dressed. I wouldn't have it any other way as I like fashion."

• People's care plans identified their religious beliefs and any cultural preferences they had. A daily Mass was held at the home and people could either attend the service in the chapel or, as the Mass was broadcast around the home, they could choose to take part in their bedroom or in one of the communal lounges. People with different religious beliefs were supported to access representatives from their preferred religious community. People told us, "I'm not a catholic but I do occasionally attend mass here", "I'm a catholic and my religious needs are taken care of" and "I'm a catholic. I feel fortunate to be here."

• Care plans identified the person's preferred gender of care worker when receiving support with personal care. One person said, "One day a male carer came in to shower me and I said I'd prefer a female. There have been no problems since."

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

• People were supported to be involved in decisions about their care. One person said, "I'm not sure about a care-plan but I do get involved with care decisions. I prefer to have breakfast in my room and that is respected. Things like that."

• The general manager explained that when care plans were developed or reviewed, people were involved and they could also involve their relatives/representatives if they wished. With the person's consent, relatives/representatives could access the person's care plans, risk assessments and records of the care provided each day electronically.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we found care plans did not provide accurate information on people's support needs to ensure these could be met. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

• Care plans identified people's support needs and how they wanted their care provided. An electronic care planning system had now been fully introduced which enabled care workers and nurses to access people's care plans and risk assessments as well as recording the care provided using hand-held electronic devices.
• During the inspection we reviewed the care plans for five people. The care plans included information on how the person wanted their personal care provided, how care workers should support them in relation to a range of care activities and the person's preferences for what they would like to do during the day.
• Care workers recorded the care they provided for each person using the electronic care record which also indicated when a specific aspect of the person's care such as repositioning was due as a reminder for them.
• We saw people's weight was recorded in line with the requirements identified in their care plan.

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.

• People's communication needs had been assessed and identified as part of the care plan.
• The communication section of the care plan identified if the person had any visual or hearing impairments as well as information specific to support needs. For example, the care plan for a person living with dementia indicated that care workers should use simple sentences, stand to a specific side as their vision was better and for care workers to be patient which would help the person be more settled.
• Care workers explained how they supported people who may not always be able to communicate verbally. One care worker said, "Two or three residents don't talk much. Look at body signs. For example, if they don't eat something, we know they don't like it."

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
• We asked people living at the home if they had been supported to keep in touch with their relatives and friends during the pandemic and if visits were being organised. Their commented included, "I haven't had any visitors yet. I hope to see my family members soon. During the pandemic I have used facetime, but mainly the telephone, to keep in touch" and "My friend has arranged to visit tomorrow. We kept in contact by phone during the pandemic. I was OK during the past year as I like my own company."
• Care plans identified family and friends who were important to them and any interests or activities they liked.
• People told us there were lots of activities organised before the pandemic but some of these had been suspended. One person told us, "There hasn't been any due to the lockdown. I understand that. We have been doing some craft things [pointing to red paper roses on the dressing table]. Those are for St. George's Day. I'd like to do an exercise class as I want to stay mobile. I do go for a walk in the garden on my own, which is my choice."
• An activity coordinator explained more one to one activities, had been organised and they had organised a singer to perform online and people could watch the broadcast in their bedrooms.

Improving care quality in response to complaints or concerns
• Complaints were responded to in an appropriate manner. People we spoke with confirmed they knew how to raise any concerns. Their comments included, "If there was something bugging me, I would definitely say something. I think there is someone called [identified name of senior staff member] who I would ask. I have no family to do it for me so I'd have to do it myself" and "I wouldn't hesitate to tell them if I wasn't happy about something. I normally do."
• The quality governance facilitator explained comment cards were available for people to raise any concerns or positive feedback. If a concern was raised an investigation would be carried out and a letter sent to the person with the outcome and any actions taken.
• We saw the record for one complaint which included information about the investigation, the outcomes and the letter sent to the person who raised the concern.

End of life care and support
• People's wishes in relation to how they wanted their care provided when receiving support at the end of their life were identified and met. The care plans included information for nurses and care workers in relation to the person's wishes. For example, care plans identified if the person wanted to be resuscitated, who they wanted to be informed of their care needs and how they wanted any pain managed.
• We asked a visiting healthcare professional about their experience of how end of life care was provided at the home. They told us, "The hands-on care I have seen was provided with dignity and respect with a focus on cultural and religious wishes to be met."

Good

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 requires improvement. At this inspection this key question has now improved to good. 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

At our last inspection the provider did not have appropriate information provided by their quality assurance processes to ensure they identified areas were action was required. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

• The provider had a range of quality assurance checks in place to monitor the care provided. An audit timetable had been developed to indicate when each audit was due to be completed and identified the member staff responsible for undertaking the audit.
• A quality assurance report was prepared quarterly for the board of trustees. The report included information on the achievements, challenges faced by the service and lessons learned. In addition, there was analysis of a range of audits including complaints, incidents and accidents and clinical issues such as the number of pressure ulcers and infections. The report also included updates on the infection control procedures in relation to Covid-19.
• Incident and accident records were reviewed at twice weekly incident management meetings which were attended by the quality governance facilitator, the registered manager, deputy manager and general manager. An action plan was developed for each incident at this meeting and this plan was regularly reviewed.
• A number of environmental audits were also regularly completed which included gas safety, fire systems and hot water temperatures.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People receiving care and a relative we spoke with were happy with the care provided by the nursing home. The relative commented, "I feel they have managed things very well this past year. What I liked was how good the communication was. We had regular newsletters. Everything was transparent. It has been very reassuring. They welcomed feedback and acted on it."

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 receiving care and relatives we spoke with told us they felt able to speak with senior staff to raise any concerns or if they had any questions. A relative commented, "There are feedback forms available in reception that will always be followed up. If I had actual concerns (something serious) I would go to the manager or the deputy."
• The provider had a procedure in place to respond to complaints. If a concern was raised it was responded to in a timely manner and it was identified if any improvements could be made.
• The provider had a range of policies and procedures which were regularly reviewed and updated when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People were supported to provide feedback on their care. The senior staff visited the units regularly and people were able to speak with them. One person commented, "I know the manager. They are always available to speak to."
• An annual survey was carried out with people living at the home and the feedback that was received was analysed and any actions were identified.
• There were regular meetings held for people to provide feedback, but these have been limited during the pandemic. People told us, "There are normally meetings here, but they have not been held since lockdown. I'm happy with what goes on here. I know I would be listened to if I made a suggestion" and "There are resident's meetings but none at the moment as we are in 'wing bubbles'. I think they do act upon suggestions made in the meetings."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Staff had clear roles and responsibilities identified. Specific responsibilities were identified in the processes which were in place. For example the quality governance facilitator was responsible for carrying out investigations into any complaints as well as incidents and accidents.
• In addition to the regular board of trustee's meetings there were sub committees responsible for the monitoring of specific aspects of the service.
• If a specific issue was identified through the review of incidents and accidents a 'Learning from incidents' leaflet was circulated to staff which included any lessons learned and how staff could implement them to reduce the risk of reoccurrence.
• Care workers, in general, felt supported and that the service was well-led. Their comments included, "The quality of the care is really good, and they do make sure their care is up to standard and if we need more help, they will give training and mentoring" and "Since last inspection there have been changes. It's improving."

Working in partnership with others
• The provider worked closely with other organisations. The registered manager confirmed they attended the provider forum meetings which were held by the local authority. They also worked with the community matrons with daily telephone calls to discuss how things are going and weekly visits to identify any additional support if required.
• There were close links with community organisations with people successfully taking part in the annual flower and vegetable show held by a local horticultural society.