

# Bayfield Court Operations Limited

# Ivy Grove

## Inspection report

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## Ratings

### Overall rating for this service

Good ●

Is the service safe?

Good ●

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

Ivy Grove is a care home for 46 older people, some of whom may be living with dementia. The home is spread over 3 floors and each floor is accessible by a lift. At the time of this inspection there were 36 people using the service.

The care home is run by 2 companies; Care UK Community Partnership and Bayfield Court Operations Limited. These 2 companies have dual registration and are jointly responsible for the services at the home. Care UK has replaced Gracewell Healthcare Limited since the last comprehensive inspection and the care home was known as Gracewell of Chingford.

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

People were kept safe from the risk of harm or abuse. People using the service felt safe with staff at the service and relatives confirmed this was the case. Staff knew how to report concerns of abuse. People had risk assessments in place.

There were enough staff at the service to meet people's needs and nobody had to wait long for support. Staff were recruited safely. Medicines were managed safely, and people were protected from risks associated with the spread of infection. Accidents and incidents were recorded, and lessons learnt from these shared with staff.

People had assessments before they began to use the service. Staff were supported with appropriate training and supervision. People had a choice of nutritious food and drink and their healthcare needs were met. The building was designed to meet people's needs and people were involved in decisions about the environment. 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.

Staff were knowledgeable about people and their care needs. People and relatives thought staff were kind and caring. Staff understood how to treat people fairly and equally. The provider involved people and relatives in decision-making around the care people received. People's privacy and dignity was promoted, and staff understood how to maintain people's independence.

Care plans were person-centred and staff understood how to deliver personalised care. People's communication needs were met. There were a variety of activities offered to people inside and outside the service. People and their relatives knew how to make a complaint. Care records documented end of life care wishes so this type of care could be provided when needed.

People, relatives and staff spoke positively about the leadership in the service. Managers and staff understood their role and responsibilities. The provider involved people, relatives and staff in developing the

service. People, relatives and staff had regular meetings so they could be updated on changes within the service. The provider had quality assurance systems in place and carried out quality surveys to identify areas for improvement. The provider worked jointly with other agencies to improve outcomes for people.

#### Rating at last inspection

The last rating for this service under the previous joint providers (Bayfield Court Operations Limited and Gracewell Healthcare Limited) was good published on 31 January 2019.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. There had been a change in the joint providers where Care UK replaced Gracewell Healthcare Limited. This change in registration took place on 10 December 2021 alongside a change in location name.

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.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was 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.

# Ivy Grove

## 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

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

Ivy Grove 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. Ivy Grove 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 7 people who used the service and 5 relatives. We spoke with 7 staff including the registered manager, activities co-ordinator, maintenance person, chef and 3 care staff. We looked at a range of management records including medicines, quality audits and building safety certificates. We reviewed 6 people's care records including risk assessments and 4 staff recruitment records. After the site visit, we continued to liaise with the service. The registered manager sent us documentation we asked for and clarified any queries we had.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of harm or abuse. Comments from people included, "I do feel safe overall because the carers know how to look after me" and "The carers here are lovely and make me feel secure in every way. They answer my buzzer quickly."
- Relatives confirmed their relative was safe at the service. A relative told us, "I like it here because I know my mum is safe and well looked after."
- Staff knew what action to take if they suspected somebody was being abused. A staff member told us, "I would tell the manager and if the manager did not do anything I would contact CQC."
- The provider was aware of their responsibility to report concerns to the relevant authorities.

Assessing risk, safety monitoring and management

- People had risk assessments in place to minimise the risk of harm they may face which included mobility, night time needs, choking, weight loss and dehydration.
- For one person at risk of pressure sores, their care plan stated, "Please ensure I am offered a nutritious and well balanced diet to maintain skin integrity. Hydration is essential to promote healthy skin so please encourage my fluid intake regularly."
- People had a personal emergency evacuation plan which showed the support they would need in the event they needed to leave the building in an emergency.
- The provider carried out required building safety checks. For example, a gas safety check was carried out on 22 August 2022 and portable appliances were last tested on 25 July 2022.
- The maintenance person explained they did a daily walkaround to check for obstacles and to check the fire panel. They told us staff documented any jobs that needed to be done which they checked daily and signed off when completed.
- Records showed the maintenance person's schedule of daily, weekly and monthly checks which included flushing taps in unused rooms, water temperatures and bedrails and bumpers. These were signed off when completed. This ensured the building and environment were safe.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Records confirmed this.
- People told us there were enough staff on duty to meet their needs. One person said, "There's enough carers to help me and there's always [a carer] in the lounge." Another person told us, "There is always someone in the lounge with us."
- Relatives confirmed there were enough staff on duty to meet people's needs. Comments included, "There's plenty of staff about and you know you can find someone" and "There are enough staff, even at

weekends."

- We asked staff if there were enough staff on duty. One staff told us, "I do think there are enough staff. Sometimes if something happens like someone has a fall, we would not have a break until later." The staff member explained this only happened occasionally when all staff on duty needed to help.
- We observed call bells were answered in a timely manner and nobody had to wait long for staff assistance.
- The provider carried out relevant recruitment checks before employing new staff. These included proof of identification, references and the right to work in the UK.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions. DBS checks were carried out for new staff and regular updates obtained for all staff.

#### Using medicines safely

- Medicines including controlled drugs were stored and managed safely. Controlled drugs are medicines that are subject to strict legal controls to prevent their misuse or causing harm to people.
- Medicine administration records were completed correctly with no gaps and reasons for giving 'as needed' medicines were documented. This meant people received their medicines as prescribed.
- The temperature of the medicine storage room and medicine fridges were documented and within the recommended range. Medicines that were in use were labelled and dated with the opening date.
- We carried out a stock check of boxed tablets for 7 medicines. The physical amount in the boxes tallied with stock count recorded.
- People who required 'as needed' medicines had guidelines in place for staff to know how and when to administer these.
- Staff responsible for administering medicines had received appropriate training and had their competency checked.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

The provider's approach to visiting was in line with government guidance and there were no restriction to visitors at the time of inspection. Visitors were encouraged to wear a mask during their visit. One person told us, "My family are important to me and they will take me out."

#### Learning lessons when things go wrong

- The provider kept a record of accidents and incidents and used these to learn lessons so improvements to the service could be made.
- Staff confirmed that lessons learned from accidents and incidents were shared with them so they could



avoid reoccurrence.

- The registered manager gave an example of where lessons were learned when it was established bed and chair sensors were not working after a person fell. Fortnightly checks were introduced to ensure care records reflect management plans and to check what staff were recording.

# 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. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed before they began to use the service so the provider could be sure they could meet the person's needs. The provider documented the outcome of the assessment and whether the admission met the contractual needs of the placing authority.
- The assessment was detailed and included the support needed for personal care, mobility, oral care, spiritual and cultural needs, health needs and sleeping pattern. People's likes and dislikes were documented.
- Assessments included the person's life history including contact with family and friends, education, employment and leisure activities.

Staff support: induction, training, skills and experience

- People were supported by suitably qualified and experienced staff. Relatives told us staff were knowledgeable and had the right skills to support people.
- Staff confirmed they received regular opportunities for training. Comments included, "It was really interesting, the training that Care UK do" and "Yes [the training] is very useful."
- The registered manager told us staff received two weeks induction training which included shadowing experienced staff members, completing an induction book, face to face training and e-learning.
- Records confirmed staff completed induction training and had regular refresher training in key care topics. This included health and safety, moving and handling and infection control.
- The registered manager told us new staff were allocated a 'buddy' (experienced staff member) who was available to answer questions and show them what to do. They said, "We try to match the personality of incoming staff member with the buddy. They are encouraged to sign up to apprenticeships."
- New staff completed the Care Certificate which is training in 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.
- Staff told us they were supported with regular supervision and records confirmed this. A staff member told us, "[They ask us] if we need any further training, if we have any concerns and anything we think we could change."

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

- People were supported to eat a nutritionally balanced diet and to stay hydrated. The menu was varied and nutritious. People were offered fruit platters mid-morning and afternoon tea and cake mid-afternoon in between the three main meals. They were able to have toast or snacks in the evening before bedtime.

- People spoke positively about the food offered. Comments from people included, "The food is tasty, varied and very good overall" and "The food is lovely."
- A relative spoke positively about the food on offer and said, "[Relative] is well fed. I noticed they brought a plate around during the day with grapes, melon, banana and strawberry."
- We observed lunch being served on each floor and saw tables were set with tablecloths, cloth napkins, a vase of flowers and condiments. People were offered 3 choices of drinks and two plated options of food. The atmosphere was calm with soft background music. People who needed support with eating were assisted appropriately at their level and pace.
- We visited the kitchen where we observed food was stored safely and appropriately. Fridge and freezer temperatures were recorded and were within the recommended range.
- The chef was knowledgeable about people's dietary needs and preferences. They told us menus were decided by people and their relatives at meetings attended by the chef. The chef spoke to people on admission to find out what food they liked.
- People had their nutritional support needs documented in their care plans. A person's care plan stated, "I have difficulty swallowing and require warm fluids and soft diet. I prefer full portions at mealtimes. Offer me choice by showing me plates of food to choose my preference."

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

- People were supported with their healthcare needs and to access healthcare as needed. Comments from people included, "I can see a doctor if I ask" and "I know they would call a doctor if I wanted one."
- Relatives told us they were confident their relative received the healthcare they needed. A relative said, "[Person] can see a doctor when they need one."
- Staff described the support they gave people to maintain their health. A staff member told us, "I escort [people] to appointments and come back and write up about the appointment." Records confirmed this.
- People had oral care included in their care plans. A staff member told us, "We try to encourage people if they are able to [do their own oral hygiene] and if not we provide assistance."
- The registered manager told us staff received e-learning about oral care and they planned to introduce competencies to enable checking of how well this was working. The registered manager confirmed people could access routine and emergency dental care.

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

- The building was adapted and designed to meet people's needs and was spread across 3 floors accessible by a lift.
- People had access to a garden area and were involved in discussions about how they would like this outside area changed and updated.
- People's rooms were personalised with their choice of pictures on the wall and soft furnishings.
- The provider had changed the layout of communal areas to make it more comfortable for people and to enable them to look out of the windows at activities going on outside.
- Records showed the provider was in the process of exploring ideas with people about how they would like the service redecorated and had plans to turn a communal room into a sensory room. This would help people who became distressed to be calmer and more relaxed.

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.

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.

- The service was working within the principles of the MCA and any conditions relating to DoLS authorisations were being met.
- At the time of inspection, 12 people had appropriately authorised DoLS in place and 4 people were waiting for the outcome of their application. The service was meeting any conditions relating to DoLS authorisations.
- People who had a power of attorney in place to make decisions around finances or health and welfare had the relevant documentation in their care records.
- The service had carried out mental capacity assessments and best interest's decision-making for people where this was appropriate.
- People and relatives confirmed staff obtained consent before giving care. Comments included, "[Staff] ask permission before they do anything for me" and "If [person] doesn't want [a staff member] to do something, they just back off and try again later."
- Staff understood the need to obtain consent before delivering care. Comments included, "We would ask them. We always tell them what we are going to do. Give them choices" and "I go in and say, 'Would you like me to assist you?' "

# 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 were supported by staff who were caring and compassionate and their equality and diversity was respected.
- We observed a person said to a staff member as they came into the room, "You are all so kind to us." Another person said, "The [staff] are kind and will chat to me. I can't ask any more of them."
- Relatives gave positive feedback about staff. Comments included, "[Staff] care about [person]. They matter to them. [Staff] are so respectful" and "[Staff] are all lovely, kind and decent."
- Staff explained how they got to know people and their care needs. A staff member said, "We have a chat with [people] and they have a care plan and we have a look at it."
- We observed staff took the time to have a chat with people and to make sure nobody was overlooked. There was a calm, relaxed atmosphere in the service throughout the whole inspection visit.
- The registered manager explained how people from different cultural backgrounds were protected and welcomed, "My staff team are from many different backgrounds so they actually look out for [people] from their own background."
- Staff knew how to deliver an equal service to people. Comments included, "I would always ask someone about their culture" and "We have to respect [people who identify as lesbian, gay, bisexual or transgender]. I respect everybody's religion and who they are."

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

- People were supported to express their views and be involved in decision-making about their care. Relatives were kept updated on their relative's wellbeing.
- Relatives confirmed they were involved in making decisions about the care their relative received. Comments included, "I was involved in putting together [person's] care plan" and "I read the care plan every so often and I sign and add anything I think of in addition."
- Staff told us people and relatives were involved in making decisions about care. Comments included, "People are not objects, they are human beings, they have feelings so we have to respect them" and "Relatives are involved in everything."
- Care records documented the views of people and their relatives as part of the decision making process with regards to care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. We observed staff knocked on the door before entering

people's room.

- Staff understood how to promote people's privacy and dignity. A staff member said, "I make sure the door is closed. I make sure private parts are covered. I knock on the door before I go in."
- Another staff member gave an example of how privacy and dignity was promoted. They explained a couple with separate rooms had 1 room as their lounge and 1 room as their bedroom. They said, "Staff respect their privacy when they are in the room and don't disturb them."
- Staff told us they promoted people's independence. Comments from staff included, "Yes, but we always keep an eye on them when they do things independently." and "We have a lot who help us to wash up. Most [people] ask, 'Can I do this for you?'"

# 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. The rating for this key question has remained 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

- People received personalised care to meet their needs and preferences. A person's care record stated, "I prefer the assistance of female carers for support with intimate care."
- Care plans were detailed and personalised. A person's care plan stated, "Allow me to wash plates and cups under the supervision of staff as I find this very helpful with keeping relaxed and at ease within the home."
- Staff understood how to deliver a personalised care service. Comments included, "People are individuals. Treat people how you would want to be treated" and "It is about [people using the service], it's not about us."
- Care plans were reviewed monthly or sooner if a person's needs changed.

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. The Accessible Information Standard 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.

- The registered manager understood what was required of them to meet the Accessible Information Standard. They told us, "If it was identified that someone needed information in a different format, it would be provided."
- The registered manager told us for people with a hearing impairment, "We can put information into writing whether it be writing boards or picture boards. Checking hearing aids are working and referrals to audiology."
- The registered manager said, for people with a sight impairment, "There are services you can signpost to. We could read to them. I'm sure there is an application that could read aloud. We can use braille. We had a [person] who had audiobooks."
- People's communication needs were documented in their care plan. A person's care plan stated, "Ensure my glasses are clean, free from scratches and in good repair. Observe and report to the person in charge any changes in my ability to communicate. Give me time to express myself."

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 access to a range of activities. These included exercise, arts and crafts, trips outside the service, visiting entertainers, activities in the garden and festive celebrations including spiritual days.

- People spoke positively about the activities offered. Comments included, "I like the garden and I enjoy colouring in. I like it when people come in to entertain us, like musical things" and "I'm happy with the things to do, so I don't get bored."
- Relatives also gave positive feedback about the activities. Comments included, "[Relative] finds the dancing very therapeutic. They had a Jubilee party which they very much enjoyed" and "There's lots going on in the week. They had puppies in the other day."
- One of the activities co-ordinators explained feedback had indicated a need to improve the provision of activities at weekends so the activity co-ordinator rota was changed to ensure a member of that team was on duty each day.
- We observed people participating in activities which they appeared to enjoy by the chatter and smiles on their faces. The activities co-ordinator showed enthusiasm as they encouraged people to join in.

#### Improving care quality in response to complaints or concerns

- The provider managed complaints and concerns appropriately. They had a detailed policy which gave clear guidance to staff about how to handle complaints.
- People knew how to make a complaint. One person told us, "I'd be happy to approach [registered manager] with an issue." Two people told us, "If I wasn't happy, I guess I'd tell [care staff] on my floor."
- Relatives knew how to raise a concern. One relative said, "[Registered manager] is approachable and will rectify anything that's not right. If I ask, he'll listen, take note and put it right."
- The provider kept a record of complaints. We saw there had been 4 formal and 19 informal complaints since July 2022. These had been dealt with appropriately and the complainants were satisfied with the outcome.

#### End of life care and support

- People's end of life care wishes were respected. The provider had an end of life care policy which gave clear guidance to staff about how to meet people's end of life care wishes.
- People had an urgent care plan which detailed their preferred place to die and whether or not they wished to be resuscitated. For people who did not wish to be resuscitated, they had an appropriately signed form in their care records.
- Care records included who the person wished to be involved in end of life care decisions and if the person has a lasting power of attorney responsible for health and welfare decisions.



# 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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider promoted a positive culture which was open, inclusive and empowering. This meant the service achieved good outcomes for people.
- People spoke positively about the leadership in the service. Comments included, "Overall, my view is that this is a well-run place" and "The [registered] manager is very easy to talk to and listens."
- Relatives made positive comments about the registered manager which included, "[Registered manager] is a godsend, marvellous, so responsive, so caring and really nice" and "[Registered manager] is approachable. You can email and [they will] get back to you."
- Staff spoke positively about the management within the service. A staff member told us, "[Registered manager] has totally changed the place." When asked if they could raise concerns if needed, this staff member said, "Yes, 100 per cent."
- The registered manager told us, "Staff can say what they want without fear of reprisal. I want them to say if they are not happy with a decision so we have a chance of compromise. It is about having an open environment where there's no fear."
- The registered manager explained, "I am actively encouraging seniors to talk to the families and [people]. I do chat to [people] as I potter around the home and we now phone relatives."

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

- Staff and managers were clear about their roles and knew the people they supported and their care needs well.
- Staff told us how they were kept updated on people's wellbeing. A staff member explained, "I read the communication board and take [information] from the handover. We also receive an email for anything urgent."
- The provider had various quality assurance processes in place so improvements could be identified and actioned.
- We reviewed the provider's quality review carried out in August 2022 where it was identified the service was in need of redecoration. Records showed this was being explored with people using the service to identify what they would like.
- The registered manager carried out regular checks of falls which considered cognition, safety awareness, impact of medicines, lighting and trip hazards.

- We reviewed the analysis of falls which had taken place between July and September 2022 and saw this identified an increase in falls in the morning on one floor. Action taken was people had their medicines reviewed and staff were instructed to be extra vigilant in the mornings.

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 knew what was required of them under duty of candour. They said, "I need to tell that person or their representative and offer an apology. It's about putting our hands up and saying this should or should not have happened."
- The provider understood their responsibility to notify the local authority and CQC about safeguarding concerns and incidents. CQC had received notifications as appropriate.
- The provider had notified the relevant authorities about any incidents.

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

- The provider had meetings with people and relatives to keep them updated on service development and involve them in making improvements. A relative told us, "We are kept well informed. There are family meetings once a month."
- Records showed topics discussed at the relative's meeting held on 30 September 2022 included the outcome of the relative's survey, activities, painting bedroom doors and the garden.
- We reviewed the minutes of the meeting held for people using the service in September and October. The feedback survey results were discussed, including, people felt there was too much food earlier in the day. The outcome of the meeting was a suggestion to swap the afternoon and evening meal. We noted people said they were willing to try this.
- Staff had regular meetings and topics discussed at the most recent meeting on 17 October 2022 included health and safety, quality assurance, complaints and safeguarding concerns, communication and staff awards.
- The provider held monthly health and safety meetings and at the most recent meeting held on 3 October 2022, topics discussed included call bells. It was noted at this meeting, call bells were observed to be answered promptly but the current system did not allow for response times to be reviewed. The action was for senior management to look into this.
- The registered manager and staff told us everybody was treated equally. A staff member said, "We are all getting along. We have to be professional here when we enter the service."

Working in partnership with others

- The provider worked in partnership with healthcare professionals to improve outcomes for people
- Care records showed input from healthcare professionals regarding the care given to people. Health appointments with their outcome were also documented.
- The registered manager said they were involved in local authority multi-disciplinary meetings which included health care professionals. They also told us they worked closely with the GP in relation to falls prevention.