

East Riding of Yorkshire Council

The Old School House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

The Old School House is a residential care home providing personal care to 33 older people. People who live at this home receive support with complex needs associated with their diagnosis of dementia. The service can support up to 40 people.

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

The environment at the Old School House was exceptional. Further improvements had been made to enhance the facilities for people to meet their daily life needs. The service was particularly suited to people with dementia. Staff training, support and innovative working followed, and challenged best practice to help people overcome fears and anxieties. The provider had active links, sharing information and best practice with leading experts in dementia care.

Care and support was delivered following legislation and national guidance. Where people showed behaviours that challenged or were resistant to assistance they were supported using low-level distractions which enabled staff to maintain their dignity and personal cares.

Staff were very well trained and experienced in identifying and responding to any changes in behaviour. People were supported according to their own expectations and abilities. This encouraged and supported their independence and freedoms. Many positive outcomes were evidenced for people and staff told us they were motivated by the positive impact the service had on people's lives.

All feedback received about the support provided to people was extremely positive. People received high-quality, personalised support from regular and committed staff. Recruitment checks were in place. Staff had received training and support to enable them to carry out their role. Further staff training encouraged promotional prospects and included champion roles to guide and support other staff to follow best practice. Healthcare professionals felt staff were excellently trained.

The provider had a positive 'can do' attitude to support known risks where people accessed the community. People enjoyed time with supporting partners who encouraged dementia friendly visits. This included local cinemas, cafes and garden centres. Staff were led by an activities team and completed fund raising events which were supported by people at the home. People were engaged with a range of innovative activities which lead to many positive outcomes.

Staff clearly understood the importance of supporting people to live in a dignified manner. We observed many positive interactions where staff provided people with gentle reassurance, guidance and where required, a comforting hug.

People received a detailed assessment to ensure the service was suitable for them and able to meet their needs. Care planning was robustly recorded on an electronic i-care system, and information was instantly accessible for staff which led to person centred care and support. A range of initiatives were in place to

celebrate people's 'life-stories'. Staff used associated information to hold meaningful discussions with people which led to effective supporting relationships.

The provider completed regular checks to assure the quality of the service. Input and feedback were sought in a variety of ways and used to encourage further innovative practice.

The service completed a range of checks to certify and maintain the safety of the service, equipment and the environment. Staff received appropriate training to safeguard people from avoidable abuse. Systems and processes encouraged the reporting of any incidents for further investigations. Outcomes were routinely used to improve the service for the benefit of everyone.

People received their medicines safely as prescribed. Systems, processes and oversight ensured medicine management and administration followed best practice guidance and staff had the required skills and knowledge to provide this support.

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

Passionate and forward-thinking managers led and provided an inclusive service that engaged proactively with people, their relatives and the staff team.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at <http://www.cqc.org.uk>

Rating at last inspection

The last rating for this service was Outstanding (published 18 May 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?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

The Old School House

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 was carried out by 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

The Old School House 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 CQC. 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

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and Health Watch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider sent us a provider information return prior to the 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 used this information to plan our inspection.

During the inspection

We spoke with the registered manager, two senior care officers, the quality assurance lead, four care staff, one agency care staff, and one student. We also spoke with two activities coordinators, two residents and five visitors, the chef, a meal time assistant, and the maintenance person. We looked at three people's care and medicine records, and a selection of documentation about the management of the service. We looked at recruitment information for four members of staff, staff training records, policies and procedures and records of compliments/complaints.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from two professionals who regularly visit the service.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were safeguarded from the risks of abuse. Local safeguarding guidance was clear and followed by staff to escalate any concerns. Outcomes and actions from detailed investigations were routinely shared to keep people safe.
- People and their relatives were supported to keep themselves and their belongings safe. One relative said, "Yes [people are safe]. There's always staff looking on. When I could get my partner in here I was very happy."
- There were enough competent staff on duty and this was adjusted to keep people safe and meet their changing needs.
- Recruitment systems were robust and ensured the right staff were recruited to safely support people and meet their everyday needs.

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

- People received assessments of their care to determine the support they required. Information was recorded about known risks and people were actively supported in the least restrictive way to safely meet their needs.
- Where people had an identified unmet need staff followed guidance to manage these situations. One staff member said, "We ensure people's needs are met. Sometimes they may refuse support for example, with their personal cares. We have clear guidance that helps us to manage the distress and harm that failing to provide this care may lead to."
- Equipment was systematically certified as safe. Consistent records associated with the health and safety of the building and the environment, were maintained.
- Staff were clear about their responsibilities to keep people safe and guidance was kept up to date and reviewed for its effectiveness. For example, the provider had reviewed and refreshed systems and processes to keep people safe in the event of a fire. Staff had completed simulated evacuations and were aware of the precautions to take.
- Clear processes were in place and robustly followed where incidents had occurred. Investigations included outcomes and actions. These were used to help improve processes and learning for the benefit of the service.

Using medicines safely

- Medicines arrangements were safe and managed appropriately; people received their medicines as prescribed.
- Protocols were in place for medicines administered 'as and when required' to guide staff when these should be given. For example, pain relief.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of infections. For example, when administering some medicines and assisting with personal cares.
- The environment was clean and well maintained to prevent the risk 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 Outstanding. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- Staff had excellent skills and understanding about the way people needed to be supported. One relative said, "They [staff] are very professional, extremely caring and go above and beyond. They are all highly skilled; the Old School House makes sure they can access appropriate training."
- Staff learning followed a robust training programme with enhanced training delivered by experts from other organisations. For example, the nurse team ran nutrition mission training which staff took part in to enhance their understanding and proactively responded to people's dietary needs.
- Staff responded appropriately to people's complex needs. Bespoke 'Positive Responses to Behaviour training' supported staff in developing and undertaking planned physical interventions for essential care and to manage complex physical behaviours. A staff member said, "We accept complex referrals where people's needs cannot be met elsewhere. It's motivational to observe how people's lives can improve with the support we provide."
- The manager was passionate about innovative practice and new ways to work. A European grant funded initiative led to one senior staff implementing a bespoke induction programme. Other examples included, staff champions who promoted best practice working, and collaborative work with Bradford University's training programme. This provided staff with the skills required to provide person centred dementia care.
- Staff felt very supported and told us their wellbeing was looked after by the management team. Comments included, "Our difficult roles are recognised. Our shifts are well managed to ensure they are not exhausting; still busy but manageable," and, "Our feedback has resulted in the provision of a dedicated wellbeing room where we can take time out from difficult situations." The room was away from the main communal areas and included supportive information leaflets. Some staff also used the room to practice their religion. Others to have some solitude.

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

- The catering team worked with full regards to the importance of supporting people to eat and drink well. The chef had completed additional training and introduced creative ways to encourage food to be as attractive as possible.
- Food on offer was extremely appetising and snacks included blended biscuits, fruit and sticks of celery and carrot along with usual biscuits. People were seen to enjoy these, and staff confirmed it helped to get fluids into people and reduced dehydration.
- Staff were mentored in each person's dietary requirements. Completion of best practice learning in MUST and the Nutrition Mission actively promoted positive improvements in people's health and wellbeing.
- The chef embraced different cultural, religious and ethical issues around food choices. Diets were specific

to people's requirements. Themed cultural meals were also prepared as part of celebrations. For example, Diwali, Christmas and Chinese New Year. Staff dressed for the occasion and people were able to enjoy cultural delights.

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

- Pro-active and timely partnerships with other health professionals consistently supported people's changing needs. For example, several people had poor mobility. Robust electronic monitoring and timely referrals enabled any health trends to be quickly identified. Records confirmed there was no one with skin damage. Measures implemented to support people's mobility and independence showed a reduction in falls and injuries.
- Health professionals told us the provider maintained a high standard of communication to the benefit of people's health and wellbeing. One health professional said, "Staff seek advice readily and respond to our suggestions and requests very quickly, this has particular benefit from the point of view of residents."
- Working with other specialists, the provider had implemented a 'crib sheet' giving staff guidance for routine, personal cares escalating right up to light restrictive practices (where this was repeatedly refused and required) to maintain hygiene. All interactions were logged and evaluated with clear improvements noted to people's health and wellbeing.

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

- At the last inspection we identified the environment for people living with dementia was exceptional. During this inspection we saw that the service had maintained and enhanced the environment
- A safe and accessible outside garden area had benefitted from a local supermarket award to meet people's physical and sensory needs. People were able to explore or take time to rest; in summer time they enjoyed sensory plants including a chamomile lawn known for its calming effects.
- To help support people with advanced stages of dementia a spare bedroom had been transformed into a sensory room. We observed how people enjoyed the calming effect of the room whilst also engaging with other sensory activities around the home.

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

- Up to date records confirmed decisions about people's care respected their human rights and were made in accordance with legislation and people's wishes.
- Where any conflicts in decision making arose the provider sought support and guidance. This helped to

ensure the rights of people and their families were respected, and independent support was identified where appropriate.

- A family forum provided relatives with the opportunity of further learning and discussion which promoted their involvement with decisions about their loved ones and the impact of any DoLS
- Where people were able to, care records included copies of their signed consent. One staff member said, "We support people to be independent. We always offer choices and even support with choices some may consider inappropriate. Restrictive practices are only used where essentially required and often to keep people safe."

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 Outstanding. At this inspection this key question has remained the same. 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 were, without doubt, treated with compassion and empathy by well trained staff who were skilled at meeting their needs. People responded positively with staff around, often smiling in anticipation of, and during interactions. A visitor said, "Staff are always attentive".
- The provider ensured staff were available not only to provide task orientated support but to support people on an individual one to one basis. Staff told us the new electronic care planning system had reduced the time they spent on completing paperwork allowing them to focus more on individuals.
- The service focused on building and maintaining relationships with volunteers, visitors and relatives working together as part of an in-house community.
- The provider ensured staff understood the importance of treating everyone including themselves equally. The registered manager had responded to a conflict that had risen with family involvement during a best interest meeting. The provider involved the local authority legal team which enabled the person and their families the right to family life in line with Article 8 of the Human Rights Act.

Respecting and promoting people's privacy, dignity and independence

- Staff were seen to recognise and anticipate people's needs. They clearly recognised signs of distress and discomfort and provided sensitive and respectful support which included gentle hugs and reassuring hand holding.
- Management and staff understood the importance of promoting people's independence. We observed staff routinely motivated people to participate in all activities of care and support. One staff member was observed at lunch time supporting a person to enjoy their food. Rather than feeding the person the staff member helped them to put food onto their utensil and the person then continued to eat on their own. The support was clearly empowering for the person who had a big smile as staff approached and helped.
- The provider ensured people were able to dress how they chose to and supported them to wear their favourite items even where their health deteriorated. A spare bedroom had been transformed into a sewing room complete with equipment. One member of staff was seamstress and repaired clothes to ensure dignity and individuality was maintained. An example of this was by adaption of people's own clothes instead of them wearing undignified hospital style night wear.
- Confidentiality was maintained at all times. A health professional told us, "All reviews are carried out in the privacy of people's own rooms to maintain their dignity and confidentiality."

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 now 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

- Staff at the service displayed a strong person-centred culture, which was embedded into assessments and care plans and evidenced in the care and support people received.
- People's individual needs, preferences, future wishes and expectations were central to the delivery of care which was evidenced in the positive outcomes people experienced. For example, where people required interventions when assisting with personal cares these had reduced which improved their independence.
- Personalised care had improved since our last inspection due to the introduction of live electronic 'i-care' records. Real time reviews and updates meant staff had fast access to any changes in people's needs, and ensured responsive referrals were made. One person had reduced mobility which meant they were at risk from slipping out of their chair. Records on i-care resulted in specialist involvement. Alternative seating was trialled, and one-to-one care staff provided. This ensured the person was not deprived of their choice to sit safely away from their bed.
- Life stories were shared in innovative ways. Window box's outside people's rooms celebrated past achievements and along with 'memory shoe box's' filled with memorabilia, were used by staff as prompts to engage in communication about important memories in their lives. One person had a themed display with poppies and a poem to remember Armistice Day. Activity staff had worked on the persons links with the Royal British Legion. This led to an extremely positive experience where the person completed a poppy appeal around the service.
- Best interest meetings, care plans and risk assessments helped to promote equality and choice in least restrictive ways for people. One person had a decrease in mobility. They could not tolerate the use of a mobile hoist. After further assessment the service installed ceiling tracking hoists in both the persons bedroom and a lounge where they could safely continue to spend their time.
- Health professionals were very positive about the improvements noted in people's well-being when people moved to the service. One health professional said, "I felt people were well known [by staff]. This included their background, family, behaviours, preferences, clinical conditions and medication needs. Although people may have complex dementia there is minimal use of medications for behaviour."

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.

- A thorough pre-admission assessment helped to identify people's chosen and most appropriate ways of

communication at first point of contact. A staff member said, "We provide people with one to one support when they first move in to the home. This helps us to get to know them better and helps us to find out about and implement their preferred methods to communicate."

- Records included details of how people wished to be communicated with. Examples included access to interpretation services, translated documents and information in braille, large print and audio was available.
- We saw staff were innovative in how they communicated with people. One staff member said, "We can observe simple body language and we use low level assistive technology such as white boards and pens for people to communicate their needs. This usually provides a quick response and helps people to be understood."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to live as full a life as possible. Records included historical information about peoples past lives and this information was used to help plan meaningful activities and events. For example, staff at the service promoted the benefits of therapeutic touch. Dementia friendly activities were in abundance. Dolls and soft toys were provided, and people were observed to nurture these which promoted a calm and caring environment.
- Staff routinely put forward ideas to engage with people which kept them free from social isolation and maintained relationships. Examples included one relative who was encouraged to visit the service to maintain their lifetime routine of sharing breakfast with their loved one. Another example of staff supporting relationships was captured on a short video. This was shown across the authority and had been extremely well received.
- Lead by the activities team people were supported to access a number of community groups to enrich their lives. The provider had forged links and trials with external services in the community. Examples included people attending local libraries, a dementia friendly cinema, pubs and local football clubs.
- Fund raising was ongoing and included coffee mornings, dementia walk and cupcake day. We saw people had been involved with these events, decorating cakes with the help of staff.
- People were supported to practice any religious beliefs. Staff assisted people to attend church on Sundays and a catholic priest attended the service where they gave mass.

End of life care and support

- People were supported by staff and palliative care teams to have a comfortable, pain free and dignified death. Care was supported with daily visits from the district and Macmillan nurses.
- Family and friends were welcomed by staff at any time day or night. The provider gave us examples of how they had supported relatives to stay overnight with their loved ones. This included provision at the home of a put-up bed and a reclining chair.
- A family and friends lounge was available to allow time and space to rest, make a drink, relax and meet with loved ones.
- Staff were committed and proud of the person-centred care they provided to people at the end of their life. One member of staff who also worked for Marie Curie had put on an enhancement to the end of life care training that is offered to all staff. This training helped staff to hold difficult conversations about death and dying.

Improving care quality in response to complaints or concerns

- The registered manager's approach to concerns was thorough, open and transparent. Where required, lessons were learnt, and improvements had been made. In all cases findings and actions had been communicated to those concerned and both verbal and written apologies given in line with duty of

candour.

- Relatives and visitors were comfortable to raise any concerns and were confident they would be dealt with in a timely and effective manner. The registered manager told us, "We accept family and friends as an important part of our team who can bring many positives to the service rather than simply visitors." A relative said, "I have never had to complain but I know how to. I would go to any of the senior carers or [manager's name]."
- The OSH was very proud of their relationship with families, who the registered manager told us were viewed as an extension of service community. In recognition of strong links and excellent communication the service demonstrated a low number of complaints and received many compliments.

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 Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others

- The registered manager was passionate about improving the care and support experiences for people with dementia. The provider worked in partnership with Bradford University to champion person-centred dementia care and implemented innovative methodologies for researching and developing best practice.
- The service worked with 'Dementia Friendly Communities', a public health initiative. It was clear people and their relatives benefited from the outstanding awareness of best practice Dementia support.
- Staff told us there was always opportunity to update their skills with new learning. Bespoke 'Positive Responses to Behaviour training' supported managers and staff in developing and undertaking planned physical interventions for essential care and to manage complex physical behaviours. We saw many examples where these interventions had assisted people to achieve positive outcomes, maintain their hygiene and live in a dignified way.
- A successful bid for European Social Funding provided leadership and development training to middle and aspiring managers across the social care workforce. Several staff embraced this opportunity alongside colleagues from the independent sector. Delegates completed projects to improve and enhance their workplace. One staff member created an improved induction package. The registered manager told us the induction package had been successfully implemented with very positive outcomes.
- The provider worked with both private and public sector organisations to improve the lives of people at the service and shared best practice to improve the lives of other people at other services. Examples included the NHS Hospital Trusts, commissioners and third sector homes. One project involved the provider sharing their expertise with a service for people with learning disability to develop a community memory garden which will be open to the public.

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

- Systems and processes were routinely challenged to ensure they were effective in promoting a positive person-centred culture. One relative said, "I am very pleased with the staff, the catering, and the accommodation. If I need care at any time, I would come here."
- New electronic systems had been implemented in a controlled way. Their use by staff had improved record keeping and enabled management to closely monitor data, identify trends and improved people's wellbeing.
- Staff worked in innovative ways to meet people's needs leading to positive outcomes. Where behaviours challenged staff and others, these were seen as an unidentified or unmet need. By focusing on people's interests and abilities staff were able to support people in way which reduced conflict and reliance on higher

level restrictive practices.

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

- There was strong, clear leadership. Visiting health care professionals spoke very highly of the management team and responsiveness of staff. One health professional told us, "Senior staff are always available to discuss any concerns and are pro-active in communicating requirements which regular staff proactively follow." A relative said, "We have good manager here they are always available."
- The service was supported by a quality assurance lead and the local authority. This included detailed oversight over a programme of audits and checks which helped to monitor and improve the service for people.
- The registered manager had sent the CQC notifications as legally required in relation to certain events that had occurred in the service.
- Staff completed additional training and championed good care for others to follow. This included champions in dementia care, moving and handling and infection control.

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

- The provider welcomed feedback and input to help maintain and improve the service. The Quality Assurance team sent out surveys to families, professionals and staff. Responses were collated and evaluated. Outcomes included, 'You said' and 'We did' actions that were implemented because of feedback.
- Staff told us they were able to contribute innovative ideas through regular supervision, staff meetings, team planning days, and quality assurance surveys. One staff member said, "As a result of our feedback we now have a protected fifteen-minute handover between shifts. This helps to ensure all concerns are shared and people's needs are met by continuity of the service."
- Feedback ensured people were supported according to their equality characteristics. For example, staff were unable to transfer a person who was terrified of a mobile hoist. Based on feedback the provider fitted overhead hoists to the persons bedroom and a lounge which helped them to maintain their independence.

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

- There was an open and transparent culture within the service. The registered manager had an 'open door' policy for all staff, visitors and stakeholders.
- We saw the service communicated effectively with all stakeholders and was pro-active in seeking assistance and support for the benefit of people's wellbeing.