

Sandringham Care Limited

Churchview

Inspection report

8 St. Andrews Road
Taunton
Somerset
TA2 7BW

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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

The inspection took place on 4 October 2016 and was unannounced. The service was previously inspected on 4 November 2013 when we found the service was fully compliant.

Churchview is registered to provide accommodation and personal care for up to eight people with a learning disability. There were five people living there at the time of this inspection. Some of the people had limited verbal communication skills. We therefore relied on our observations of interactions with staff during our inspection, in addition to our conversations with people and their visitors, to help us reach our judgements on the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a warm, friendly and welcoming atmosphere in the home. Everyone was smiling and relaxed. The house was clean, well maintained and attractively furnished and people demonstrated a pride in their surroundings. The provider made sure all equipment was safe. A relative told us "It's always clean. (Person's name) is very lucky to be here." Each person had their own bedroom that had been decorated and personalised to suit their individual tastes and preferences.

People were protected from harm and abuse by staff who had been carefully recruited and well trained. One person told us, "I like living here." A relative told us "No worries at all. If I have any worries I would talk to [registered manager's name]". There was a stable, happy and positive staff team. Many of the staff had worked in the home for a number of years and knew each person well. Sufficient staff were employed to meet each person's needs fully. Comments from staff included, "I would like to say that working here is a pleasure. The standard of care that I came into is in my opinion very high and is exactly what these service users deserve. We are a very strong team who all work together to give the best possible support to all the residents in the house."

People were supported by staff who understood their health needs. Staff had worked closely with local health and social care professionals to ensure people received appropriate treatment and advice. Staff followed advice appropriately. Staff followed safe procedures for the storage and administration of medicines and made sure people received their medicines in accordance with the instructions of the prescriber. Care plans contained detailed information about each person's health needs, any risks associated with their health and daily lives, and information to staff on how to support people to minimise those risks where possible.

People were offered a healthy and balanced range of home cooked meals to suit each person's dietary needs and preferences. A person told us the food was, "Alright. It's nice." A relative told us, "It's all home

cooking. It's very good."

The staff were kind and caring and understood each person's needs fully. A person told us "I like all the staff. They are all kind to me." A relative told us "The staff are excellent. All caring."

People had been involved and consulted about every aspect of their daily lives and routines in the home. They had been involved in drawing up and reviewing a plan of their care needs. Residents meetings were held in the home every week when they were consulted about menus, outings and other aspects of daily life in the home. Their views were also sought through regular questionnaires. Families and friends were also involved and consulted.

People led active lives. Each care plan contained information about the person's normal daily routine, and about the weekly activities they participated in. During our inspection two people were out during the day at a local day centre. Other people also went out each week to day centres and clubs. People regularly went out on group and individual outings, and went on holiday each year.

People told us the home was well-led, for example one person said, "I like [registered manager's name]. They're wonderful." A relative told us, "It's very well run. Very well managed. The residents are so happy here. If there is any problem [registered manager's name] will sort it out". The registered manager and provider had effective systems in place to monitor and improve the service. They carried out checks and audits on all aspects of the daily routines in the home.

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.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual support needs.

People were protected from the risk of abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to maintain as much independence as possible and to remain safe.

Medicines were stored and administered safely.

Is the service effective?

Good 

The service was effective.

People received personal care and support from staff who were trained to meet their individual needs.

People were encouraged to carry out day to day tasks with staff support to develop daily living skills and to maintain their independence.

People were supported to maintain good health and to access health and social care professionals when needed.

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs.

Is the service caring?

Good 

The service was caring.

People were treated with kindness, dignity and respect and were supported to be as independent as they wanted to be.

The staff and management were caring, friendly and considerate.

Staff had a good understanding of each person's preferred communication methods and how they expressed their individual needs and preferences.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Good ●

The service was responsive.

People were consulted and involved in decisions about their support needs. They were able to express their preferences about how they wanted their support to be provided.

People's individual needs and preferences were understood and acted on.

Is the service well-led?

Good ●

The service was well led.

The service had a caring and supportive culture focused on meeting people's individual support needs and increasing their social inclusion.

People were supported by a motivated and dedicated staff team and accessible and approachable management.

The provider's quality assurance systems were effective in maintaining and promoting the standards of service provision.

Churchview

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 4 October 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we asked the provider to complete a form called a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we met with the registered manager and one member of staff. We spoke with, or observed the staff interacting with five people during our inspection. We also spoke with one relative and one health professional who visited the home during the inspection. After the inspection we were contacted by two further staff.

We looked at a range of records the provider is required to maintain. These included service user support plans, medicine administration records, staff rotas, staff recruitment records, staff training records, menus, and quality monitoring records. We also looked at records of accidents, incidents, compliments and complaints and safeguarding investigations.

Is the service safe?

Our findings

People received a safe service. One person told us, "I like living here." They said they felt safe, but if anyone was unkind they would tell the registered manager". We asked a relative if they felt the service was safe and they told us, "No worries at all. If I have any worries I would talk to [registered manager's name]". All of the staff had received training on safeguarding adults. A member of staff told us they were confident they could speak with the registered manager or the provider if they had any concerns about people's safety or welfare. The provider told us they had drawn up their safeguarding policies and procedures in line with the local authorities' policies, and these had been regularly reviewed and updated as necessary.

Staff supported people to manage their money safely. Staff followed safe procedures for those people who required help from the staff with budgeting. When staff made purchases on a person's behalf receipts were retained, and balances were checked and recorded. A person told us "The staff help me to look after my money." They said the staff also looked after their store cards and birth certificate.

There was a stable staff team. Most of the staff had worked in the home for a number of years. When new staff had been recruited safe procedures had been followed. Employment records contained evidence of satisfactory checks and references obtained before new staff were offered a post.

There were sufficient staff employed to meet the needs of the people living there. Staff rotas showed there were usually one or two staff on duty during the day and at night there was one member of staff sleeping-in. Some people attended clubs and day centres during the week and on these days there was one member of staff on duty to provide care for those people remaining at home. On the day of our inspection two people were out at a day centre and three people remained at home. The registered manager was on duty and provided hands-on care. We saw people received care when they needed it and routines were carried out in a timely way. A member of staff said they felt there were always enough staff on duty, and they could always ask for additional support if they needed it.

Staff had a very good understanding of the potential risks to each person's health and safety. Risks had been assessed and were regularly monitored. Care plans contained detailed information to staff on the actions necessary to reduce any risks to people's health. For example, one person was at risk of choking. The person had been assessed by a speech and language therapist (SALT) and the care plans contained instructions on actions to be taken to reduce the risk of choking. At lunch time we saw that this advice was followed.

Care plans contained evidence of regular checks on people's health. Each person had been weighed regularly and any changes in their weight were checked and medical advice sought if necessary. Where people suffered illnesses that may place them at significant risk of harm, these had been assessed and measures put in place where necessary. For example, a person with epilepsy was monitored at night by a listening device. The service had considered alternative monitoring devices, and had followed a 'best interest' process before reaching a decision on the most appropriate solution for the person. (See also Is the service safe? For more information on the Mental Capacity Act and 'best interest' process)

People were encouraged to be independent and to take measured risks. For example, one person sometimes chose to remain at home on their own when other people went out. Risk assessments had been put in place and the person was able to call for support in an emergency.

Medicines were stored securely and administered safely. Most medicines were delivered in four-weekly monitored dosage packs supplied by a local pharmacy. The registered manager followed safe procedures when ordering repeat prescriptions and they checked new stocks into the home on delivery. There were no unexplained gaps in the medicine administration records. Creams and lotions were recorded each time they were applied. This showed that staff were following safe procedures each time they administered a prescribed medicine. Medicine records and stocks of medicines were checked regularly. These monitoring checks ensured that any potential errors in administration were picked up and addressed promptly. All staff had received training on safe administration of medicines. We witnessed the registered manager giving people their medicines at lunchtime and we saw that safe procedures were followed.

Staff knew when to offer medicines prescribed on an 'as required' basis. For example one person sometimes suffered from constipation. Staff knew how to recognise signs of constipation and when to offer laxatives prescribed on an 'as required' basis. This information was also contained in the care plans, which meant that staff could always look at the care plan if they needed more information about this problem.

When people went out for the day and needed to take their medicines with them, the staff had sought advice from the pharmacist on safe procedures to follow. Labelled bottles were provided for medicines taken outside of the home. Staff had been given instructions on all medicines prescribed on an 'as required' basis and knew when to offer these medicines when the person went out. A person told us they were satisfied the staff always made sure they had their medicines at the correct time, saying "It's very important I get my tablets. If I go out I take my tablets with me."

The premises were well maintained and safe. A maintenance person visited the home twice weekly. All equipment was checked and serviced regularly. In a tour of the house we found that all areas were clean and free from any odours. A relative told us "It's always clean. [Person's name] is very lucky to be here."

The provider had sought specialist advice from a health and safety consultant to ensure they were following best practice and meeting their legal responsibilities to keep the environment safe. They had also followed the advice of the local Fire and Rescue Service to ensure the risk of fire was minimised. A personal evacuation plan had been drawn up for each person in case of emergency

Is the service effective?

Our findings

People received effective care and support from competent and well trained staff. New staff received a thorough induction at the start of their employment to ensure they had the basic knowledge and skills necessary. The registered manager told us that new staff recruited in the future will complete a qualification known as the Care Certificate at the start of their employment if they do not already hold a relevant qualification. The Care Certificate covers an identified set of standards which health and social care workers are expected to adhere to. A member of staff told us, "The quality of training is exceptional. My induction training was given by [registered manager name] who has guided me through my time in working here and is there for any query I might have. All follow up training or refreshers have been to the same high standard throughout."

Training records showed that staff had received a wide range of training and qualifications on mandatory health and safety related topics, and also topics relevant to the needs of the people living there. Staff had received training on diabetes, dementia, epilepsy, tuberous sclerosis, oral health, nutrition, palliative care, equality and diversity, and autism. The provider told us training had been provided by specialist healthcare professionals in the past for people suffering from specific medical conditions. A training matrix had been drawn up to help them check the training each member of staff had received and to help them plan the staff team's future training needs. The registered manager monitored when updated training on mandatory health and safety topics were due.

Staff were supported by the registered manager who worked alongside them to provide support and ensure they followed best practice. All staff received regular supervision and annual appraisals.

Each person's health needs were met by staff who ensured they received advice and treatment from relevant health professionals when necessary. During the inspection a podiatrist visited the home to provide foot care for people living there. We saw the home had effective arrangements in place to make sure people attended appointments and check-ups for all health needs including doctors, dentist, optician and hospital appointments. One person had suffered from anaemia in the past and they received regular blood tests to ensure their red blood cell count was at a normal level. A person had received advice and treatment from a physiotherapist. They told us they had been given exercises to do every day and the staff helped them with these. The person thought the exercises had helped them gain greater mobility. They also told us if they felt poorly the staff always made sure they saw their doctor. A relative told us "She has had a few health appointments recently. [Registered manager's name] has taken her to them all."

Care plans contained information on each person's medical history and current health needs. Each individual need had been assessed, regularly reviewed, and actions had been taken where necessary to address any changes in their health. For example, staff had taken time to support a person with their night time continence problem to find a solution that met their individual needs. Another person had been supported by staff to gradually lose weight to help them maintain good health.

Care plans contained a document called a 'hospital passport'. This document provided essential

information about the person including next of kin, professionals involved in their care, and information about their health and communication needs. This document was intended to be taken with the person if they were admitted to hospital in an emergency.

People were offered a healthy and balanced range of home cooked meals to suit each person's dietary needs and preferences. A person told us the food was, "Alright. It's nice." A relative told us, "It's all home cooking. It's very good."

Food shopping was usually carried out on a Monday when people went with staff to a local supermarket to choose the food for the coming week. On Tuesdays people living in the home and staff sat together around the dining table to plan the weekly menu based on the foods they had purchased the previous day. A person told us, "We are going to do the menu today." They told us staff gave them choices of the meal they might like and between them they planned the meals for the week ahead. All meals were home cooked with plenty of fresh fruit and vegetables. The registered manager told us people were encouraged to eat healthily and maintain safe weights. Staff knew each person's likes, dislikes and dietary needs and alternatives were offered if people did not like the main meals on offer.

The registered manager and provider were aware of their responsibilities under the Mental Capacity Act 2005 (MCA). The 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. Staff offered people choices, for example people were given a choice of meals, and the activities they wanted to participate in. The care plans provided information on each person's mental capacity to make decisions about important issues in their life, for example hospital treatment. Staff had received training on this topic and understood the importance of encouraging and enabling people to make informed decisions about their daily lives.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to consent to this and for those who required constant monitoring by staff.

Is the service caring?

Our findings

People were supported by staff who were kind, patient and understanding. A sign displayed in the kitchen reminded staff about six core values, "care, compassion, competence, communication, courage and commitment". During our inspection we found staff were following these values. A person told us "I like all the staff. They are all kind to me." A relative told us "The staff are excellent. All caring." During our inspection we observed the registered manager and one member of staff supporting people in a cheerful and friendly manner. They demonstrated empathy and understanding of each person's needs and preferences, and put people first in all aspects of the daily routines. People were offered choices and their opinions were sought and valued.

Staff listened to people and encouraged them to speak out. Staff communicated well with each person, including those with limited verbal skills. During our inspection we saw the registered manager and a member of staff speaking with people with limited verbal communication in a respectful, friendly and caring manner. People gave appropriate responses to the questions and comments from staff. Staff understood each person's responses. There was a relaxed and happy family atmosphere in the home with people interacting well and respecting each other regardless of their communication methods.

People were encouraged to maintain positive and caring relationships. We heard about contact from friends and families. For example, when a family had visited the home for the first time staff showed them a photo album of the activities and things the person had done since arriving at Churchview a few weeks earlier. This had helped the family feel welcomed and involved. We also heard that people had developed friendships with regular visitors to the home, for example friends and families of other people living in the home. Everyone looked forward to these visits and made visitors welcome.

Staff encouraged and supported people to take a pride in their appearance. People wore attractive clothes that had been neatly laundered and ironed. Their hair was neatly styled, and the women wore jewellery and make up. People showed us clothing and jewellery they had purchased, and items they had been given as presents.

Birthdays and special occasions were celebrated for each person. For example, one person had celebrated a special birthday recently with a party for family, friends and staff in a local restaurant. Staff arranged for cake, balloons and sparkles and a cream tea for all the guests and made sure the person celebrated the birthday in style.

Staff encouraged people to be as independent as possible, and to have as much control and say over their lives and the home they lived in as possible. At lunchtime people were encouraged to help with meal preparation, and afterwards to help with clearing the table and washing the dishes. The registered manager talked about people living in the home saying, "They are the boss." A member of staff said, "The residents are like family to me." They said they were very fond of the people living there.

Staff showed empathy and patience towards each person, recognising their individuality and personalities.

They told us that one person had found it difficult to settle into previous homes they had lived in. Since moving to Churchview staff had followed a structured approach to help the person become calmer and more settled through the day. They had also gradually supported the person to have a regular and settled sleep pattern. The person was now able to join in group outings and activities that had not been possible in their previous accommodation. The registered manager and provider told us how the staff's fondness for the person had grown. They told us about the person's wonderful sense of humour and said, "We all thoroughly enjoy having her to stay!"

One person told us it was important that they did as much for themselves as possible. They had some current health and mobility problems but despite this they liked to clean their own room as far as possible. Staff helped them with the tasks they could not manage.

The atmosphere in the home was relaxed and cheerful. A person told us they enjoyed chatting with staff, and how they often sang together. They told us about the songs they all enjoyed singing.

The registered manager told us that a person had talked about moving to a flat of their own in the past, but had realised their disabilities meant this would be very difficult to achieve. They had offered the person a different bedroom within the house and staff helped the person choose the decorations and furniture and encouraged them to look upon the room as their own bedsit. The person had been very pleased with this outcome. During our inspection the person showed us their room with pride. They talked about how they had chosen the decorations and furnishings. The room contained pictures, photographs and ornaments that held special meanings and memories to the person. Every bedroom in the house had been personalised and attractively decorated to reflect each person's tastes and interests.

People received appropriate care and support at the end of their lives. Staff liaised closely with specialist medical professionals to ensure people received appropriate care and care plans contained information about each person's wishes. This meant people could be confident that their wishes would be followed at the end of their lives.

The registered manager, provider and staff talked with fondness about people who had died, explaining how they supported the people at the end of their lives, and how they supported relatives with the arrangement of funerals where necessary. For example, one person had always loved visiting the Donkey Sanctuary and often recalled a funny occasion when a particularly cheeky donkey had leaned over the fence and stolen her sandwich during a group outing. When the person died the staff decided the Donkey Sanctuary would be the most appropriate place to scatter the person's ashes. The staff paid for a plaque and a tree to be planted in the person's memory. The inscription on the plaque said "In memory of [person's name] and Churchview days out. 'He ate my sandwich'." The inscription raised many smiles and fond memories among families, friends and staff. Staff and people living in the home held a ceremony to scatter the person's ashes and then celebrated the person's life with a cream tea. The registered manager, staff and provider talked about the occasion being a very special but poignant day for them all.

Staff also supported people when people close to them died. For example, one person had been very upset when a close relative died. The staff had sought specialist medical help for the person but found the person was unable to gain an appointment for many months. In the meantime the staff gave the person lots of support in many different ways to help the person get through their sadness. They sought help from the local social services team who put together a 'bereavement pack' to help the staff team support the person.

Is the service responsive?

Our findings

People were involved and consulted about all aspects of the service. Their views were sought and valued by the providers and staff. Residents meeting were held regularly and there was regular contact with families to ensure they were also involved and consulted.

Each person had been involved and consulted in drawing up and agreeing a comprehensive plan of their care needs. The care plans were detailed, well written and easy to read. They were neatly typed and filed so that staff could find relevant information quickly. The plans contained information on all aspects of the person's health, personal care and social needs. People had been consulted about each section of their care plans, and had been supported to sign if possible to confirm they agreed with the content of their plan. If they had been unable to sign there was evidence to show how they had been consulted, for example a relative may have been involved and consulted on their behalf.

Care plans contained information about the things that might upset each person and the things that might lead to them becoming agitated or displaying behaviours that might cause upset to other people. Staff had a good understanding of each person and gave examples of how they recognised signs of distress and how they encouraged and supported people to do a different activity to help them become calm again. For example, one person did not like noise and liked to go and sit outside in the summer house where it was peaceful. The person also enjoyed helping with maintenance tasks outside such as sweeping and gardening.

A person told us how staff involved and consulted them about their care and daily life in the home. They showed us their care plan with their signature. They told us about weekly meetings in the home where people were offered choices and made decisions about matters such as outings and menus. The person also told us, "They often do questionnaires and I signed them." They said staff asked people to make choices about things such as decorations and colour schemes around the home. They said "I like it here. Everything is good here."

People led active lives. Each care plan contained information about the person's normal daily routine, and about the weekly activities they regularly participated in. During our inspection two people were out during the day at a local day centre. Other people also went out regularly to day centres and clubs. One person told us they liked to go to a nearby church every Sunday and said, "They take me in my wheelchair and bring me back." Staff completed a daily diary on behalf of each person that contained information about each person's daily routines, activities, health and well-being.

People went out regularly on group outings using the home's minibus, or local transport services including taxis and an accessible bus service run by Somerset County Council for people with disabilities. They also went on holiday each year supported by staff. The provider gave an example of a person who was very sociable and loved to be around other people. In the past when living in other accommodation the person rarely went out. Since moving to Churchview the person enjoyed going out most days and also went on holiday in the summer. The person had joined a local group that was very active in arranging trips out in the

local area. The person had met new friends.

Around the home there were lots of photographs of people with their family, friends and staff providing memories of happy events, outings and holidays. The registered manager told us "We try to keep it very homely." They also told us, "We try to get them out as much as possible."

A relative told us about the many activities a person enjoyed each week, saying, "They are still pretty active despite their health problems." They told us about the places the person regularly went to each week including day centres and clubs.

People knew how to make a complaint if they wished. The complaints procedure was displayed in communal areas and also in each person's bedroom. The procedure had been drawn up in an easy to read and bold format containing pictures as well as text. The registered manager told us they had received no complaints since the last inspection, although they had received many compliments from relatives and professionals.

Is the service well-led?

Our findings

People lived in a happy, positive and inclusive environment where they were respected and empowered. They were encouraged to speak up and have their say about the service through regular reviews of their care needs, weekly resident's meetings and questionnaires sent out by the provider. In the past one suggestion by people living in the home was to make more use of the garden by growing vegetables. During our inspection we saw tomatoes growing in the garden that had been tended by a person who lived there.

The provider had also sought the views of professionals who had regular or recent involvement with people living in the home. This included doctors, dentists and nurses. One professional had responded to the recent questionnaire saying, "I have always been welcomed and witnessed a high standard of care, commitment and enthusiasm for all individuals who live there." Another professional had responded saying, "The patients that have attended my surgery have always been well supported by the care staff." They went on to say "Any oral health advice has been taken on board."

The provider and registered manager monitored the service and carried out regular checks on all aspects of the daily routines including accidents and incidents, kitchen audits, training records, fire safety checks, first aid, care plans and medications. They used the information they received to help them identify any areas where improvements could be made. The registered manager told us the provider was fully aware of the current health needs of each person and always supported the manager in any changes necessary, for example if extra staff were needed if a person became ill.

Staff were well supervised and supported. Staff meetings were held regularly and these were seen as an opportunity for the registered manager and provider to share information with staff including any changes in legislation. The meetings were also an opportunity for staff to 'problem solve' issues and share good practice. The registered manager told us topics covered in staff meetings had included Duty of Candour and guidance on compliance with regulations. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Staff told us they could speak with the provider or the registered manager at any time about any aspect of the service. They told us the manager was approachable, and worked alongside staff to provide support and a positive role model. Comments from staff included, "I would like to say that working here is a pleasure. The standard of care that I came into is in my opinion very high and is exactly what these service users deserve. We are a very strong team who all work together to give the best possible support to all the residents in the house." Another member of staff who had worked at Churchview for many years told us "The manager [name] who I've worked alongside for all this time has been a really good support though the years." They went on to say "I hope to continue my working role in Churchview/ Liberare for many more years to come."

People living in the home and their relatives also spoke positively about the registered manager. For example, a person told us "I like [registered manager's name]. She's wonderful." A relative told us "It's very well run. Very well managed. The residents are so happy here. If there is any problem [registered manager's

name] will sort it out."

Staff told us the provider visited the home regularly. A member of staff said "If you have any problems you could go to them." The registered manager told us "Liberare is a good organisation to work for – lots of training opportunities – good support from [provider's name]."

The registered manager and provider kept up their knowledge of current good practice and legislation in a number of ways including meetings with other care providers, attending conferences and training. They told us they led by example and encouraged a positive culture. They also told us they did not tolerate bad practice and always took steps to address it. They told us, "Our vision is to be the best." They told us they were constantly striving to do the best for people living in the home and would embrace any changes they learnt about.

As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents. They promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour.