

The Grange (Chertsey) 2002 Ltd

# The Grange Retirement Home

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement**



Is the service effective?

**Good**



Is the service caring?

**Good**



Is the service responsive?

**Good**



Is the service well-led?

**Good**



# Summary of findings

## Overall summary

### About the service

The Grange Retirement Home is a residential care home providing personal and nursing care to up to 62 people. The service provides support to people living with various health conditions and including people living with dementia and various mental health conditions. At the time of our inspection there were 54 people using the service.

The home consists of 3 floors of bedrooms which all have communal areas for people to spend time out of their bedrooms if preferred. On the ground floor there is a large lounge and dining area and conservatory area which leads to communal gardens.

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

We found some examples where people's risks were not being managed effectively. We found concerns in relation to analysis of accidents and incidents and action being taken to ensure people remained safe from other people's behaviours.

People and relatives told us they were supported by kind and caring staff. We saw staff had been trained effectively and people were receiving a diet to ensure nutritional needs were met.

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.

We observed people being treated with dignity and respect by staff and activities had increased since our last inspection. This meant people could spend their time enjoying activities that matched their preferences.

People received person-centred care and staff knew people and relatives well. There was a friendly atmosphere in the home and an improvement plan was in place to continue to drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 09 April 2022) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We have identified a recommendation in relation to medicines management. Please see the action we have told the provider to take at the end of this report.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Good** ●

# The Grange Retirement Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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 was carried out by 3 inspectors and a specialist advisor to review the area of medicines management.

#### Service and service type

The Grange Retirement Home 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. The Grange Retirement Home is a care home with 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 were 2 registered managers in post as one was about to go on a period of planned leave.

#### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people who used the service and 5 relatives about their experience of the care provided. We spoke with 12 members of staff including the regional manager, registered manager, senior care workers, maintenance staff, kitchen staff and administrative staff.

We reviewed a range of records. This included 9 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures was reviewed.



# 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 requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks were not always managed well. For example, a person who was receiving medicines through a feeding tube directly into their stomach had inconsistent or out of date information in their care plan.
- Where a person was on a fortified diet due to the risk of losing weight and malnutrition, this risk was not detailed with advice for staff in the person's nutritional care plan.
- The seriousness of the risk that some people's behaviour posed to others was not always clear in people's care plans. This meant staff were not always provided with adequate advice and guidance to manage the risks safely.
- Relatives told us how other risks to people were well managed, for example, moving and handling. A relative said, "There's always 2 people [staff] when she has to be moved with the hoist. They manage it well. Because the staff know [person], they know what she might do and what to look out for."
- Risks to the environment had been managed well. This included regular safety checks of mobility aids and hoists and regular checks of fire extinguishers as well as other emergency equipment.

### Using medicines safely

- The management of medicines was not always accurate. We found 5 examples where people's 'as and when required' medicine was not in line with medicine administration record (MAR) charts. In this evidence on all occasions there was a lower stock of tablets in the home than what was recorded on the MAR charts.
- We found further evidence of a medicine being given as this was in line with the stock count, however, the MAR chart had not been signed by staff to show when this medicine had been administered and by which member of staff.
- We also found daily temperatures of medicines storage areas were not being checked in line with guidance. The registered manager took immediate action in response to these findings and showed evidence of this being implemented in the days following the inspection.
- We found 2 examples where people did not always have pain patches detailed on body maps. However, overall, there were body maps in place for the majority of people receiving topical creams and other

prescribed pain patches.

We recommend the provider consider current guidance on recording 'as and when required' medicines when these are given to people and take action to update their overall medicine management practice accordingly.

- We saw staff follow medicines guidance, for example, if medicine was required before food, we saw these people supported before lunch was served.
- Medicines were kept securely in locked cupboards and administered by trained staff. Competency checks were also completed regularly to ensure staff were delivering support with medicines safely.
- People told us they received medicines correctly and at the right time. A person said, "Medicine is all done. They (staff) are always here at the right times."

### Preventing and controlling infection

At our last inspection the provider had failed to have robust infection control processes in place. This was a breach of regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were damaged areas to people's bathrooms that could cause the risk of infection. There was also a strong smell of urine on the first floor. A relative also spoke to us about this. They said, "I go into the common lounge in the middle floor. I sat on one of the chairs once and I was soaked through because of the urine that was on the chair. I can smell the wee the moment I get out of the lift on the middle floor." However, we saw evidence that both of these areas of concern were being addressed by the provider, with estimated start dates of works to be completed to resolve this issue.
- Other people told us the home was clean. A person said, "I think the rooms are nice and they're clean."
- 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 (Personal Protective Equipment) 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 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 care home's approach for visitors was in line with current government guidance. People and their relatives were positive about their experience of visiting and being able to see their families throughout the pandemic. A person told us, "They (family and friends) can visit any time." A relative also said, "No restrictions whatsoever on visiting. You're always welcome."

### Staffing and recruitment

At our last inspection we recommended the registered provider continue to regularly review the deployment



and skill mix of staff on each floor, so that people received time and attention promptly when they required it. The provider had made improvements.

- We found during observations there appeared to be enough staff to meet people's needs in a timely way. There was also a range of staff on each floor to ensure people's variety of needs were met.
- People told us there were enough staff to meet their needs. A person said, "I press the button and they come in 2 minutes." Another person said, "I'm happy here. I've got an emergency alarm. They're (staff) great. They come quickly." A third person said, "There's definitely enough of them (on the floor they resided on). They're very quick on that. They always come." A fourth person said, "I don't have to wait for long usually."
- Staff also told us there were enough staff. A staff member said, "Staff levels usually work quite well." Another staff member told us, "There is enough staff."
- We saw the registered manager had followed safe recruitment processes. This included ensuring any gaps in employment had been reviewed, reference checks, full interviews and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. A person said, "Yes, there's always people (staff) here to keep me safe." Another person told us, "Oh yes, I do feel safe. The building is safe and clean."
- There were safeguarding policies in place and staff received regular training. We saw evidence of staff following these policies when there was a number of safeguarding incidents in a short period of time. This showed that the registered manager and staff were keen to share any concerns through the correct channels in a timely way.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

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, 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.

At our last inspection the provider had failed to follow the principles of the Mental Capacity Act 2005, this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were supported by staff who were aware of their responsibilities in relation to the MCA. One staff member said, "We all know we have to always ask for consent. Some people lack capacity and it is our job to find the least restrictive option for someone and always act in their best interests."
- There was a tracker and audit so the registered manager could keep oversight of completed DoLS and applications.
- We saw full processes had been completed for all people that had DoLS applications in place. This included a capacity assessment and a best interests decision meeting involving relevant people.

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

- Generally, we saw staff following guidance in relation to administering medicine. Staff were seen to take their time to explain what different medicines were for and ask people if they were happy to take their

prescribed medicines.

- People were involved in the assessments prior to moving to the home. A person said, "They came to visit me at [previous care home] and then I sent them a checklist afterwards. I was very, very fully involved." We saw text messages that had been exchanged between the person and staff which detailed all of their preferences.
- Another person said, "I was involved from before I even moved in. They gave me a brochure. They asked about my conditions and what I like." We saw this had been reflected in the person's care plan.
- People and relatives told us how staff continued to re-assess and review needs. A relative said, "Last year I realised [person] wasn't getting enough fluid. They had a full assessment last year. They will ensure that [person] gets the intensity of the care required. I feel like I'm working with the Grange staff to maximise [person's] care. I write in the diary how much fluid I've given her. I give her lunch and update staff as well."

Staff support: induction, training, skills and experience

- Induction was not only provided to new members of permanent staff, it was also provided to agency staff. One agency staff member said, "They did an induction. It helped me understand their processes."
- The registered manager kept oversight of the training completed by staff by reviewing and updating a training matrix. This ensured any outstanding training or refresher training could be followed up in a timely way.
- The staff also took responsibility for their training. A staff member said, "I keep checking the system when I need to do my e-learning. I always try to read extra, do a little research, find out from other colleagues if there is any new ways of doing things. I check the policy manual."

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

- Staff supported people with additional nutritional needs effectively. A relative told us, "[Person's] on a soft diet. There's always something soft on the menu. They (kitchen staff) always make soups from scratch. The vegetables are cooked and soft and easy to eat. [Person] has the sandwich for supper in the evening."
- We observed staff supporting people with softened diets and various other needs during mealtimes. People who chose to have meals in their room were supported by staff in a timely way.
- People who received support with softened diets had consistent information detailed in their care plans. This offered clear advice for staff to follow and this was also available for the kitchen staff.
- Staff offered drinks regularly to people to avoid the risk of dehydration and there was a range of choices at mealtimes to ensure people enjoyed their food and had choices to match their preferences.

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

- Staff told us how they made referrals for people in a timely way. A staff member said, "If they (people) are not able to walk steady, and they don't have an aid, we will risk assess, make referrals for the aid and make sure we regularly check and observe them in the meantime."
- There was a weekly GP 'round' at the home. A staff member told us, "GP comes in and we have a document we write people's names, concerns we have. The GP addresses the concerns and we inform next of kin and resident of the outcome. Care plans are then updated to reflect the updated information."

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

- Some improvement to the environment had been made since the last inspection. This was an ongoing piece of work being completed by the maintenance team regarding the decoration of the home. We saw evidence of planned works with estimated times for completion. We saw from this plan previous completion dates had been adhered to.
- People had personalised items in their room which created a homely feeling where appropriate.

- There was clear signage around the home to ensure people could navigate their way around the home independently.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection there was a lack of respect and dignity shown towards people and this was a breach of Regulation 10(1), (2)(a) and (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People felt staff supported them with kindness and knew them as individuals. A person said, "They treat me well." A relative also said, "They (staff) definitely know [person] well. It's the staff that make this place."
- Relatives also told us staff treated their loved ones with compassion and respect. A relative said, "The staff are excellent. They seem to have genuine empathy for the residents. They're very respectful and show a lot of understanding. If any resident is upset, they will try and address that."
- Staff treated people with respect. A staff member said, "Ensuring that everyone is treated equally, we respect privacy, dignity. You have to be caring, you have to listen to them so you can meet their needs." Another staff member said, "I am a kind person and my way of talking. I clearly believe I should speak to people gently. Speak to them nicely, kindly. I treat people as if they are my parents."
- Staff respected people's different cultures. A staff member said, "One of our residents is Muslim and can only eat halal food. We have also arranged religious visits for them."

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

- Staff encouraged people to make decisions about their care. A staff member told us, "If I give personal care, I ask the resident, are you happy to wear this shirt. If I am bringing someone to the lounge, I ask if they would like to sit here or there."
- We observed staff encouraging people to make decisions about what activities they may want to join in with and how they would like to spend their day.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect. A person said, "Some of the staff are very good. I think they are all very respectful." Another person said, "I would say they are always respectful. They do knock before

they come in (to private room)."

- Staff told us how they treated people with respect. A staff member said, "Ensuring that everyone is treated equally, we respect privacy, dignity. You have to be caring, you have to listen to them so you can meet their needs."
- Relatives told us how staff treated people and relatives alike with dignity. A relative said, "The staff are just great, I can't fault them. Not only are they amazing with [person], they support me as well, they always treat me with respect when sometimes I get upset if [person] is having a bad day and they are so respectful."

# 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 requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection there was a lack of person-centred care planning and this was a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us how they delivered person-centred care. A staff member said, "Care plans and talking to people we get to know them. We refer to their care plans and families if they can't tell us themselves." Another staff member told us, "We refer to care plans, and their needs. Who they were before coming to The Grange. We are trying to give them the best life even though they cannot always do what they used to do."
- We saw evidence of person-centred detail in care plans. The new activities lead had also started a piece of work to complete detailed and thorough life history sections in care plans for people. This would give staff more knowledge of people's past and why they had certain preferences and how staff could meet them.
- Staff were observed to interact with people well. Staff were knowledgeable about people's likes, dislikes and preferences when we spoke with them about individuals. People and relatives also confirmed this. A relative told us, "They know [person] so well, they've really tried to learn the important details about them."

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

At our last inspection the lack of stimulation for people was a breach of Regulation 9(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since the last inspection, a activities co-ordinator had been recruited. This had improved the quality of activities within the home. Activities included Easter crafts, baking, quizzes and a trip to Bocketts Farm scheduled for the week after our inspection.
- People enjoyed the activities at the home. A person told us, "[Activities co-ordinator] is very good. She gives me massages. I am happy watching TV in my room. I have my hair done every 3 weeks."
- We saw a range of activities taking place on each floor of the home. People that resided on the first and

second floor, where possible were being supported to join the larger activities on the ground floor. We saw a number of people engaging with the activities smiling and appearing to enjoy them.

### 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.

- People told us the staff were supportive and ensured they understood people well and enabled people to have a good quality of life if they had additional communication needs. A person said, "They're very, very careful. They wake me very gently because of my (hearing impairment). It's that sort of thoughtfulness that gives me comfort here. I told them I needed a large TV with subtitles as I can't hear. They provided it before I moved in."
- Where people had additional communication needs staff supported them in a person-centred way. For example, the activities co-ordinator would create large font for some people, another person had communication cards to use to explain to staff what they wanted. These were just some of the examples we found of good communication between staff and people.
- Care plans detailed people's communication needs in detail. This meant that staff had a point of reference if people had specific communication needs and they could find a quick reference to meet people's needs in a timely way.

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

- People were supported by staff who knew how to respond if someone was to complain. A staff member told us, "People might make a complaint about a situation. I inform the manager and she will have a meeting and deal with it. We inform next of kin the steps we have made to correct the situation."
- People and relatives felt comfortable raising any concerns and complaints. A relative said, "If ever I had any concerns I would raise it with a senior member of staff or the manager without hesitation. They are so approachable and proactive, I know they would deal with it quickly."
- There was a complaints procedure in place that staff were aware of. We saw examples of how staff and the management team had followed this policy and procedure when dealing with any concerns or complaints raised.

### End of life care and support

- Staff knew how to support people that were entering this stage of their life. A staff member said, "We have to abide by their wishes. We show compassion, we assess the situation, inform the GP for end of life medication to be in place. We monitor and next of kin are aware. Ensure they have a RESPECT form in place and that we follow it. Ensure wishes are in their end of life care plan. If they have a priest we will involve them for example. Encourage family in for quality time, that they are comfortable and their environment is right. If they like soft music, we play that in the background. Make sure their hair is combed nicely and mouth is clean. Help them to be pain free."
- People had end of life care plans in their support plans. This meant that if they entered this phase of their lives staff would know their wishes and how to support them immediately and avoid any delay.



# 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 inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection there was an on-going lack of good governance and management oversight at the service and this was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff felt supported by the registered manager and the management team. A staff member said, "Management support is excellent. I feel so supported, they are excellent. Even sometimes when things are difficult, they make you feel a part of them and encouraged. Managers rush to the floor to see what they can help you with."
- We saw action had been taken to implement a continuous, ongoing improvement plan that was in place. We saw positive action had been taken in improving the general facilities of the home and this was an ongoing project.

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

- Staff felt the registered manager was approachable if they ever had any issues. A staff member said, "I feel that she has an open-door policy." A person said, "[Registered manager] is the manager. She's very nice. She's lovely." Relatives also echoed this sentiment. A relative said, "Management are very approachable."
- Staff also told us that improvements had been made since the last inspection. A staff member said, "I did read the last CQC inspection and I think a lot has changed since then. Everyone is being watched a lot more and taking things more seriously when things go wrong."
- People told us they felt involved in the life of the home. The registered manager had ensured regular residents' meetings occurred. A person told us, "They do have a residents' meeting. [Registered manager] told me when there would be one if I want to bring anything up about the care or the food or anything important."
- Relatives also felt involved in decisions made about their loved one's care. A relative told us, "They (the home) have relatives' meetings on Zoom. They circulate minutes. I can ask them to discuss any issues

beforehand if there is anything that should be included."

- Relatives told us how the new management team and structure in the home since our last inspection had been positive. A relative said, "Since the new management team have come on board since the last inspection. They put in a whole new management team and things have been so much better since then."
- Staff were also supported with various forums including staff meetings, daily 'flash' meetings and one to one discussions. A staff member said, "[Registered manager] is supporting all the time. Flash meeting every day for nurses and kitchen staff. Staff meetings about once a month. If we have concerns we can speak to the line manager any time. They are all friendly and team players. Helping each other."

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; Working in partnership with others

- We had been notified of all relevant notifiable incidents. These are incidents that the provider must notify us about in accordance with their registration and our regulations.
- There was a duty of candour policy in place. We saw how this had been implemented following serious incidents or safeguarding concerns to ensure all relevant people had been notified.
- Since the last inspection we saw evidence of the registered manager and staff working well with professionals from the local authority and other health organisations. This was to drive improvement, some of which we saw at this inspection.
- We saw evidence of the registered manager and staff working well with health and social care professionals to ensure all information for people was shared so they could receive a good level of care.