HC-One No.1 Limited

Adelaide House Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Adelaide House provides care and accommodation for up to 30 people; some have nursing and physical needs and some people are living with dementia. On the day of our inspection 25 people were living at the service.

People's experience of using this service and what we found
There were sufficient staff at the service to support people safely however staff did not have time to spend with people. The registered manager has confirmed staff levels have increased since the inspection.

Staff were aware of the risks associated with people's care and ensured that people were provided the most appropriate care. People received their medicines when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received appropriate training in relation to their role and were encouraged to progress. Staff were valued and had opportunities to give their feedback on the running of the service. People were supported with sufficient nutrition and hydration. External professional were involved with people health needs.

People and relatives told us that staff were kind, caring and respectful towards them. We saw examples of this during the inspection. People were supported and encouraged to remain as independent as possible and were involved in decisions around their care.

There were sufficient activities and outings for people. People who were cared for in their rooms had one to one activities provided and were protected from the risk of social isolation. Care plans were planned around people's health care needs. There was a robust system in place to assess the quality of care provided. People and relatives knew how to complain and were confident that complaints would be listened to and addressed. People, relatives and staff thought the leadership of the service was effective.

Rating at last inspection and update
The last rating for this service was requires improvement (published 29 April 2021).

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the inspection in November 2019.

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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Adelaide House Care 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
Our inspection was completed by 2 inspectors.

Service and service type
Adelaide House 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. Adelaide House 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 was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 9 people who used the service about their experience of the care provided. We also spoke with 1 relative and 1 external professional. We spoke with 12 members of staff including the registered manager, regional manager, a nurse and day and night care staff.

We reviewed a range of records including 4 people's care plans, daily care notes, medication records, safeguarding records and incidents. We reviewed a variety of records relating to the management of the service including supervisions, training, audits and recruitment files.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- There were mixed responses from people about staff levels. Comments included, "Sometimes they are a bit pushed. Occasionally takes a while to answer (call bell)", "There is not always enough staff, but my call bell gets answered quickly. Staff don't have enough time to talk" and "There is always someone around, they come as quick as they can." A relative told us, "It's been a lot better recently. The staff seemed less flustered."
- During the inspection we observed whilst staff responded to people quickly when they used their call bell, staff were rushed. As a result, they had little time to spend time with people.
- Both day and night staff fed back on the staff levels at the service. Comments from day staff included, "The staffing has been a lot better. It can be a bit tight" and "Not enough time to do what we wish to do for the residents." Comment from night staff included, "At times we are rushed" and "Sometimes we are just two at night and sometimes we are three. We have a very busy shift and sometimes we don't finish all the work."
- After the inspection the registered manager confirmed they were increasing staff levels by one carer during the day and ensuring there were three carers at night. The registered manager told us, "Following your feedback and our residents' feedback we have reviewed our whole home staffing. We have implemented the same contingency plan for all shifts and have rotas in place to reflect this staffing level."
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Assessing risk, safety monitoring and management

- Care plans were in place to manage risks to people that contained guidance for staff on how to reduce the risks. These included the risk of falls, dehydration and nutrition, moving and handling, choking and skin integrity. One member of staff said, "To reduce the risk of falls we have provided sensor and crash mats for them."
- Call bells were placed in reach of people and there was guidance in their care plans to ensure that staff were aware of where the call bell needed to be placed.
- If people were unable to use a call bell due to disability or cognition there were plans in place to ensure that staff checked on the person regularly. A member of staff told us, "Some can't [use the call bell] so you have to check on them regularly."
- Where clinical risks were identified appropriate management, plans were developed to reduce the likelihood of them occurring including wound care, diabetes care and other health care concerns. When wounds had been identified regular photos were taken of the wound to track the progress. We identified that pressure sores were healing as a result of the intervention from the staff.

Using medicines safely

● People told us that they received their medicines where needed. One person told us, "The registered nurses bring it [medicines] all round."

● There were appropriate systems in place to ensure the safe storage and administration of medicines.

● People's medicines were recorded on the electronic medicine administration record (MAR) with a dated picture of the person and details of allergies, and other appropriate information for example if the person had swallowing difficulties.

● When medicines were not given there was information on MAR for the reasons, for example, the person being in hospital. When people required medicine that was required at a specific time, this was given at the correct times. A person told us, "[Time critical medicine] is given at the same time every day."

● There were medicines prescribed on 'as required' (PRN) basis and these had protocols for their use.

● A medicine audit was undertaken regularly, and all of the nurses had been competency assessed to ensure that they had the skills required to administer medicines.

Learning lessons when things go wrong

● Incidents and accidents were recorded with action taken to reduce further occurrences. Staff also understood their responsibilities when an incident occurred. One member of staff told us, "We tell the nurse straight away. If I see bruises, I will tell the nurse straight away."

● We reviewed the incident and accident and found that steps had been taken to reduce the risks. For example, where people when people had frequent falls, they were referred to the appropriate health care professionals and monitored for a period of time.

● The regional manager told us, "If there is a serious injury then this goes to a clinical support specialist team. Same for fractures and pressure ulcers. If it was a serious injury, then health and safety get involved."

Systems and processes to safeguard people from the risk of abuse

● People we spoke with told us that they felt safe living at the service. Comments included, "They [staff] are absolutely not unkind" and "The carers are very good."

● Staff understood what they needed to do if they suspected abuse. One member of staff said, "I would go to the [registered manager] and say if there was an incident. I would never want to work anywhere if I saw anything untoward." Another told us, "I would tell the nurse and ask the person how it happened. I would find out who was the carer before."

● Staff received safeguarding training and there was a whistleblowing policy that staff could access. Staff told us they would not hold back on whistleblowing if they had a concern. One told us, "I wouldn't hesitate to whistleblow. We have a call line we can use."

● We saw that if there were any concerns raised the registered manager would refer this to the Local Authority and undertake a full investigation.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was 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 homes 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.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our inspection in December 2019 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

At our inspection in December 2019 the provider had failed to ensure the principles of the Mental Capacity Act 2005 were consistently followed. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there had been improvements at this inspection and the provider was no longer in breach of regulation 11.

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.

- People were asked their consent before staff delivered care. One person told us, "They always ask if its ok before they do anything. The staff are very good like that."
- People's rights were protected because staff acted in accordance with MCA. We saw from the care plans where people's capacity was in doubt assessments took place along with clearly recorded best interest decisions. Examples of these related to consent to living at the service and having sensor mats in people's rooms.
- We saw where people were being restricted, capacity assessments had been undertaken and had recorded best interest meetings. Where appropriate applications had been submitted to the local authority for authorisation.
- Staff understood the principles of MCA with one member of staff telling us, "Some residents have capacity, but we ask for everyone's consent. If the person doesn't have capacity, they may have a next of kin involved with their care."

Staff support: induction, training, skills and experience

● People and relatives fed back that staff provided care in an effective way. One person said, "Definitely feel the staff have had the training they need. New staff get training from staff who have been here some time, they learn what people like and don't like. Another said, "They know what they are doing." A relative told us, "They [staff] have always been really good."

● Staff completed a full induction when they started at the service to ensure they understood the care that needed to be delivered. A member of staff told us, "It was six days induction. The trainer is very good, they help me a lot. They tell me everything."

● Staff received updated training to ensure that they were kept up to date with appropriate care practices. One member of staff said, "We do training almost every month to keep ourselves updated." Nurses were also kept up to date with clinical practices with the support of the clinical lead at the service.

● Staff had one to one meeting with their manager to assess their competencies in their role and to provide support to progress within their role. Staff fed back this was important to them with one telling us, "They are very useful."

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

● The building at the service was well-designed and nicely decorated. It was bright with wide corridors for people to access easily. There were several lounge areas that people could use to spend time with their families. One relative fed back, "The rooms are generous, clean and well appointed."

● The corridors and rooms were spacious to allow people to move freely. Each person's room was tastefully decorated with modern fixtures and fittings. Furniture was arranged in small sections to encourage socialisation and this was seen during the inspection.

● There were gardens and outdoor spaces downstairs that provided a place for people to walk around or relax in.

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

● Staff used recognised good practice and national tools to ensure that people's care was provided appropriately. For example, staff used a 'Waterlow pressure ulcer risk-assessment tool' to review the risk of developing pressure ulcers. There was evidence in care plans that used NICE guidance to assist them with care for example in relation to moving and handling.

● There was a pre-assessment of people's care in each of their care plans. This was to ensure that the staff could meet the person's needs before they moved into the service. We heard the registered manager speaking with an external professional in relation to ensuring they had all the information they needed about consideration of a person moving in.

●The assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition. Information from the pre-assessment was then used to develop care plans for people.

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

● There were varied responses from people about the food available at the service. Comments included, "The food is very good. They bring a menu round in the morning", "Some of it is very nice and others it isn't" and "My food is pureed, it's not the same, its ok. I have a choice still. Would be nice for it to look more appetising."

● The chef and registered manager confirmed that training was already organised for kitchen staff around presenting modified meals in a more appetising way.

● The chef was aware of people's dietary needs and likes and dislikes. Where people had a modified diet for example pureed the chef ensured that they still had a choice offered to them. The member of staff told us,

"There is a form on the servery which shows room numbers, their modified diets and serves as an extra reminder."

● We saw during lunchtime that people were offered a choice of meals. People in their rooms were provided meals quickly. Those people that required support to eat their meal were provided this by staff.

● Staff were aware of people that were nutritionally at risk and took steps to address this. For example, people were on a food and fluid charts, higher calorie snacks were provided, and guidance was sought from health care professionals. One member of staff said, "We have supplementary forms to complete to encourage them to eat and drink." They said they would encourage people to drink through the day and we observed staff completing these forms.

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

● Staff had a handover at the end of each shift to share information about people's up to date needs. One member of staff said, "We have good communication with the nurse on shift. We have a handover and discuss what we are going to do. There is good teamwork." Another said, "You would be informed of any changes [to people's needs] when we get there on handover. They will say how the resident was during the day."

● Staff reviewed people's health continuously and if they had a concern, they would either speak the with nurses or contact health care professionals to gain advice.

● We saw evidence of visits from various health care professional including the GP, dentist, opticians, community nurses, hospice nurse, physios and occupational therapists. Staff were following the guidance provided. One health care professional told us, "Above and beyond when I have spoken to staff members they are all aware of residents nutritional needs and are knowledgeable about the strategies that they, as care and nursing staff, are attempting to implement in order to optimise resident nutrition and hydration."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our inspection in December 2019 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 inspection in December 2019 the provider had failed to ensure people received care and treatment that met their needs or reflected their preferences. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there had been improvements at this inspection and the provider was no longer in breach of regulation 9.

● People and relatives shared with us that they felt staff were kind and caring. Comments included, "They are lovely here. [Member of staff) is very good, very kind", "They are nice staff" and "They have been so lovely." One relative fed back to the service, "The are patient and caring and always cheerful and kind."
● Staff ensured that people received the caring support that was needed. For example, we heard a member of staff in a person's room say, "Hi [person], I've got you a cup of tea my love, I'm going to sit you up a bit, would you like some goodies with your tea? Biscuits or chocolate?" Another member of staff was seen giving a birthday card to a person for the person's relative. The person asked the member of staff, "How much do you need for it?" The member of staff replied, "Oh don't worry." We saw what that meant to the person.
● Staff took time to get to know people and listening and understanding their wants, needs and wishes. For example, we observed a member of staff sitting with a person and listening to them about the visit they had with their family member. The member of staff showed an interest and responded by asking the person questions about the visit.

Supporting people to express their views and be involved in making decisions about their care
● People and their relatives were actively encouraged to be involved in decisions around their care. They were able to make choices about when to get up in the morning, what to wear and activities they would like to participate in. One member of staff told us, "I took [a person] to hospital and had a chat and they told me they did not want men to support them which we respect."
● We saw a person ask for a glass of wine with their meal and this was provided by a member of staff. Other people were asked whether they wanted to participate in activities or what they would prefer to do. A member of staff told us, "You ask them about what they want to eat. You encourage people to eat their meals themselves."
● There were people that chose to stay in their rooms and staff respected this decision.

Respecting and promoting people's privacy, dignity and independence
● Staff treated people in a dignified and respectful way. One person told us "They are good like that. If they

are changing you, the make sure the curtains are drawn and the door is shut so nobody can just walk in."

● People had the freedom to walk around the building with no restrictions in place on the corridors. We observed a person visiting their family member in the room next door to them. They told us how important it was for them to be able to do this.

● When staff provided personal care to people this was provided behind closed doors to protect people's dignity. We observed staff knock on people's doors before they entered. When staff spoke with people, they did this in a polite and respectful manner. One member of staff said, "We are working in their home, you have to knock and greet people. The person may not be able to respond but you still do this."

● People were supported to remain independent. One person said, "They give me the flannel to wash myself and my electric razor is there (on table) to do that myself." A member of staff said, "We do offer independence to those who are deteriorating, and they are not sure if they can do things or not."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our inspection in December 2019 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; End of life care and support

At our inspection in December 2019 the provider had failed to ensure people received care around people's needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there had been improvements at this inspection and the provider was no longer in breach of regulation 9.

- There were detailed care records which outlined individual's care and support. For example, their preferred routines, personal hygiene (including oral hygiene), medicine, health, dietary needs, sleep patterns, emotional needs and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. One member of staff said, "The nurse tells us or the deputy manager. It's good to know the updates on people."
- Staff we spoke with knew people well and were familiar with people's background history and things that mattered to them. This information was also present in people's care plans. One member of staff said, "They are lovely residents, we interact with them. We sit and talk with them about their family and their children."
- Feedback from relatives to the service about the care their loved ones received at the end of the lives included, "In the last week she was looked after with dignity and respect. Thank you all", "Staff went out of their way to keep him comfortable and pain-free" and "They looked after every detail and kept his spirits up when the battle was at its hardest."
- Staff provided effective care to people and support to their relatives leading up to a person's death. One relative told us, "It was always very good, they kept me informed me of what was going on. They provided me with support as well." A member of staff told us, "If there is a person who is on end of life, we make sure we give good support and care and make them comfortable."

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 told us there was sufficient activities to keep them occupied. Comments included, "I don't get bored or lonely", "I like painting and drawing" and "[Activity staff member] took me out in my wheelchair round the block. Been to the pub with a group and a few of the carers."
- The majority of people chose to stay in their room. There was an acknowledgement from the registered manager that more work was being undertaken to encourage people to come to the communal rooms to join in activities more. A member of staff told us, "We have a weekly fitness class every Thursday afternoon, a personal trainer comes in externally. That's really popular."
- We observed activities taking place with people in the communal areas including one person having a

manicure and another person playing games. We heard one person telling a person, "You're the best storyteller I know."
● People had one to one activities in their bedrooms to reduce the risk of social isolation. Whilst we were in a person in their room a member of staff came in to do a puzzle with the person. A member of staff told us, "We take puzzles up to the rooms. Do nail care. We keep a record of who we have seen and write a paragraph of what we have done with a resident that day." We saw records relating to this.

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.

● Care plans had communication records in place to guide staff how best to communicate with people. This included whether they needed their hearing aids, glasses for reading or had difficulties communicating verbally.
●. The regional manager told us, "A lot of the residents here can read and have capacity. We can change font/colour [of documents]. A lot of the residents will have information discussed with them by staff. We could also consider interpreters if needed."

Improving care quality in response to complaints or concerns
● Complaints and concerns were taken seriously and used as an opportunity to improve the service. People told us they would not hesitate to make a complaint and were confident it would be dealt with. One relative fed back, "If there are any small concerns, I would bring them up immediately and they would come up with a solution."
● The registered manager told us since they had worked at the service there had been no formal complaints. They said, "Day to day missing items are addressed at the time and not recorded as a complaint. Its discussed at the day to day huddle."
● Staff said they would support people to make a complaint where people had concerns. One member of staff said, "We have a hierarchy of who to complain to. I will try and resolve it first and then raise it to the nurse."

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives were complimentary about the leadership at the service. Comments included, "She is very good" and "Very nice, very pleasant and if you went to her, she would sort it out straight away."
- Staff were also positive about the registered manager organisation's values and ethos were clear and effectively translated from the senior management team to all staff who worked at the service. . One member of staff said, "I love that the staff do seem to care. The manager has our backs, she actually seems to care. You know that everything will be done properly and there will be no issues."
- The registered manager and the senior management team led by example which influenced staff's attitude to work in a positive way. Throughout the inspection the management team took time to speak and engage with people. The registered manager told us, "I spend one day a week on the floor." A member of staff told us, "She [registered manager] is great, she has put her own stamp on things. She is very hands on."

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

- The provider and the management team undertook audits to review the quality of care being provided. These included audits of people's skin integrity, falls, infection control audits, medicine audits and health and safety audits. Actions plans were recorded and followed up on.
- It was identified in an audit that PRN protocols for six people were out of date. Action was taken to review this to ensure the correct guidance was in place.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including incidents and safeguarding concerns.

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

- There was involvement and input from people and relatives about how they wanted the home to be run. Regular meetings and surveys took place with relatives to provide feedback and meetings were being planned with people. We saw from the relative meetings discussions included staffing, COVID guidance, activities and home improvements. A relative told us, "Very good with meetings and if you went to [registered manager] with anything she followed it up."
- Staff attended meetings and were invited to contribute to the running of the service. One member of staff said, "Staff meetings are very useful because sometimes we discuss everything. Sometimes we discuss

training matters." Another said, "[Registered manager] listens to us. If I say I have issue they give me the support I need."

● Staff told us that they felt valued and supported. Comments from them included, "We have good working relationships. My feedback was taken on board and feel confident something will be done about it" and "My colleagues listen to what I say. They [managers] thank us every morning, makes me feel priceless. The teamwork is awesome."

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; Continuous learning and improving care; Working in partnership with others

● We saw from the records that relatives had been contacted where there had been an incident with their family member. Relatives confirm with us that they were contacted when incidents had arisen.

● The registered manager and provider understood their responsibilities under duty of candour. The regional manager told us, "Being honest and open and acknowledging any failings. There is an extra level of oversight."

● Steps were taken by the provider and the registered manager to drive improvements and they worked with external organisations to help with this. For example, the registered manager told us of an incident involving a person where they needed to review the person's care. They told us, "I discussed this with their social worker. There were lessons learnt to adapt support from staff." We saw this was implemented.