St Andrew's House

St Andrews House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
St Andrews House is a care home providing personal care to a maximum of 35 older people, including those living with dementia. At the time of our visit, 32 people lived at the home. Accommodation was provided across 4 floors in an adapted building. The provider is a registered charity run by a board of volunteer trustees.

People's experience of using this service and what we found
This is the fourth consecutive inspection where the provider has failed to demonstrate compliance with the regulations and achieve the minimum expected rating of good.

The provider had failed to drive forward all aspects of required improvement at the home following previously identified breaches of regulation. There was a continued lack of effective governance, provider, and management oversight. Systems and processes used by the provider to monitor safety, mitigate risks, and drive improvement were not effective in identifying the concerns we found during this inspection. Some of the provider's policies and procedures were not effective. We have made a recommendation to the provider in relation to the nominated individual continuing to update and embed their practice.

People remained at risk of avoidable harm. Environmental risks including those relating to fire safety were not identified by the management team or provider. Whilst people had access to external health and social care professionals to manage changes in their needs; care records were not always updated fully for staff to refer to. Infection control practices were not always followed, increasing people's exposure to infection risks. Medicines management at the service did not follow best practice guidance or the provider's policy. Not all staff had received training to identify and respond to people's identified risks. Some people we spoke with told us staff were not always responsive when they used their call bell alarms. We have made a recommendation to the provider to review the systems in place to ensure people's needs are responded to promptly and for the provider to maintain effective oversight.

Where people could make independent decisions about the care they received; most people felt they were involved in the care planning process. However, this was not consistent for some people. Staff understood the need to involve people in decisions about their care, however we received mixed feedback from people about their experiences of this. Some people told us they were not supported to engage in activities which were important to them. Activities outside of the home were not taking place for people who did not have regular informal support from their families. People told us activities taking place in the home had a positive impact on their well-being. The registered manager had measures in place to support people with communication needs and effective processes were followed to respond to complaints raised to the management team.

Where required, we checked the provider was lawfully supporting people under the principles and codes of practice of Mental Capacity Act 2005. We found 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.

People told us they felt safe and the service protected people from the risk of abuse. Staff were recruited safely with additional checks on their suitability undertaken.

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

Rating at last inspection and update
The last rating for this service was inadequate (published 5 October 2022) and there were breaches of regulation. The provider continued to send us monthly action plans as per the imposed conditions on their registration which were imposed on 08 January 2020.

At this inspection we found insufficient improvements had been embedded into everyday practice. We found the provider remained in breach of the regulations.

Why we inspected
We undertook this focused inspection to check the provider now met their legal requirements. This report only covers our findings in relation to the Key Questions safe, responsive and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement based on the findings at this inspection. Please see the safe, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Andrews House on our website at www.cqc.org.uk.

Enforcement and recommendations
We have identified continued breaches in relation to Regulation 12 (Safe care and treatment) and regulation 17 (Good governance). We have made recommendations in the safe and well-led sections of the full report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
The overall rating for this service is 'Requires Improvement' and the service remains in 'special measures' as there is still a rating of inadequate in key question, well-led. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we next inspect, and it is no longer rated as

inadequate for any of the five key questions, it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below.

St Andrews House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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
This inspection was undertaken by 2 inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
St Andrews 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. St Andrews House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 10 people who lived at the home and 3 relatives to gather their experiences of the care and support provided. We spoke with 9 staff including, the nominated individual, registered manager, deputy managers, permanent and agency care staff, activity coordinator and maintenance worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included 6 people's care records, multiple medication records, 3 staff recruitment files and 2 agency staff profiles. We looked at a sample of records relating to the management of the service including training data, complaints, the provider's policies and procedures and checks completed by the provider and management team to assure themselves people received a safe, good quality service.

Requires Improvement

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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

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

At our previous inspections in 2019, 2020 and 2022 the provider had failed to ensure environmental risks, including fire safety were well managed. These were a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 12.

- People's health and safety continued to be at risk.
- Fire safety risks continued to be present at the service. For example, we found a ceiling tile located next to an adjoining fire door was missing. This meant the effectiveness of detecting and containing a fire to prevent it spreading was compromised, increasing the risk of harm occurring. The registered manager told us they were not aware the tile was missing and agreed this was a fire risk.
- The provider's fire safety policy required all staff to complete a minimum of 2 fire drills and stated "ideally" 4 drills for night staff. However, we found 5 night staff members, including a night supervisor and a further 9 day staff had not completed a fire drill. This meant, not all staff had experience of testing the provider's fire procedures and their own training to enable safe and effective action to be taken in the event of a fire.
- Environmental risks were not always identified or acted upon to reduce the risk of harm occurring. For example, we found an unsecured tap in a communal bathroom was easily lifted from its recess point increasing the risk of the water pipes bursting. We checked the hot water temperature of the tap with the registered manager and found this was above the recommended safe water temperature limit. This meant there was an increased risk of people being burned or scolded.
- Fall's risk management had not improved and lessons were not learnt. For example, during the last inspection we found a carpet edge gripper was missing from a person's room who was at high risk of falls. We found the same concern for a person assessed as high risk of falls at this inspection.
- Not all staff had completed the range of falls prevention related training offered by the provider. This meant those staff were not fully equipped with the necessary knowledge and skills to identify and respond to falls risks.
- People's risk assessments and care plans were not always effective. For example, we found 3 people had changing needs due to skin damage or deterioration. Whilst they received support from district nurses to treat their needs, St Andrews House had not ensured all risk assessments and care plans were updated. This meant staff were not always provided with current and accurate information on how to provide care safely, which increased the risk of harm occurring.

● We found a significant proportion of staff were not sufficiently trained to mitigate the associated risks for people with skin integrity needs. This meant the staff were not equipped with the necessary knowledge and skills to identify concerns and care for people's skin. This increased the risk of harm occurring.

We found no evidence people had been harmed. However, systems were not robust enough to demonstrate risks were effectively assessed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded to our concerns regarding fire safety and water temperatures and arranged for the issues to be rectified.

● The provider had reporting systems in place for staff to alert the management team to concerns or changes in people's needs.
● Staff we spoke with knew to ask the management team for advice and support when needed. They told us any concerns they raised were responded to.

Preventing and controlling infection

At the last inspection we found the provider failed to follow government guidance to ensure risks associated with infection prevention and control was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 12.

● We were not assured the provider was using and disposing of personal protective equipment effectively and safely. On the last inspection we found used PPE had been disposed of in domestic waste bins. We identified the same concerns during this inspection. For example, we found used PPE in a general waste bin located in a communal bathroom. Used PPE was also found in an open topped bin within a communal living space. We alerted this to the management team on the first day of inspection. However, the bin had still not been emptied on our return 2 days later.
● We were not assured the provider was making sure infection outbreaks can be effectively prevented or managed. We observed several staff, including members of the management team wearing items of jewellery and watches across both days of inspection. This practice did not meet the outcomes of infection control staff training, best practice guidance or the provider's infection control policy.
● We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. People and relatives gave positive feedback about the cleanliness of the home. We found general cleaning of the home was taking place with dedicated domestic staff assigned to each floor of the premises. However, we found toilet rolls were being stored in open toilet roll holders throughout the premises, including communal toilets. Some of the holders were tarnished and rusted which did not enable effective cleaning to take place.
● We alerted the registered manager to our findings to ensure they were aware of the concerns so appropriate action was taken.

We found no evidence people had been harmed however government guidance was not followed to ensure risk associated with infection prevention and control was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care

Act 2008 (Regulated Activities) Regulations 2014.

● 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 responding effectively to risks and signs of infection.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● There were no active restrictions on people receiving visitors to the home. The provider had policies and procedures in place that aligned with government guidance. This was to ensure people had access to visitors in the event of an infection outbreak at the home.

Using medicines safely
● Required improvements were identified at our last inspection regarding the safe use of medicines. At this inspection, we found some improvements had not been made and further concerns were identified.
● We observed some prescribed creams did not have readable prescription labels to identify who the creams belonged to or how they were to be applied. This placed people at risk of inconsistent and unsafe medicine administration.
● Prescribed creams were being applied by staff who had not received medicines training or competency assessments. When staff applied creams, this was not always recorded in people's medicine administration records (MAR's) to evidence the creams had been given. The systems used to record application in people's MAR's did not follow best practice guidance. This meant the provider could not be assured people received their prescribed creams safely and as required, increasing the risk of harm occurring.
● Where staff had received training to administer medicines, not all staff had received an annual competency check to ensure their practice continued to be safe and effective.

We found no evidence people had been harmed, however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We informed the registered manager of our findings to ensure appropriate action was taken to address and mitigate the risks found. We advised the registered manager to work with the provider to address staff training and review the systems in use at the service to ensure medicines were managed safely.

● People were satisfied with how their medicines were managed. For example, 1 person told us, "I know my medication and so do the staff, I have tablets 4 times a day. I am quite independent, and the staff help me to stay independent."
● The provider took action following the last inspection to ensure risk assessments were completed for people who required application of flammable creams. The provider introduced posters in people's rooms for staff to easily identify where flammable creams were in use.

Staffing and recruitment

At our previous inspection, the provider had failed to protect people because robust recruitment procedures were not established or operated effectively. This was a breach of Regulation 19 (Fit and proper persons

employed) 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 19.

● Four people told us they had to wait for prolonged periods of time for assistance when using their call bells. For example, 1 person told us they had to wait over 1 hour for assistance which caused them worry. The registered manager confirmed the home did not record call bell waiting times to enable us to review the person's concern. We did not observe prolonged call bell requests being unanswered during the inspection. However, the nominated individual identified call bell response concerns during a quality assurance visit to the service. This meant the registered manager did not have effective oversight of staff member's responsiveness to people's requests for assistance. Where people had used their call bells, we found this was recorded in their care records, including the assistance staff provided.

We recommend the provider reviews their systems to monitor staff's responsiveness to call bell assistance requests and take action to improve their practice and drive improvement.

● People gave mixed feedback regarding staffing levels at the home. One person told us, "There's not always enough staff. Sometimes there are too many agency staff and it's not good care if there are too many agency staff on duty." Another person told us, "There's always plenty of staff, the core group have been around for a while and they are good." The registered manager told us they had recruited more permanent staff and the reliance on agency staff had reduced. The provider assessed staffing levels based on the level of people's needs and adjusted staff numbers when required. We found there were enough staff on duty during our inspection visits.
● The provider completed the required pre-employment checks to ensure staff were suitable to work with vulnerable people. This included requesting Disclosure and Barring Service (DBS) checks for permanent and agency staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

At our previous inspection, the provider had failed to protect people from risks because systems and processes had not been effectively operated to investigate and prevent abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13.

● People felt safe living at the home. For example, a person told us "I feel very safe here. Safe and cared for." A relative told us, "When I leave, I know [person] is safe, it gives me real reassurance."
● People were protected from the risk of abuse. The provider had policies and processes in place to identify and respond to safeguarding concerns.
● Staff could explain potential signs of abuse and the actions they would take if they had concerns, including alerting the management team.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Requires Improvement

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 for this key question has remained requires improvement. This meant people's needs were not always met.

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

- Not all care plans had not been updated to support staff in meeting people's changing needs. We did not identify people's needs were not being met, however, this meant staff did not always have accurate or complete information to refer to when providing care. In contrast, we found people's preferences of care and their life histories had been recorded.
- Most people and relatives felt involved in the development of care plans. For example, 1 person told us, "I have the care plan in my room. It's up to date and no changes are needed." A relative told us, "I have been fully involved in [person]'s care plan, I have read it and suggested changes, and these have been implemented." However, some people told us they did not know if they had a care plan or had not seen a copy of it.
- Staff we spoke with understood the importance of involving people in their care, however this was not always demonstrated within people's experience of the care they received. For example, a person told us, "I sometimes feel a little bit controlled, but this is not all the time." Another person told us, "At nights you feel less in control of your care." In contrast, other people we spoke with told us, "I make my own choices and the staff support me in them," and "Staff are interested in me, they want to know what I want."
- People's equality and diversity needs were assessed and respected. For example, people had access to a dedicated chapel to take part in religious services to support them in maintaining their faith. A person told us they preferred being supported by staff of the same gender as them and this had been respected.

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

- We received mixed feedback from people about their engagement in activities which were important to them. For example, some people told us they would like the opportunity to engage in activities in the garden or outside of the home. However, people told us they were not always able to unless they had family support or were independent enough to do so. Other people spoke positively and felt activities had a positive impact on their well-being. For example, 1 person told us, "I like doing the activities, I like painting and it's good to see what you have done at the end, it makes you feel like you have accomplished something."
- Staff recognised when people may be socially isolated and required extra support. For example, the activity coordinator told us they spend dedicated one to one time with people who did not prefer to socialise in bigger groups.

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.

● Documents were available in different formats on request, or if this was identified as a need during the assessment and review stage.
● Assessments were in place to identify people's preferred method of communication and the support they may require in doing so.

Improving care quality in response to complaints or concerns
● We found the registered manager had systems to record and respond to complaints or concerns, ensuring further investigation was completed and resolutions sought to avoid reoccurrence.
● There was prominent signage around the home to inform people of how to make a complaint.

End of life care and support
● No one living at the home at the time of our inspection was at the end stage of life. However, the provider made provision to capture what was important to people as they approached this stage and appropriate policy was in place.
● Since our last inspection, most staff had completed end of life care training.

Inadequate

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 for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our previous inspections in 2019, 2020 and 2022 the provider had continued to fail to operate effective systems to monitor and improve the quality and safety of the service provided. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had introduced some new systems and processes to improve governance of the service. However, not enough improvement had been made at this inspection and the provider remains in breach of regulation 17.

- The provider had continued to fail to comply with the required regulations. St Andrews House has been inspected on 4 occasions since November 2019. At each of those inspections breaches of the regulations have been identified. In addition, the provider has failed to make or sustain improvements needed to achieve a minimum overall CQC rating of good.
- Managerial oversight remained ineffective and not all lessons were learnt following the previous inspections to drive overall improvement at the service. Risks to people's health and safety remained. Where new processes and systems were introduced, these were not always effective and did not identify the failures we found during this inspection. People were at continued risk of avoidable harm at the service.
- Environmental checks and audits were not always completed fully or reviewed effectively to ensure risks were identified and resolved. This included continued risk relating to fire safety at the service.
- Following our inspection in 2019, we placed conditions on the provider's registration to focus on improvement activities at the service. This included the need for the provider to submit monthly findings of their fire safety audits. However, we found fire safety audits were being completed every 2 months and the provider's findings were not routinely included in their required monthly reports. This meant the provider was not meeting their conditions of registration and the oversight of fire safety management could not be assured.
- The provider failed to implement effective systems to ensure all risk assessments and care plans were updated to reflect changes in people's need.
- The provider failed to ensure best practice guidance for effective infection prevention and control was adhered to. We found continued concerns from the last inspection as the provider's policy and government guidance was not always followed. This increased the risk of avoidable harm occurring.

● The provider had changed the medicines auditing process at the service following a move to electronic recording systems. The deputy manager told us this was due to the electronic system causing difficulty in identifying any medicine errors. Whilst the new audits were being completed daily, they did not cover all areas required for effective oversight of medicines management. A full medicines audit had not been completed since September 2022. This meant the safe management of medicines could not be assured, increasing the risk of harm occurring.
● The provider failed to ensure all prescribed medicines were administered and recorded by staff who were trained and deemed competent to do so. The provider failed to follow their own policy and national best practice guidance. This increased the risk of harm occurring.

The provider's governance arrangement and quality assurance systems remained ineffective. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found the provider had to ensure their nominated individual had the necessary skills and knowledge to effectively fulfil the role. This was a breach of regulation 6 (Requirement where the service provider is a body other than a partnership) 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 6.

● The nominated individual told us of the steps they had taken to familiarise themselves with their role. This included obtaining and reviewing nationally recognised advice and guidance and engagement with other nominated individuals for shared learning.
● We found evidence the nominated individual applied their learning by introducing new processes to support oversight within the home. This included increasing their physical presence, undertaking a variety of checks, and attending staff meetings. The nominated individual was tasked with reporting to the provider's board of trustees about the safety and quality of the service.
● However, the nominated individual had not been able to drive forward all the improvements needed despite seeking to update their knowledge and skills.

We recommend the provider continues to familiarise themselves with available resources and best practice guidance in relation to adult social care and take steps to improve and embed these into their practice.

● The provider had demonstrated improvements in the management of safeguarding people from the risk of abuse and the safe recruitment of staff. The provider is no longer in breach of regulation 13 and 19

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People spoke positively about living at St Andrews House and felt they had opportunities to raise any issues or concerns they had with the registered manager or staff. For example, 1 person told us, "[Registered manager] is good, the team are good. You can speak to them at any time." Another person told us, "In 4 years I have only needed to complain twice. Both times it has been dealt with and I have been given feedback."
● We found regular residents' meetings were being held to give people the opportunity to be heard and to share their experiences. One person told us, "I go every time, it's a good way of knowing what is going on. We

always get asked if there are things that the home could improve."
● We found the registered manager had obtained and responded to people's voice and experiences of care. People and relatives completed satisfaction questionnaires which were reviewed and analysed by the management team. The registered manager responded to the findings and shared these with people to understand what changes were being made.
● All staff felt supported and valued by the management team. For example, 1 staff member told us, "[Registered manager] is always someone I can go to for help, [they] are always supportive, 100%."
● Staff were recognised for their skills and encouraged with their career progression. For example, 1 staff member told us, "The managers have helped with my development and encouraged me. I've been enrolled on extra courses to support me with this."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The management team were aware of their responsibilities under the Duty of Candour, which is a regulatory requirement to ensure providers are open and transparent. It sets out specific guidelines providers must follow if things go wrong with people's care and treatment.
● When the provider received formal complaints, we found the registered manager acted on the information, carried out further investigation and provided responses within appropriate timescales.

Working in partnership with others
● The management team and staff worked alongside other health and social care professionals to ensure people had access to appropriate care and treatment. The service introduced electronic software to liaise with GP practices efficiently and effectively so timely assessment and treatment could be provided.