

Amrial Care Limited

# Farway Grange Care Home (Nursing)

## 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

Farway Grange Care Home (Nursing) is a 'care home' that is registered to provide personal and nursing care to a maximum of 25 older people. The home provided care to older people across three floors accessed via stairs or a lift. At the time of our inspection there were 20 people living at the service.

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

There was a friendly, calm and welcoming atmosphere at Farway Grange Care Home (Nursing). Staff knew people and their health needs well. Potential risks to people's health and welfare had been assessed and regularly reviewed.

People told us they felt safe living at Farway Grange and told us the staff supported and cared for them well. Staff spoke knowledgeably about the system for reporting any potential signs of abuse.

The service had an ongoing programme of staff recruitment, at the time of the inspection the service had adequate levels of staff to ensure people were cared for safely. Staff told us they enjoyed working at the home and felt well supported at all times. Staff received appropriate training and completed regular supervision sessions.

Medicines were managed safely, stored securely and administered by trained staff. People received assistance to take their medicines as prescribed.

The service was compliant with guidance and safe processes relating to COVID-19. Infection control procedures were managed well within the service and staff had received training.

People told us they enjoyed their meals, one person told us, "The food here is absolutely top class." Individual menus and diets were catered for and snacks of people's choice were available throughout the day.

People received person centred care which suited their individual health needs and reflected their wishes and choices. People were cared for safely whilst maintaining and promoting their independence and well-being.

Staff supported people to communicate in ways they preferred. People were included and involved in decisions about their care, support and day to day lives.

People told us they enjoyed living at Farway Grange, that staff were kind, caring and patient. One person said, "The carers are all good, kind people...I'm happy here." Staff supported people with dignity and respect and spoke knowledgeably about ensuring people maintained their independence.

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.

The provider had a clear complaints policy and information explaining how to complain was on display. People knew how to complain and felt they would be listened to, although they told us they had not yet had to complain.

There was an activities member of staff who provided people with a range of activities to keep them active and involved if they wished. Some people told us they preferred not to take part and their wishes were respected.

There was an effective governance system in place. There were a variety of action plans, audits, policies, spot checks, systems and procedures to monitor the quality and safety of the service. These ensured a culture of continuous improvement and learning took place and highlighted any potential shortfalls to improve the safety and quality of care people received.

People, relatives and staff felt the service was well led. Staff spoke positively regarding the registered manager and management team and were committed and motivated to delivering quality person-centred care to people.

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

The last rating for this service under the previous provider was good, published on 29 September 2017.

#### Why we inspected

This was a planned inspection.

#### 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 safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Farway Grange Care Home (Nursing)

## **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 two inspectors.

#### Service and service type

Farway Grange Care Home (Nursing) 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. Farway Grange Care Home (Nursing) 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. We sought feedback from the local authority service improvement and safeguarding teams who work with the service. The provider was not asked to complete a Provider Information return (PIRO) 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 10 people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, senior care staff and the chef. We requested written feedback from five health and social care professionals who work with the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care and support records and their medication administration records. We looked at three staff files in relation to recruitment, staff supervision and training. We reviewed a variety of records, policies and audits relating to the management and governance of the service.

### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- People had risk assessments in place for all of their care and support needs. Risks to people and the service were regularly reviewed. Staff demonstrated good knowledge on how people preferred their care and support to be given.
- Risk assessments were personalised, detailed and gave staff clear guidance on ensuring people were supported safely.
- Risks were managed using the least restrictive practices to ensure people were cared for safely whilst still maintaining their independence.
- People had individual emergency evacuation plans in place. These were easily accessible for staff to ensure people received the support they needed in the event of a fire or other emergency incident.
- The provider had a process in place to assess the risk of fire and regular premises and environmental checks were completed.
  - Regular equipment checks were completed to ensure people's safety, these included, wheelchair, recliner chairs and air mattress checks.
- There was a clear procedure in place for reporting and reviewing accidents and incidents. Trends or themes were discussed with staff at daily handovers, team meetings and supervision sessions. This ensured any potential learning from these events could be identified and shared with the staff team to promote continual improvements in safety.

Systems and processes to safeguard people from the risk of abuse

- People, their relatives and staff told us Farway Grange Care Home was a safe place to live. One person told us, "I like it here, it's not bad." Another person told us, "I'm happy here", and, "It's more relaxed here than at the hospital, they do anything to help you and make sure you are comfortable."
- Staff received regular safeguarding training and told us how they would recognise and report potential signs of abuse. They were confident any concerns would be acted upon straight away. One member of staff discussed the different types of potential abuse, and told us how they would report any concerns, they said, "I would report any potential abuse straight to the nurse on duty."
- The provider had policies in place that covered safeguarding and whistle blowing. These gave staff clear guidance to follow if they needed to refer any concerns.

Staffing and recruitment

- There were enough staff on duty to ensure people's safety. People and their relatives told us staff were available when they needed them. One person told us, "I use my call bell each morning and throughout the day for a cup of tea... during the day the staff are very prompt."

- Staff told us staffing levels were good. A member of staff told us, "We definitely have enough staff at the moment. We have a few new staff so there are enough staff to help people. If we need more we use agency staff, but we do have the same agency staff so they know people well."
- The registered manager told us some staff had flexible roles which meant if a staff member went sick these staff were already trained and able to support people with their care. This flexibility provided much needed support if there were unplanned shortages such as staff sickness.
- Recruitment records showed staff were recruited safely. Procedures were in place to ensure the required checks were carried out on staff before they commenced their employment at Farway Grange Care Home. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing rotas reflected people were cared for by appropriate numbers of staff. During the inspection we observed staff responding promptly to people's needs and did not appear rushed.

#### Using medicines safely

- Medicines were managed, stored and administered safely. Daily checks were made to ensure safe storage of medicines and safe temperatures were maintained.
- A person told us, "Staff make sure I take my medicine, which is good because others here are very frail and I'm not sure they would be able to do it without staff you know. If I'm not in pain, I say no thank you to my pain killers and they say that's fine."
- Staff received medicine training and had their competencies to administer medicines checked regularly. This ensured they were safe and competent to administer medicines to people.
- Medicine Administration Records (MAR) had information about when a person took their medicines and were legible. Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited regularly.
- Guidance was in place for staff when using prescribed creams, this included body maps which detailed where creams were applied.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicines that required stricter controls by law were managed correctly and a stock record book was completed accurately.

#### 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 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- The provider was following government guidance in regards infection prevention and control and visiting in care homes. Visitors to the home were unrestricted at the time of inspection and relatives were completing rapid result tests prior to entry to the home.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the home. This was to make sure the service was suitable for them and their care needs could be met. People were asked about their lives, what was important to them and how they wished to receive their care.
- Assessment and screening tools were regularly used and reviewed to monitor whether people continued to receive effective care and support.
- Assessments were unique to each person and contained personalised information and guidance such as their culture, religious and lifestyle choices that reflected their preferences and wishes.
- Staff took part in daily handover meetings which enabled up to date information to be shared with the entire staff team. This ensured staff were kept informed of any changes in people's health needs as and when they happened.

Staff support: induction, training, skills and experience

- Staff received an induction into the service and newly recruited staff completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed shadow shifts with an experienced member of staff, so they got to know people before caring and supporting them independently. A member of staff told us, "I had two to three shadow shifts to see how things worked and to get to know the residents, that was enough shadow shifts for me."
- Staff told us they enjoyed the training which they found effective and useful. One member of staff told us, "I did my induction and training at [independent training company] in Bournemouth, it was good. That was a challenging time for me as it was all new to me... they really supported me fully all the time. Without the manager and deputy, I would have been lost, they are very helpful, absolutely amazing." Another member of staff said, "When I started, I refreshed my care certificate and some training such as manual handling. It's good to update my certificates as they were a bit old, it is always good to update them."
- There was a system of regular supervision and annual appraisals which staff found helpful and supportive. Supervisions and appraisals allowed staff to reflect on their roles and encouraged and supported them in their development and learning. One member of staff told us, "I have had appraisals and supervisions, they are very supportive. We get a written copy of our appraisal and we sign it."

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

- People received a healthy and nutritious diet. People told us they enjoyed their meals. One person told us, "The food here is absolutely top class. It's well cooked and a balance of vegetables and fruit with

refreshments throughout the day. The cups of tea come with biscuits or cake." Another person said, "Staff let me choose my meals. I'm mostly vegetarian. I only have a little bit of fish and a ham sandwich or chicken every now and then. The food is good."

- We observed the mealtime to be a happy, social occasion with people having various discussions between themselves and with staff. Where people were supported to eat, staff encouraged people kindly, discreetly and provided assistance promptly when it was needed.
- The dining area was attractively laid out and people could be seated with friends if they wished, so they could enjoy their meals together. People who chose to eat in their bedrooms were supported to do so and received their meals at the same time as people in the dining room.
- For people who were at risk of choking, external health professionals had been consulted and their advice and guidance closely followed. For example, some people required a soft food diet or had to have their food cut into small bite size pieces so they could eat it safely.
- We spoke with the chef who spoke knowledgeably about people's diets, their food preferences, likes and dislikes. Menus were compiled by the season and people were able to choose something different from the menu if they wanted. Where people were at-risk of weight loss meals were fortified with milk, cream, butter and cheese.

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

- People were supported to receive health care services when they needed them. Timely referrals were made by staff to a variety of health and social care professionals, such as GP's, occupational therapists and speech and language therapists.
- Staff spoke knowledgeably about people's health needs and were pro-active when seeking guidance and support from health professionals.
- People's care plans clearly identified their care and support needs. This ensured staff were given up to date information which enabled them to care for people effectively.
- We received positive feedback from a health and social care professionals, they told us, "They have contacted us about a person when they were concerned to request a further assessment. This was positive that there was awareness the person needed follow up and they have followed our recommendations after completion of an assessment as well."

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

- The home was bright and homely. People's bedrooms were personalised and included items and belongings that were of comfort to them.
- Clear signage was placed on the doors to some rooms such as toilets and the lounge to enable people to orientate themselves around the home.
- Shared communal areas were free from clutter to ensure people could mobilise effectively throughout the premises. The home was accessible for people who needed support with their mobility.
- The home had a well-maintained secure garden with level access that was available for people to enjoy. There was a large outside cabin which was used for staff training as well as running cinema evenings for people in the warmer weather.
- The provider had a detailed on-going maintenance improvement plan that covered all areas of the premises and included plans to redecorate and refurbish the home. This included replacing worn carpets in communal areas such as the hallway and replacing the easy chairs in the lounge.

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.

- The service met the requirements of the MCA. MCA assessments had been carried out where necessary in relation to people's care and support needs. This meant that people's rights were fully protected.
- The registered manager and relevant professionals had identified where people needed to be deprived of their liberty. They had applied for this to be authorised under the DoLS.
- People and their relatives told us staff asked for their consent before supporting them and providing their care. We observed staff asking people for their consent and offering them choices throughout the inspection. A member of staff told us, "People's wishes are very important, but we also have a duty of care to make sure they are all ok."
- Where the service had found that a person lacked the capacity to make a specific decision it was followed up with best interests meetings. The meetings or discussions involved the person, their families and professionals involved in their care. Where relatives were legally able to make decisions for people, the necessary documentation was in place.
- Staff had received training on the MCA and spoke confidently about obtaining people's consent and involving people in decisions.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relatives told us staff were kind and caring. Comments included: "I'm very happy, I'm saying I love it here", "I have a high regard for every member of staff from management to [staff name] the housekeeper, they are all very caring", " This is a good care home, with good staff" and, "It is lovely here."
- Throughout our inspection we observed people were comfortable with the staff that supported them. Staff were friendly, respectful and attentive. A member of staff told us, "We look after our residents well, we listen to their needs. If they fancy a curry today or fish and chips, they get it for them. They really listen to them... I enjoy my job." Another member of staff told us, "I enjoy seeing the residents I care for. If you don't care you're in the wrong job. It's all about looking after their well-being and mental and physical health."
- Staff had received training in equality and diversity. Staff told us they supported people equally with their individual care needs.
- Staff supported people in a calm, patient and kind way. They responded to requests respectfully and promptly.
- People's care and support records reflected how people wished their support to be given, to meet their cultural and religious beliefs. Staff respected people's views, support plans and records reflected the diverse needs of people using the service, including those related to disability, gender, ethnicity, and faith.

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

- Staff knew people well and told us how they encouraged people to make decisions and supported them to choose what they wanted to do with their day. One person told us, "The senior staff are great encouragers, and help me with different issues such as explaining my finances for care."
- Some people needed support to make some decisions about their personal care. Staff understood which decisions people could make independently and respected these.
- People and staff told us they felt comfortable putting their views across to the management team, who they said listened to them and took action where appropriate.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity and respected their privacy. We observed staff promoting dignity in their interactions with people, speaking respectfully and being attentive to people's wishes.
- A person told us, "I had a lovely bath this morning. [staff name] gave me a hair wash and it made me feel so much better. More positive and good about myself."
- A member of staff told us, "Our strengths are in person centred care, which is very good, choosing their clothes with them, getting their nails done...it's the little things that make the difference. We get loads of

time to talk with them and get to know them. We gave a lady a bath yesterday for an hour and a half, it made her day, it's all worth it in the end."

- Staff explained how they ensured people's dignity was upheld. For example ensuring bedroom doors and curtains closed when providing personal care and ensuring people were appropriately covered when using the hoist to transfer them from their bed to their chair.
- Care plans reflected people's preferences and choices and encouraged and maintained people's independence.
- People's personal information was kept secure. Staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff had a good understanding of people's individual needs and provided personalised care and support. Care and support plans were person centred and included people's life histories, their likes and dislikes, spiritual needs and hobbies. This ensured staff had an understanding of people's lives and what was important to them.
- Care plans were well maintained and regularly reviewed with changes to people's health needs updated as they happened. This ensured people received care and support in a timely way.
- Daily records were maintained and included the support people received, which activities they had taken part in and information about their physical and emotional well-being.
- The service was not supporting any person with palliative or end of life care needs at the time of our inspection.
- Staff had received training in end of life care and spoke knowledgeably about how they would ensure people would be treated with respect and dignity and be free from pain at the end of their life.
- The service completed end of life care plans for people. These gave staff clear information on people's end of life wishes to ensure they would be followed and respected. If a person was nearing the end of their life, families and friends were fully supported by the service at this time.
- The service worked closely with health care professionals to ensure people received appropriate and comfortable care at this time.

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

- Staff knew people very well, what their interests and hobbies were and what things were important to them and what activities they enjoyed.
- One person told us, "The activity lady, she's quite good at getting everyone out in the garden or in their wheelchair for an outing. The fresh air is good for them. I organised a singalong with the activities lady and I think some of the others enjoyed it. I know people, I've made friends here."
- People were supported to maintain relationships that were important to them and relatives were made to feel welcome when they visited. This had been especially important to people throughout the COVID-19 pandemic when there had been restrictions on visitors to the service.
- We spoke with the activities member of staff who discussed the range of activities that people could join in with if they wished. These included baking, hand massages, nail painting, armchair exercises, gentle keep fit sessions, visits to queen's park gardens and into the town centre for shopping.
- For people that preferred to spend time in their bedrooms, staff spent time with them supporting them to

enjoy activities they liked such as reading, reminiscing and arts and crafts.

#### 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's methods of communication were identified and recorded in their care plans and staff understood the Accessible Information Standard.
- People were supported to communicate in ways that were meaningful to them. Staff took the time to understand people and checked this understanding back with people.

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

- People and their relatives told us they felt comfortable to raise concerns and knew the process of how to complain. They felt confident that the registered manager would address any issues they had.
- Information on how to make a complaint or raise a concern was displayed within the home. We asked people if they had ever made a complaint, one person told us, "I could make a complaint to the management, I haven't had to do so yet."
- The provider had a complaints policy and procedure in place. The service had received one complaint that had been appropriately actioned in accordance with the providers complaints policy.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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, relatives and staff gave positive feedback regarding the open, supportive and friendly culture at the service. Staff told us they loved working at the home and people enjoyed living there.
- Staff were motivated, felt well supported and spoke positively about the management team. Comments from staff included; "It's very supportive here...I can speak with anyone here, we all know what we are doing. I'm happy to speak out about anything to anyone and everyone. Everything is approachable with a bit of respect and good communication" and, " [Registered manager] door is always open they are very approachable, very helpful with everything. They listen."
- We asked the registered manager what made them proud, they replied, "My staff team, I am absolutely so proud of them all, they have really stepped up over the last couple of years."
- People received individual, person centred care from a staff team who worked well together as a team for the benefit of people living at the home. A member of staff told us, "Our strengths are our staff team, everyone is very helpful, very family orientated and friendly we support each other." Another member of staff said, "We get really good support for staff. I feel really appreciated; I enjoy my job."
- Staff felt appreciated and the provider had recognition schemes in place, such as, 'Employee of the month'.
- The service operated a 'resident of the day' scheme which ensured each person received a full review covering all areas of their care and support needs each month.

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

- There were effective systems in place to ensure views from visiting health professionals, people, relatives and staff were fully considered and acted upon. The management team operated an open-door policy and were available if staff needed further guidance or advice. Staff confirmed this was the case and felt comfortable to approach any member of staff for support.
- Staff understood their role and had clear responsibilities. Staff had job descriptions and told us they were clear on the expectations of the registered manager and the home. The provider had a whistleblowing policy and staff knew how to raise concerns if needed.
- Notifications to CQC as required by the regulations had been appropriately made.
- A range of audits and spot checks were undertaken to enable the registered manager and provider to ensure all areas of the home operated safely. These included; medicine management, care plans, health and safety, and infection prevention and control. This meant the service was continually improving, actions



and lessons learnt were shared with staff during handovers and team meetings.

- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.

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 registered manager and deputy manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with people and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team actively encouraged communication amongst everyone who lived, worked and visited the home. Resident, relative and health and social care professionals were encouraged to complete annual quality assurance questionnaires for their views on the service.
- People and their relatives were offered the opportunity to attend regular meetings if they wished.
- People and staff felt listened to and valued. They were confident their views and feedback would be acknowledged and acted upon.
- The service worked collaboratively with visiting health care professionals. Staff told us the support and guidance they had received from health care professionals and made positive impacts on the lives of the people who lived at the home.