Signature Senior Lifestyle Operations Ltd

Signature at The Beeches

Inspection report

London Road
Brentwood
CM14 4NA

Tel: 08456804048

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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

SSignature at The Beeches is a care home providing personal and nursing care to up to 110 people. At the time of our inspection there were 70 people using the service. The service mainly supports older people. Some adults with care needs were also living at the service.

The home consists of a variety of studio and one and two bedroom apartments, all of which have ensuite facilities. Accommodation is provided over five floors and includes a unit which specialises in providing care to people living with dementia.

People's experience of using this service and what we found
The provider and registered manager promoted a positive culture where people's wishes, needs and rights were at the heart of the service. They had good oversight of the service, ensuring people received care in line with their needs and preferences. Quality checks and audits made a positive difference. Staff were well managed and worked well together as a team.

Staff understood how to protect people from poor care and abuse. Staff assessed risks people might face and enabled them to take positive risks. The service had enough appropriately skilled staff to meet people's needs in a personalised manner and keep them safe. Staff supported people to take their medicines safely and as prescribed. The provider had minimised the risks of infection, such as COVID-19.

People's care plans reflected their range of needs. People and these important to them were involved in planning their care. Staff enabled people to access health and social care support. They supported people to eat and drink in line with their preferences. 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 received kind and compassionate care. Staff supported people to make decisions about their care. Staff promoted and respected people's privacy and dignity.

Support was personalised and staff responded to people's changing needs. There were plentiful activities on offer which promoted their wellbeing and enjoyment of life. Staff communicated with people in ways that met their needs. People felt able to raise concerns and be confident they would be listened to and action taken. People received support with their end of life care. We made a recommendation about care planning around end of life.

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

Rating at last inspection
This service is dual registered. It was registered with us on 27 January 2021 and 30 March 2021 and this is the first inspection. See the background section of this report for more information on dual registered services.

The last rating for the service under the previous provider was good, published on 7 June 2019.

Why we inspected
This was a planned inspection of a newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

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.

Signature at The Beeches

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 team consisted of four inspectors, including a new inspector who was shadowing. One of the inspectors was a qualified physiotherapist who focused on reviewing how staff supported people to move safely. The team also included a nursing advisor and two Experts 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. One Expert by Experience visited the service and spent time speaking to people who used the service and their families. The second made phone calls to people and their families.

Service and service type
Signature at the Beeches 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. Signature at the Beeches is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is dual registered and both providers are responsible for service delivery at the location. The providers are Signature Senior Lifestyle Operations Ltd and WR Operations 1 Limited (registration
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.

There was a new manager who had submitted their application to CQC to become the registered manager of the service. The registration was confirmed before the publication of this report, so they are referred in this report as the 'registered manager'.

Notice of inspection
The first visit to the service was unannounced. We announced our return visit.

What we did before the inspection
We reviewed information we had received about the service. This included feedback from the local authority and professionals who work with the service, safeguarding alerts and statutory notifications, which related to the service. Statutory notifications included information about important events, which the provider is required to send us by law. 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 focused on speaking with people who lived at the service and observing how they were cared for. 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 also spoke with 15 people and 11 relatives for their feedback on the service.

We spoke with the new registered manager, the clinical services manager, the activity coordinator, the nursing care manager and other senior staff responsible for the running of the service. We spoke with three nurses, eight care staff and two domestic staff. We also met with the providers regional director and former registered manager who visited the service during the inspection.

We also looked at a range of documents relating to the management of the service, including care plans, staff files and a range of quality audits. After the inspection we received additional information from the provider, as requested. We had contact with two health and social care professionals for their feedback about the care provided at the service.

Good

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.

Systems and processes to safeguard people from the risk of abuse
• All staff worked effectively to safeguard people from the risk of abuse. Staff told us they had training about how to safeguard people. They described an open culture where they would feel able to speak with senior staff about any concerns, or to take concerns further if necessary.
• Senior staff worked closely with external professionals to ensure safeguarding's were fully investigated. The provider had good oversight of individual safeguarding's and had effective processes in place to ensure action was taken and any themes captured. They had submitted notifications to CQC as required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• Prior to our inspection we noted some people had experienced falls at the service. We reviewed the support people received with their mobility and the safety of the environment. We found the service supported people safely and took action to minimise risk.
• People were encouraged to take measured risks which enabled them to remain active and fulfilled. A senior member of staff told us, "We encourage people to stay as independent as possible. Their needs can change all the time. Just because they need to use a wheelchair one day doesn't mean they will the next."
• Staff supported people to use equipment, such as mobility aids and hoists safely. The equipment was checked as required and stored safely.
• People's care plans and risk assessments were personalised around their individual circumstances and needs. These included guidance to staff in areas such as skin integrity and bed rails and were reviewed regularly.
• Incidents and accidents were recorded, and this information was used to identify trends within the service and learn when things went wrong. For example, senior staff were able to review the time and location of falls and use this information to alter how staff were organised.
• Learning was practical and shared amongst staff. After a review of incident records, the registered manager joined an induction session to share with new staff the importance of recording falls promptly.

Staffing and recruitment
• We observed throughout our inspection there were enough staff to provide safe, good quality support. Staffing was very well organised and adapted flexibly as required. For instance, domestic staffing had been increased during the COVID-19 pandemic to increase cleaning.
• There were enough staff to meet people's needs in a person-centred manner. We observed in the dementia unit a member of staff reading a newspaper with one person whilst other staff organised a group activity and supported people with refreshments. Relatives told us, "I've never experienced a lack of staff. I recognise the staff and hear regular names of staff from my family member" and, "Whenever my family member is in their room staff pop in all the time, so we feel [Person] is in safe hands."

• Staff recruitment and induction training processes promoted safety, including those for agency staff. Prior to being employed, a range of checks were completed to help ensure staff were suitable for their roles, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider ensured agency staff had the necessary skills and attitude, by reviewing their training and providing and induction into the service.

Using medicines safely
• There were care plans and protocols in place to advise staff on the support people required with medicine they took as required, such as for pain relief. Although some of these plans lacked detail, we found staff were knowledgeable in this area. We also noted senior staff had already picked up these gaps and put plans in place to resolve this issue.
• We observed staff supporting people with their medicines in a safe and dignified manner. The preferences of people as to when to take their medication were respected. For example, staff respected peoples' request to return later if they were busy.
• People were encouraged to remain independent with their medicines, with some people self-medicating. When this happened there were clear risk assessments to support the person to remain safe. Medicine cupboards were fitted in each person's room to keep their medicines secure. A person told us, "My medicines are locked in my room, so that's useful."
• Staff were knowledgeable about the medicines people were taking. Staff had comprehensive training. They were observed dispensing medication and their competence checked three times by senior staff, to ensure they had the necessary skills to support people safely.
• There were electronic systems in place for staff to record when they had supported people with their medicines. This system worked well and helped senior staff to check people were being supported safely with their medicines.
• Medicines were well ordered and safely stored. There were safe systems to check stock levels, including for people who took their medicines independently.
• Medicine errors were investigated thoroughly, and actions taken to reduce the likelihood of them happening again. For example, a member of staff received refresher training after making a mistake when supporting a person with their medicines.

Preventing and controlling infection
• We were assured the provider was preventing visitors from catching and spreading infections. A relative told us, "Covid protection can't be faulted. I was able to visit with prior agreement as a designated carer. I do an LFT test and wear a mask. They are brilliant at responding to infections in the home. Very strict and thorough."
• We were assured that the provider was meeting shielding and social distancing rules.
• 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. A member of staff told us there was plentiful PPE and "If person tested positive, everything including a bin is on a trolley outside their room."
• 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 supporting people to remain in touch with families throughout the pandemic, such as using video calls. A family member told us, "During the Covid bad times they put a marquee up outside the front entrance so we could see our relatives."

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.

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
• There were detailed assessments of people's needs and preferences. Our observations and the feedback we received confirmed staff knew people well. A relative told us, "Staff know my family member's character and moods and know how to get through to them."
• Staff worked well as a team. There was an effective system to help staff ensure people received the care they required. For example, a member of staff showed us on their hand-held monitor how they checked a person was drinking enough. This system promoted people's choice as it enabled them to receive support wherever they were in the service.
• Our observations confirmed the provider was aware of current best practice guidance. For instance, there were examples of best practice in the dementia unit, including the environment and activities.

Staff support: induction, training, skills and experience
• Staff received the necessary training and guidance to develop their skills. We observed staff were capable and knowledgeable in their role. They were confident when carrying out tasks such as supporting people to move round the service. Feedback about staff skills from people and relatives was positive. A relative said, "Staff are absolutely 100% skilled. The Woodlands staff (dementia unit) have a forte in working with dementia."
• There were systems to track what training staff had, with prompts, such as when they needed refresher training. There were flexible arrangements to develop staff skills where a person had specific needs. For example, staff were shown how to safely support a person who used a piece of equipment with which they were not familiar.
• Staff received regular supervision from senior staff where they could discuss any support and training needs. Staff confirmed these meetings were positive and supported their role.

Supporting people to eat and drink enough to maintain a balanced diet
• People received personalised support to minimise the risk of malnutrition or dehydration. For instance, a person with sight loss used contrasting cloth, napkin and crockery. We observed a person who was cared for in bed receive dignified support with their meal. The staff member was kind and unrushed.
• Individual risks were discussed at management meetings and guidance given to staff where necessary, such as increasing monitoring where required. Information on food consistency was very detailed and supported people who were at risk of choking. A relative told us, "My family member has drinks that the dietician recommended. The food is second to none. How much [Person] had eaten and their fluids are fully documented. They are weighed weekly and have put on weight."
• Staff had identified concerns about a person losing weight. Their care had been discussed in a holistic

manner including the chef, restaurant manager, nurse and care staff. This had resulted in wide-ranging actions including meal planning, increased monitoring of meals and weight.
• Staff encouraged people to remain independent at mealtimes. We observed people helping themselves to drinks and snacks throughout the day. Where required people had specialist equipment to support them when eating and drinking.
• Mealtimes were enjoyable and sociable occasions. The restaurant manager said, "We learn to understand and know the likes and dislikes of residents who use the restaurant, they can choose their meals at the table and we can be flexible." A relative told us, "There's plenty of choice. [Person] didn't want two cooked meals every day so the chef makes an omelette and smaller portions."

Adapting service, design, decoration to meet people's needs
• The carpets in some of the service had very strong patterns. This is known to cause disorientation and even falls in people with perception problems in dementia and other needs. We discussed this with the regional director who told us this had already been highlighted by the dementia specialist. They had already fitted a new, plain carpet in the dementia unit and planned to change the rest of the carpets when possible.
• The dementia unit had been designed in line with best practice and offered a safe, stimulating environment. This included an enclosed internal garden, contrasting colours of toilet seats and a memory box outside each person's door with personal memorabilia.
• The design of the service promoted independence and choice. There were limited keypads, with an emphasis on minimising restrictions on people's freedom. The service had been designed to promote people's independence. For example, there were laundry facilities if a person wanted to wash their clothes.
• People could move across the service freely which gave them increased choice of who to speak to and what activities to take part in. Numerous areas had been created for people to sit and meet up with people and for activities to take place.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• Staff had a holistic attitude to promoting people's health. A relative told us, "Staff are very attentive to my family members medical needs. Fantastic. [Person] is healthy and happy." Many of the organised activities had a focus on promoting healthy living such as an exercise session which included exercises to promote limb flexibility and hand coordination.
• People were supported to access support in relation to their individual needs. Staff made referrals promptly, as required and people received support to attend appointments. These included diabetic eye screening, continence nurses and occupational therapy. Relatives told us, "The G.P visits regularly in a consulting room at the Beeches" and, "The dementia crisis team has been involved and they work with my family member and update me. The home initiated that. It was a blessing."
• People had support with their oral health. Care plans were very detailed, with information about what support people needed to brush their teeth or go to the dentist.

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.

• Staff worked within the principles of the MCA. Staff had considered restrictions such as use of sensor mats to minimise the risk of falls or supporting a person without capacity to take their medicines.

• Care plans outlined when a person had been assessed as lacking capacity and a decision had been made in a person's best interest. The language around capacity was positive and personalised, with a focus on encouraging people to make decisions where possible.

• The registered manager had effective systems to track authorisations and reviewed as required. They worked with the local authority to ensure they met their legal responsibilities.

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

• Some people's individual preferences, such as cultural requirements, were not fully recorded in care plans. Staff told us this was because these people had capacity to communicate their views and make choices. We found there was no impact from this lack of recording. However, we discussed with the registered manager how they could capture people's views to ensure staff would know how to support a person if they were not able to communicate their wishes. The registered manager assured us they would address this.
• Other people's care plans outlined their religious preferences and the support they required. For example, how the person accessed their place of worship. A relative told us, ""[Person] is a churchgoer and the home enables her to join an online service."
• We observed caring interactions between staff and people. Staff spent quality time with people. Feedback from people was very positive. People told us, "I am so lucky to be here. It is because they care for me so well that I am still alive today, staff are always so nice and helpful" and, "I'm very happy here. When I first came here the manager said we want you to feel this is your home now."
• Senior staff promoted a caring atmosphere and spoke about people and staff in a respectful manner. A relative told us, "They are caring, compassionate and very patient. The homes culture is like that from top down."
• People's choice was promoted throughout the service, such as mealtimes and activities. The service was designed to offer flexibility and enable people to make decisions about their care and their life. This included making a choice not to take part in activities. We observed a person sitting alone during a meal. A staff member told us they encouraged the person to join other people but respected their choice when the person declined. They told us, "[Person] sits where they want and doesn't really get involved. All depends on how they are feeling. It's up to them where they want to sit."

Respecting and promoting people's privacy, dignity and independence

• Staff promoted people's dignity and privacy. We observed during lunch a member of staff discreetly take a person's plate to the kitchen to chop up their food.
• Some people had signs on their door with instructions, such as, "Knock on the door, call out and wait for me to answer." We saw staff knock on doors and wait for a response before entering.
• Staff spoke to people respectfully and asked permission before providing any care. A relative told us, "Carers knock on the door, close the door and are respectful and friendly with her."
• There was a focus on encouraging independence. For example, during mealtimes staff adapted the support provided to each person in line with their needs. Staff held a mug for one-person, other people were prompted and encouraged to be fully independent.

Good

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.

End of life care and support
• Not all people living at the service had sufficiently detailed care plans around the support they might need at the end of their life. In some cases, people had complex health needs and care plans had not been completed in line with best practice. Family members told us staff had discussed whether people wanted to be resuscitated but not about the care they might need if they required palliative care.
• Our findings indicated that where people required end of life care, they were well supported. Staff described how they had supported a person at their end of life, "We were more attentive checking on them regularly." However, care plans did not reflect the care provided and improved end of life care plans would ensure people received consistent care, in line with their needs and preferences.

We recommend the service review its end of life care planning process in line with best practice guidance to ensure people and families have opportunities to inform into future preferences and care needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People received care that was personalised. Relatives told us the initial assessment process was very detailed and unrushed, "Staff spent time to get to know [Person's] history and talk to about their interests and past." A relative said, "Over the months I've pointed out my family member's personality and traits and staff have got to know them."
• Care was adapted flexibly when people's needs changed. A relative told us, "I was absolutely heard when [Person] needed more nursing care. We met within a few days and discussed how the care plan would change." We observed in staff meetings people's care needs were discussed in detail, and action taken promptly where necessary.
• There were formal reviews where peoples, families and staff were able to consider whether any changes were required to people's care. There was a focus on enabling people to have choice and control of the service they received and promoting their quality of life. A relative told us, "[Person] didn't want to go to a pianist and singer event in the lounge. The staff took a video and played it in their bedroom."

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.
• Information was provided in a variety of formats, for example activity timetables and menus were available

in picture form.
• Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

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 were supported to participate in their chosen social and leisure interests on a regular basis. We had very positive feedback about the activities arranged at the service. We observed many activities during our visit, with people and staff being encouraged to join in. A relative told us, "Staff get people out of their rooms into a social space if they want to. That really brought [Person] out of themselves."
• There was a focus on wellbeing and enjoyment. A relative listed some of the activities their family member joined in with, "[Person] does a different exercise classes daily, which they love. they also join in quiz evenings. There is a programme of activities. Last Sunday there was a steel band and singer. They do cooking, pottery and artwork."
• Staff encouraged people to maintain the interests they had before joining the service. One person said, "I was a great golfer and we have made that area over there our putting green so we can play there, also we have a wonderful crazy golf place just around the corner we go to." Several people had brought their pets to live with them at the service and were supported to continue looking after them.
• People were supported to keep in touch with family and friends, despite the challenges of the COVID-19 pandemic. They supported people to celebrate special days such as birthdays with their loved ones.

Improving care quality in response to complaints or concerns
• People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. People told us they felt able to raise concerns, "I have no complaints. If I did, I'd go to the general manager. I am aware of the procedure" and, "If I am unhappy about anything, they do listen to me when I tell them."
• Compliments were celebrated and used to raise morale and highlight best practice. A recent newsletter had praised a member of catering staff for how well they advocated for people at the service.
• There were effective systems in place to track compliments and complaints and ensure action was taken where necessary. Senior staff reflected on complaints and shared learning with other staff to improve the quality of the service.

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.

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
• Senior staff worked hard to instil a culture of care in which staff truly valued and promoted people's wellbeing, protected their rights and enabled them to develop and flourish. People were treated as individuals and were central to the care they received.
• People achieved good outcomes at the service. They were encouraged to remain independent and received holistic support and care which focused on their quality of life.
• We observed a positive atmosphere throughout our visit to the service. As we walked around the building, we could hear laughter and chatting. Staff were regularly chatting to people and encouraging them to feel included in the service. A relative told us, "It feels like a calm building. It's a smiley face place."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
• Senior managers were visible. Records showed the provider required care managers to "walk the home at least twice a day; to be seen and also show support to staff and residents alike." Staff confirmed this took place and were positive about the impact on the service. A member of staff told us, "The good thing about the manager is that they work on the floor with us, so they know every resident and every staff member."
• There was a new registered manager who was the former area manager. The provider had managed the departure of the previous registered manager in a positive way, to ensure people's care and support was not disrupted.
• Staffing was well organised, and roles clearly defined. Staff worked well together and understood their responsibility within the service. Support staff worked effectively to ensure care staff could focus on spending time with people.
• There were regular clinical and management meetings which helped the registered manager and provider understand what was happening across the service. Senior staff worked together to communicate and ensure people received consistent and safe support.
• Regular audits took place to check on the quality of the care and accommodation. These audits made a difference and improved people's quality of life. A recent audit had improved the layout and cleanliness of rooms used for the disposal of waste.

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

• The provider told us they had worked on improving communication between units. A relative confirmed this had made a difference. "Some unit staff could communicate better by passing on messages but overall communication in the company has improved." There was an electronic system where relatives could look up details of their family members care. We had positive feedback about this system. A relative told us, "We have access to the relatives gateway on computer and it is updated regularly throughout the day."
• Staff told us they enjoyed working at the service and morale was good. We had some feedback that communication between senior staff and care staff could be improved. The registered manager told us they had introduced a new email system to let care staff know key information.
• The registered manager acted on the duty of candour and let a person and their family know when a member of staff had made an error when providing support with medicines. They shared what actions they had taken to address this. This was good practice, reflecting an open and inclusive culture.
• People had an opportunity to give feedback on the service and the service changed as a result. People had met with catering staff to shape the menu and eating experience, such as requesting specific dishes and more handwipes during meal. The service also captured feedback from families in a number of ways such as meetings and surveys.

Working in partnership with others
• The service worked well with health and social care professionals to promote people's wellbeing. In particular, relatives praised the arrangements for GP visits. We found managers and staff to communicate well with us throughout the inspection and openly discussed with us where they were looking to make improvements.
• A social care professional fed back that senior managers had communicated well with them when concerns were raised. Any investigations and complaints were concluded swiftly with actions taken as required, such as "coaching for staff to give us assurances."