

Bupa Care Homes (BNH) Limited

Aylesham Court Care Home

Inspection report

195 Hinckley Road
Leicester Forest East
Leicester
Leicestershire
LE3 3PH

Tel: 01162989665

Date of inspection visit:
13 August 2019
14 August 2019

Date of publication:
23 September 2019

Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Aylesham Court Care Home is registered to provide accommodation for up to 60 people who require nursing or personal care. The home is purpose built and is situated in Leicester Forest East, Leicester. The accommodation is over two floors and the upper floor can be accessed using the lift or the stairs. There were 53 people using the service at the start of our visit rising to 55 by the end of our visit.

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

The registered manager and staff team were fully committed to providing person-centred, high-quality care. They worked comprehensively with outside professionals to continually improve the service being provided.

People were provided with care and support that not only met their care and support needs, but also their social, cultural and spiritual needs. People were greatly respected as individuals and their values and beliefs were upheld.

People received highly personalised care and support specific to their needs and preferences. They 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 were treated with great kindness and fully respected by the staff who supported them. The staff team worked extremely closely with healthcare professionals and provided kind and compassionate end of life care.

Staff were extremely motivated and proud to work at the service. We found an open ethos with a clear vision and values which were put into practice by staff. They had been properly recruited and provided with the appropriate training to enable them to meet people's individual care and support needs.

People were supported safely. Their needs had been comprehensively assessed and the risks associated with their care and support had been reviewed and managed.

Comprehensive systems were in place to continuously monitor and audit the service provided to make sure it was the best it could be. People's complaints were taken seriously and handled in line with the provider's complaints policy.

People were supported to access relevant healthcare services when they needed them, and they were supported to eat and drink well. They were involved in making decisions about their care and support and their consent was always obtained. People received their medicine safely though the providers process for handling medicines had not always been followed.

People had the opportunity to have a say and to be involved in how the service was run and the registered manager took on board people's ideas of how the service could be improved. The registered manager ensured when things went wrong, lessons were learned and changes were made to further improve the service provided.

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

Rating at last inspection

The last rating for this service was good (published 9 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Aylesham Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, a nurse specialist advisor 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

Aylesham Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider had completed a Provider Information Return (PIR), this is information the provider is required to send us at least annually that provides key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority and clinical commissioning group who monitor the care and support people received and Healthwatch Leicestershire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England. We used all this information to plan our inspection.

During the inspection-

We spoke with nine people living there and five visitors. We also spoke with the registered manager, deputy manager, a member of the senior management team, two registered nurses, and 13 members of the staff team. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included four people's care records and associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, both for the staff team and the people using the service, staff training records and the recruitment checks carried out for a new staff member employed since our last visit. We also looked at a sample of the providers quality assurance audits the management team had completed.

After the inspection

The management team provided us with further evidence to demonstrate compliance with the regulations.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Aylesham Court and felt safe with the staff who supported them. One person told us, "Yes I feel safe. The staff are very observant. They never leave anybody unless they are safe."
- Staff were aware of their responsibilities for keeping people safe from harm and knew the process to follow should they be concerned for anyone. One staff member told us, "I would go straight to [registered manager] she would deal with it without a doubt."
- Management understood their responsibilities for keeping people safe including reporting any safeguarding issues to the local safeguarding team and the CQC.

Assessing risk, safety monitoring and management

- The risks associated with people's care and support had been assessed when they had first moved to the service. Risks assessed included those associated with supporting people to move, the risk of falls and people's nutrition and hydration.
- Risks identified had been reviewed monthly to ensure they were being monitored and managed effectively.
- People were provided with a safe place to live. Checks had been carried out on the environment and on the equipment used.
- Personal emergency evacuation plans were in place. These showed how everyone must be assisted in the event of an emergency.

Staffing and recruitment

- People told us there were overall, enough numbers of suitably qualified and trained staff to meet their needs in a safe and timely manner. One person told us, "More often than not there is enough staff. If someone is sick they get someone in as quickly as possible."
- People told us staff answered their call bells quickly. Though two people told us staff sometimes turned them off and said they would come back shortly due to carrying out other tasks. One person explained, "They have come in and turned off the bell and said they will be back in a minute. Then they don't come back or it's 10 or 15 minutes later." We shared this with the registered manager. On day two of our visit the registered manager and deputy manager had been provided with pagers. This enabled them to spot check the call bells and make sure they weren't just being turned off. We were assured they would monitor the call bell system regularly as part of the ongoing monitoring of the service.
- Staff felt there were enough staff to meet people's needs. One explained, "If we have a resident who needs more care, [registered manager] will make sure there's enough staff to meet their needs."
- Recruitment processes remained robust ensuring only the right people were employed at the service.

Using medicines safely

- We observed the nurse allocated to administer medicines on the first day of our visit. Whilst they supported people consistently and methodically, they did not follow appropriate hygiene processes. They did not wash their hands before the medicine round commenced and they touched people's medicines without the use of gloves. This meant people were at risk of possible infection. We shared this with the registered manager for their attention and action. We were informed following our visit that a meeting had been arranged for all nursing staff to reinforce hygiene procedures and the nurse's competency re checked.
- People's medicines had been appropriately managed, and records were completed to show medicines were administered regularly. One person told us, "I get my medicines. She [nurse] stands there and watches till I take them. I get them at regular times."
- Staff members responsible for administering people's medicines had their competency checked on a regular basis.

Preventing and controlling infection

- Staff had received training on the prevention and control of infection and they followed the providers infection control policy. Personal protective equipment (PPE) such as gloves and aprons were readily available, and these were appropriately used throughout our visit.
- The service had a five-star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed the service demonstrated good food hygiene standards.
- Regular audits had been carried out on the environment to ensure people were provided with a clean place to live.

Learning lessons when things go wrong

- The staff team were encouraged to report incidents that happened at the service and the registered manager ensured lessons were learned and improvements were made when things went wrong. This included, following a complaint about someone's hydration, the introduction of marked water bottles. This enabled the staff to monitor precisely the amount of fluids people were taking to enable them to keep well.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 diverse care and support needs had been comprehensively assessed prior to them moving into the service. This made sure the staff team could effectively meet their needs.
- Assessments covered people's health and social care needs, their life history, preferences, hobbies and interests. One person explained, "Yes they asked me about the support I need."
- Care and support were provided in line with national guidance and best practice guidelines. Guidance was readily available to enable the staff team to provide treatment and support. This included information on infection control, nutrition, and the condition, sepsis.

Staff support: induction, training, skills and experience

- Staff had received an induction into the service when they first started working there and training relevant to their roles had been provided. One explained, "I've done lots of training. Safeguarding, moving and handling and health and safety. We update our knowledge as well, including on using thickeners and how to fortify diets. There is always training on the board you can put your name against."
- The registered manager and management team supported the nurses working at the service to meet their requirements for revalidation and maintain their professional registration.
- Staff were supported through yearly appraisals and supervision and they told us they felt supported by the management team. One explained, "I have supervision, they ask, what's your next target, what do you want to do next [training]." Another told us, "I am 100% supported, any issues I just go to [registered manager]."

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

- People were supported to maintain a healthy balanced diet and to eat and drink well.
- Nutritional risk assessments and plans of care had been developed for people's eating and drinking requirements and people's weight was monitored monthly.
- Picnic boxes had been introduced for people who were struggling to maintain their weight. These were full of nutritious foods people enjoyed that they could snack on during the day. Fruit platters were also available daily.
- People told us overall, the food served was good. Choices were offered at each mealtime and drinks and snacks were offered throughout the day. One person told us, "Most of the time the food is good. There is always a choice. One day I did not like the choices, so had cheese on toast at tea." Another explained, "The food can be bland, but I enjoy my breakfast."
- The chefs had information about people's dietary needs. They knew about the requirements for people

who needed a soft or pureed diet and for people who lived with allergies. They worked well with healthcare professionals and followed their specialist advice regarding people's food intake.

Staff working with other agencies to provide consistent, effective, timely care

- The staff team worked with external agencies including commissioners and GP's to provide effective care. This included providing key information to medical staff when people were transferred into hospital, so their needs could continue to be met.
- The registered manager and management team were part of an NHS initiative. This involved attending training to enable them to access information on line to ensure better transfer and communication between the service, the GP and hospital.

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

- People's needs were met by the adaptation, design and decoration of the premises. The environment was purpose built and tastefully decorated. People had access to suitable indoor and outdoor spaces. There were spaces available for people to meet with others or to simply be alone.

Supporting people to live healthier lives, access healthcare services and support

- Changes in people's health was recognised by staff and prompt and appropriate referrals were made to healthcare professionals. We overheard one staff member say to the registered manager, "[Person] stated they're not feeling well so I'm going to ring the doctor."
- People had regular access to GP's, community nurses and the speech and language therapy team, and staff sought the appropriate advice when needed.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent to their care and support was always obtained. One person explained, "They ask for my consent before doing something for me."
- Mental capacity assessments and best interest decisions had been completed for individual decisions people were unable to make for themselves.
- The service was working within the principles of the MCA and restrictions on people's liberty had been authorised.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 using the service and their relatives experienced positive caring relationships with the staff team. They told us staff were caring and supportive towards them. One person explained, "Yes they are kind and caring. A day does not go by without them coming in and seeing how I am." Another explained, "The staff are all wonderful here."
- Staff spoke to people in a kind way and offered support in a relaxed and caring manner. One staff member explained, "It's not about the money, it's about giving something back. You treat everyone like they are your mum and dad, you make them feel special."
- Staff had the information they needed to provide individualised care and support. They knew people's preferred routines and the people who were important to them. They were knowledgeable with regards to the people they were supporting and knew their likes and dislikes and personal preferences.

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

- People were encouraged and supported to make decisions regarding their day to day routines and express their views about their personal preferences. A staff member explained, "I always ask first, I never assume someone wants my support." Another told us, "I always show [person] a pink jumper and a yellow jumper and give them a choice. It's important they make decisions when they can."
- Meetings for people using the service were held regularly, providing them with the opportunity to decide on things that happened within the service and giving them choice and control. One person told us, "I'm on the committee!"
- The registered manager and management team kept relatives informed about their family member. One explained, "They keep us in the loop."

Respecting and promoting people's privacy, dignity and independence

- We observed support being provided throughout our visit. We saw staff reassuring people when they were feeling anxious and when a little comfort was needed, this was given in a respectful way.
- We observed the activities coordinator with one of the people using the service. The person refused the offer of their nails being painted. There followed a lot of banter between them both, teasing each other and joking. It was evident they were both comfortable in each other's company.
- Staff gave us examples of how they promoted people's privacy and dignity. One explained, "I always knock on the door and when giving personal care, I cover them with towels and always ask if that is the way they

want it doing." A relative told us, "They treat [person] with dignity, even when changing him. They do that with great respect."

- People were supported to remain as independent as possible. One person explained, "They let me do things for myself. If I can't do things, they do them for me. It takes the pressure off me."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service was creative and innovative in supporting people to actively access interests and activities that were important to them. For example, staff supported one of the people using the service to attend their son's wedding via skype. (A communication application providing video chat and voice calls between mobile devices). This meant whilst they were unable to leave their bed due to their health deteriorating, they were able to be part of their son's special day.
- Staff had an excellent understanding of people's social and cultural diversities and their personal values and beliefs. People were strongly encouraged to pursue their interests. This included line dancing classes, exercise classes, baking and cooking their favourite foods, attending church services and listening to their favourite music.
- The chef supported one person to enjoy foods that were culturally important to them. Their family informed the chef what their relative liked and the chef purchased the meals from a local restaurant throughout the week.
- The people using the service had formed a choir which rehearsed every Wednesday and entertained people both inside and outside of the service. People were encouraged to help plan and attend social events and activities both inside and outside the service. One person explained, "We have entertainment. We have a choir I am part of. I enjoy singing and line dancing. I usually end up doing duets with the entertainers."
- On the days of our visit people were invited to join in a pampering session, a quiz and a weekly cheese and wine session which was enjoyed by all. The day following our visit, a trip around Bradgate Park had been arranged.
- Relatives and friends were encouraged to visit and they told us they could visit at any time. One relative told us, "I am always made welcome when I come, they are a lovely bunch [staff]."

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

- People had been consulted and fully involved in the planning of their care with the support of their relatives. One person told us, "[Registered manager] came to the hospital." Another explained, "My son and daughter were involved in the discussions about my care."
- The management team worked hard ensuring they could meet people's needs however, complex. They explained how a member of the public had approached them hoping they would be able to support their relative. They had a complex health condition and as a result, other nursing homes had been unable to

support them. The management team went out of their way to ensure they could provide the care and support the person needed. This included liaising with the hospital and relevant professionals and providing the nurses with the relevant training to enable them to meet the persons complex care needs safely.

- People's plans of care were centred on them as a person. They were comprehensive and included information to enable the staff to provide the care and support each person needed. They included information on people's history and how they wished their care and support needs to be met. For example, one person's plan of care showed how their religious books, ornaments and music were to be made available for them to enjoy privately in their room, we saw they were.
- People told us they felt listened to and valued by the staff who supported them. One person explained, "They listen to me and act on what I say."
- Plans of care suggested ways to assist people's physical, mental and emotional health and wellbeing and recognised their protected characteristics under the Equality Act 2010.
- The registered manager had introduced an oral health champion to support people to maintain good oral health. Assessments were being completed and information on improving people's oral health had been obtained and shared.
- A visiting GP told us the service focussed on providing person centred care and support. They explained, "They are very supportive, they know the patients and they give good care."
- A resource centre had been established and provided information on topics such as dehydration, catheter care, infection control and end of life care.

End of life care and support

- The registered manager worked with nurses from a local hospice to look at suitable training for staff. The nurses provided end of life training covering support for both the family and the person at the end of their life. They also worked closely with the nurses at Aylesham Court looking at symptom management, so they could best support people to be pain free during this time. A staff member explained, "The hospice nurses came in and gave us information on mouthcare. That was really helpful."
- People's wishes at end of life had been explored. One person explained, "We have discussed with the children what we want at the end of life." A relative told us, "End of life care, all sorted!"
- People experienced a comfortable and dignified death. A comment in a thank you card read, "A huge thank you to all the staff who contributed towards ensuring that my mum had a dignified and peaceful death."
- A quiet room was available on the first floor near four bedrooms which had been designated for palliative care (known as the alcove.) This room had comfortable furnishings and information regarding bereavement support, local community services and information of interest to people who are expecting the death of a loved one. The registered manager explained family members were able to stay with their relatives who were at the end of their life if they chose to do so.
- A staff member explained, "I come in on a Tuesday and spend time with people. I give them massages. It's nice having the alcove. It's private for the families and nice and quiet."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people extremely well and knew how each person communicated. This information was included in people's plans of care. For example, for one person whose first language was not English, cards and visual aids were kept in their plan of care for staff to use. This enabled staff to communicate with them more effectively.
- Information within the service was available in large print and pictorial form.

Improving care quality in response to complaints or concerns

- A formal complaints process was in place and people knew who to talk to if they were unhappy about anything and told us they would feel comfortable making a complaint. One person told us, "No complaints. But if I did, I would complain to one of the nurses." A relative explained, "I would go to carers or the nurse about a caring matter. I would go to [Deputy manager] or [Registered manager] for anything else. Never had to complain though."
- The management team took all complaints seriously and used them to improve the service moving forward.

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 the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager and management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and relevant stakeholders.
- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people well and put these values into practice. One staff member said, "The staff are amazing, they know the residents inside and out. It is a very happy home."
- Family members told us the management and staff team went out of their way to support them to be involved in their relative's care going above and beyond what they expected of them. One explained they often stayed for prolonged periods of time and staff would help position their relative so they could 'have a cuddle' with them.
- Staff were highly motivated, and proud of working for the organisation. One explained, "This is by far the best of all the homes I have worked for. The staff team are great."
- Staff felt much supported by the registered manager and management team and felt able to discuss any issues or concerns with them.
- Staff were committed to working together to achieve the provider's vision and values. One staff member told us, "We try to provide a home from home. To offer them the freedom to do what they want when they want and a life as much like home as possible."
- Staff said they would not hesitate in recommending the service. One explained, "I would recommend the home to friends or family 100%. The staff are wonderful and go above and beyond for the residents living here."
- The service had a 9.8 out of 10 rating on www.carehome.co.uk for the work it did with people using the service. This rating was based on 30 people's feedback to the website. Comments included, "My mum was a resident for 18 months at the home. She was cared for and loved by all the staff. She was very happy at the home and felt very safe and loved."
- The staff team regularly raised funds for local charities including LOROS, McMillan Nurses and The Alzheimer's society as well as raising funds for Aylsham Court Care Home.

Continuous learning and improving care

- The registered manager and management team were committed to improving the care and support being provided. This included identifying a 'charts champion' when issues had been identified with the charts kept

for the monitoring of people's care. This meant people's charts could be monitored daily to ensure accurate completion and enabled the staff to gain a clear and concise picture of the support people received.

- Afternoon 'huddles' had been put in place. This provided staff the opportunity to meet and discuss events of the day, improving all round communication.
- Hydration stations had been created and provided throughout the service. These provided people access to fresh water 24 hours a day, promoting people's health and well-being.
- The registered manager and management team ensured resources were available and worked effectively to support high quality care and staff in their roles. They had recently been commended by the local authority in how they had supported a person in their care. A member of the management team told us, "I see myself as a counsellor, an educator. If you empower staff, they don't see it [work] as a chore."
- The deputy manager had recently introduced 'topic of the month' for staff. This involved providing information on relevant topics and subjects. We were told the topic for September 2019 was to be LGBT, (Lesbian, gay, bisexual and transgender) and information would be displayed for their information and continuous learning.

Working in partnership with others

- The registered manager worked extremely well with other professionals. They had worked closely with LOROS and links had been made with the fast response team who were part of an NHS initiative to reduce admissions into hospital.
- The management team were also part of a pilot project called 'Telemeds'. This was an out of hours facility providing them with the ability to face time a health professional to discuss people's conditions. This meant people were able to be treated more quickly rather than waiting for a GP and improving health more promptly.

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

- A registered manager was in place and people spoke highly of them and the staff team. We saw them to be caring and they knew everyone well including their relatives. One person explained, "[Name] is the manager and [name] is the deputy manager. They are both approachable. [Registered manager] is very aware of how I am doing." A relative told us, [Registered manager], she is so supportive. [Deputy manager] is amazing."
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display on the provider's website and within the service.
- Comprehensive systems were in place to monitor the quality and safety of the service. Weekly and monthly audits had been carried out on the paperwork held including people's plans of care, medicine records and records of pressure ulcers, weights and falls. Records showed where issues had been identified, appropriate and thorough action had been taken.
- Regular audits had also been carried out by a member of the provider's management team to further enhance those completed by the registered manager.
- Staff at all levels understood their roles and responsibilities and the registered manager was accountable for the staff and understood the importance of their roles. The staff team were held to account for their performance where required through the providers supervision and appraisal processes.

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 management team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

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

- The management team regularly sought the views of people. They continued to consult with people about their care and about the service. People and staff were empowered to voice their opinions, and the management team always responded to comments put forward. For example, in one meeting held, people shared they would like to have food taster sessions and a knitting club. Both ideas put forward had been introduced into the service.
- People had been given the opportunity to share their thoughts through informal chats, meetings and the use of surveys. People had been given the opportunity to have a say on the decoration and furnishings within the service. At a recent meeting wallpaper and furnishings had been chosen for one of the communal areas, and several people had enjoyed a trip to the local shops to purchase what had been picked.
- Staff meetings had been held and the staff team felt able to share their views on the service provided. One explained, "We've got a good relationship with the management. We can 100% speak up, and they will take what we say seriously."