

Avery Homes Nuneaton Limited

Acorn Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Acorn Lodge Care Home is a purpose-built residential care home providing accommodation and personal care for up to 60 people. The service provides support to older people, younger adults, people with a physical disability and people with dementia. At the time of our inspection there were 56 people using the service.

Care is provided across two floors known as Willow Way and Cherry Tree. People had their own bedrooms which all have an en-suite. There are large communal spaces on both floors and a large garden for people to use.

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

There had been significant improvements since our last inspection. The provider had responded to the issues we identified and improved governance systems ensured regulations were now being met.

There was a culture of continuous improvement within the home and from the provider. Quality assurance arrangements had been clearly defined at all levels which worked well to improve the overall care provided at the home. Audits and checks were undertaken on a daily, weekly, monthly or annual basis.

Improvements had been made to ensure accurate, complete and contemporaneous records for people were maintained. Care plans were regularly assessed and reviewed to ensure they reflected people's changing needs. Staff were motivated by the management to provide high quality, person-centred care and there was a passionate and positive culture within the home.

Risks associated with people's health and well-being were now managed safely. These risks had been identified, assessed and records clearly guided staff on how to minimise risks to keep people safe. Medicines were managed safely and in line with good practice standards.

People were safeguarded from the risk of abuse. Staff understood their responsibilities to provide safe care and treatment. There was an open culture where staff felt safe to challenge poor practice. People and relatives talked positively about the compassionate nature of staff who cared for them. Staff respected people's right to be treated with dignity and respect.

There were enough staff to provide safe care. Staff received and induction and training to be able to support people effectively.

People received timely access to healthcare when they needed it. Staff knew people well and could identify any early deterioration in people's health or well-being.

People were encouraged to maintain a varied and well-balanced diet. Menu's contained a wide variety of

meal options and people had a daily choice of what they wanted to eat. People provided positive feedback about the food and meals were presented nicely.

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.

There were a wide variety of activities available to enhance peoples emotional, social and physical well-being. People also had opportunities to go into the community where they could benefit from a change of scenery.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 August 2019) and there were breaches of the regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this 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.

Acorn Lodge Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Three inspectors and 2 Experts by Experience completed this inspection. 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

Acorn Lodge Care Home 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. Acorn Lodge Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who support with the service. 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 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

During the inspection we spoke with 14 people who lived at home and 17 people's relatives. 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 spoke with 12 members of staff including the registered manager, the deputy manager, 4 senior carers, 4 carers, the chef and the well-being co-ordinator. We spoke with 3 external healthcare professionals for feedback on their engagement with the service. We reviewed 5 people's care records and 4 people's medicines records. We also reviewed records relating to training, recruitment and quality assurance.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(1).

- Risks associated with people's health and well-being were now managed safely. These risks had been identified, assessed and records clearly guided staff on how to minimise risks to keep people safe. This included areas such as mobility, nutrition and when people needed support in times of anxiety or distress.
- Records contained clear and accurate evidence to demonstrate staff followed people's risk management plans. For example, where there were risks around people's eating and drinking, staff completed detailed food and fluid intake records. For people at risk of skin damage, repositioning charts recorded when staff had helped people to change their position. This enabled risks to be monitored effectively.
- People at risk of skin damage had been prescribed pressure relieving mattresses. Senior staff regularly checked mattresses to ensure the correct pressure setting was maintained for the person's weight.
- Staff were observant of people to identify emerging risks. For example, one member of staff saw a person struggling with their walking frame. They gently prompted the person on how to position their frame so they could sit down safely. One relative told us, "[Person] needs hoisting and always has 2 staff to do it and they talk through what they are going to do."
- People were involved in managing areas of risk and told us they felt safe. One person told us, "If I get worried about anything in the night, I press this (call bell), and they come quickly to reassure me."
- Environmental risks were managed safely. The provider had systems to ensure the environment and equipment was maintained and safe for use. Emergency situations were planned for and there was information to support people's safe evacuation from the premises.
- Staff recorded and reported any accidents or incidents that occurred in the home. The registered manager regularly reviewed these to ensure action was taken to avoid re-occurrence. For example, falls were reviewed monthly to identify any patterns or trends, and whether appropriate professional referrals for advice had been made.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. People and relatives talked positively about the compassionate nature of staff who cared for them. Comments included, "I've no cause for concern. I'm

happy [person] is safe there. Staff care for them really well. [Person] says 'They are just golden (when talking about staff)' and, "I feel secure and like the staff."

- Staff understood their responsibilities to provide safe care and treatment. There was an open culture where staff felt safe to challenge poor practice. One staff member told us, "It is all about the individuals that live here and keeping them safe from any harm or abuse. My role is to protect people. If I saw something, I wasn't happy with, I would talk to the staff member. They might not realise what they are doing is wrong. Obviously, it depends how serious it was and if it was serious, I would go straight to my manager."
- Safeguarding was a permanent topic of discussion during meetings with people. In a recent 'residents meeting' the registered manager encouraged people to 'speak up' if they felt upset or worried about anything and explained, "Everyone should feel safe in their home and protected from neglect and abuse."
- The registered manager understood their safeguarding responsibilities and had made appropriate referrals to the local safeguarding team where required.

Staffing and recruitment

- There were enough staff to provide safe care. Daily records confirmed staffing levels ensured people received the care outlined in their care plans.
- Staffing numbers were regularly reviewed and adapted to meet people's changing needs. Staff were positive about the numbers of staff on shift and confirmed they met people's needs.
- The provider had an effective recruitment process and staff recruited were suitable for the role they were employed for. References had been requested and checked and DBS (Disclosure and Barring Service) clearance had been returned and assessed by the management team before staff started work. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely and in line with good practice standards. This included how they were ordered, stored, administered, recorded and disposed of if no longer required by the person.
- People received their medicines as prescribed by staff who had been trained and assessed as competent.
- Systems and processes were in place to identify potential medicine errors in a timely way. Where errors had occurred, appropriate action was taken to ensure people remained well and to avoid re-occurrence.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was 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.

Visiting in care homes

- There were no restrictions around visiting. The home preferred visits to happen outside mealtimes but welcomed visitors to book a meal and eat with their relative.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved to the home to ensure they could be met, and positive outcomes achieved. Assessments were developed into care plans and included people's physical, mental and social needs.
- People receiving respite care had short stay care plans which gave staff enough information to deliver personalised care that was safe and effective.
- Care and support was regularly reviewed, and care plans were regularly updated to ensure they remained accurate and relevant. One relative told us, "They've just updated her care plan; we have seen it and we were asked if there was anything we disagreed with."

Staff support: induction, training, skills and experience

- Staff received an induction and training to be able to support people effectively. 73% of staff had completed their 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 formed part of the induction programme.
- One staff member spoke positively about their recent induction. They told us, "It (the induction) was really well covered. I'd done health and social care in college; the training was tailored to the care home. The shadowing was really helpful for me too."
- The provider had a broad programme of training which covered a range of topics such as manual handling, emergency first aid, equality and diversity. There were also bespoke training modules which staff completed where there was a specific need, such as diabetes awareness and epilepsy. The home had recently received a 95% training completion satisfaction certificate from the provider.
- Staff spoke positively about the training they received and gave examples of how they put their training into everyday practice. One staff member described the provider's dementia training as effective in enabling them to understand people's different needs and provide care with empathy and understanding.
- Staff had regular opportunities to meet with their manager via supervision meetings. These meetings were used to develop and motivate staff, as well as focus on their professional development.

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

- People were encouraged to maintain a varied and well-balanced diet. Menu's contained a wide variety of meal options and people had a daily choice of what they wanted to eat.
- Drinks and snacks were available to people throughout the day. The cook prepared a night tray with snacks and sandwiches so people who woke at night could have something to eat if they were hungry.

- People provided positive feedback about the food and meals were presented nicely. People were given regular opportunities to give feedback about the quality of the food and this feedback was used to make improvements to the dining experience.
- Improvements had been made since our last inspection to monitor and support people who were nutritionally at risk. People were regularly weighed for staff to monitor and act on any potential weight-loss concerns. Where people had been identified as losing weight, staff monitored their food and fluid intake so they could respond accordingly by encouraging people to eat and drink more. High calorie snacks were offered to people with identified need for additional calories.

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

- People received timely access to healthcare when they needed it. Staff knew people well and could identify any early deterioration in people's health or well-being.
- People had regular appointments with healthcare professionals such as the GP and district nurses to maintain their health and reduce the risks of deterioration in medical conditions. This included a weekly ward-round.
- Staff worked with other healthcare professionals to deliver effective care. For example, people who had lost weight were referred to dieticians and any concerns around people's ability to swallow was referred to the speech and language therapy team.
- Care plans recorded the support people needed to maintain their oral health.
- Relatives felt communication about people's healthcare needs was good. One relative told us, "They're very good at keeping me in touch. When she had to go to hospital, they dealt with it first and then rang me. If I have any worries, I just email [registered manager] and they always reply."
- We received positive feedback from healthcare professionals about the improvements at the home. One healthcare professional told us, "Partnership working is good. I can tell you it is a different place now. Communication is excellent with the home. They are very proactive."

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

- The home was well decorated and there were some directional signs in words and pictures to enable people to identify rooms and independently find their way around where possible.
- Contrasting colours had been used in bathrooms and toilets so people could easily identify items such as handrails to support their independence and safety.
- There was lots of natural light to help people distinguish the times of day and seasons.
- There were large shared communal areas, but people could choose to sit in smaller and quieter areas of the home if they wanted to. There was an accessible garden and places for people to sit and enjoy being outside in the fresh air.

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.

- Improvements had been made since our last inspection and the home was working within the principles of the MCA .
- People's ability to make decisions about their care and support had been assessed and was recorded in their care records.
- Staff promoted the choices of people by offering them the opportunity to make decisions about their daily lives and understood when they needed to act in people's best interests to keep them safe.
- Where people had restrictions within their care plan that they did not have capacity to agree to, appropriate legal authorisations were in place to deprive the person of their liberty. One person had a condition related to their DoLS authorisation, and this condition was being complied with.

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind, caring and compassionate. Our observations of the support people received and conversations with staff supported this.
- People provided positive feedback about the caring nature of staff. One person told us, "Staff are very thoughtful and helpful. They will do anything for you." Another person commented, "I am looked after very well to be honest. The staff are ever so nice."
- Staff were patient with people and gave them the time they needed. One person told us, "I sometimes have difficulty getting my words out and they wait for me."
- Relatives confirmed people were well cared for. Comments included, "We are very happy with the carers. They are loyal and caring", "The staff are very pleasant, respectful and cheerful" and, "The staff work very hard and are always approachable and kind; they speak to [person] with dignity and care, and I see that with the other residents."
- People's faith preferences were listened to, and services took place fortnightly. Special days were celebrated such as birthdays and anniversaries. A luxury Mother's Day afternoon tea had also been arranged for people and their families following our visit.

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

- Staff understood how to encourage and promote choice and decision making, including with people who may struggle to make decisions without support. One staff member said, "We give options to people such as show plated food options so they can choose what they want [to eat]. It helps them make their own decisions."
- People were encouraged to give their feedback and opinions on different aspects of the care provided, including meals, trips and activities. This helped ensure these were planned in partnership with people and staff were responsive to feedback.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to be treated with dignity and respect. We saw one member of staff discretely rearrange a person's clothes to maintain their dignity. One person told us, "I was embarrassed at first when one of them had to help me with a shower, but they were lovely and now I don't mind."
- The provider recognised strong relationships contributed to people's health and wellbeing. The registered manager told us people who wished to maintain intimate relationships would be given the privacy and understanding to do so.
- People were encouraged to be as independent as possible. One staff member told us, "With showering, a

lot don't like standing on their own in the shower, so I just sit with them, so they don't feel unsteady on their feet, so they still feel they're doing everything themselves. It's for reassurance."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

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

- Care plans focussed on people's individual care preferences and guided staff to provide person centred care based on people's likes, dislikes and preferred routines.
- Staff understood the importance of knowing people well so they could understand their motivations and preferences. For example, one staff member explained how one person liked to be up and dressed in the early hours of the morning because this had been their routine throughout their working life.

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 sensory needs were assessed and recorded in their care plans. This included what equipment they needed to enhance their ability to communicate. Where people had a sensory loss, staff ensured people had their hearing aids and glasses with them.
- The home's library had audio books and subtitles were displayed on televisions to aid communication.
- One staff member explained how they adapted their communication style following recent dementia training. They told us, "It really opened your eyes up. Communication wise, we have tried different things. No individual is the same. [Person] can't verbalise but loves to chat. It's about putting the pieces together for them. We have got to understand their ways of saying no. We know how to read her communication."

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

- An activities co-ordinator planned a variety of activities, events and day trips in partnership with people. Plans were displayed throughout the home so people and their relatives could choose what they wanted to do.
- There were a wide variety of activities available to enhance peoples emotional, social and physical well-being. This included, dominoes, forever active and zumba exercise classes, knit and natter, arts and crafts, sharing our faith sessions, cookery club, music memory sessions and quizzes. External entertainers were also a regular part of life at Acorn Lodge Care Home.
- People also had opportunities to go into the community where they could benefit from a change of

scenery. There were a variety day trips which included zoos, garden centres, meals out and staff would take people shopping.

- The home had developed partnerships with some local schools. On the day of our visit some people went to a school assembly and some students started being pen pals with people in the home.
- The activities coordinator told us how they ensured people cared for in the bedrooms did not become isolated. They said, "Every morning I go around to each bedroom and spend some time with them. One person doesn't come out alot so we re-potted their plants with them and got them some hyacinths."

Improving care quality in response to complaints or concerns

- Complaints were managed effectively. There was an open culture where people were encouraged to raise any concerns they had with their care. The complaints process was regularly discussed in residents' meetings.
- People and relatives felt comfortable to complain. One relative told us, "If I ever had to complain about anything I would get in touch with [registered manager] Jackie; she would listen."

End of life care and support

- The home provided care for people at the end of their life. There was information in people's care plans about their preferences for how they wished to be supported in their final days and what was important to them.
- One healthcare professional commented, "I have to say, the end of life care is second to none. They are very good at supporting people when they come to end of their life."

Is the service well-led?

Our findings

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

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

At our last inspection the provider's systems and processes did not always effectively assess, monitor or mitigate risks related to the health, safety and welfare of people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since our last inspection there had been significant improvements at the home. The provider had responded to the issues we identified and improved governance systems ensured regulations were now being met.
- Audits and checks were undertaken on a daily, weekly, monthly or annual basis. For example, each day checks were completed to ensure people had their sensor mats and other equipment in place to minimise their identified risks.
- Improvements had been made to ensure accurate, complete and contemporaneous records for people were maintained. Care plans were regularly assessed and reviewed to ensure they reflected people's changing needs.
- Overall, people and relatives told us the home was well-led. Comments included, "[Registered manager] is proactive and a good manager" and, "The manager and deputy manager are both very approachable. If anything needs to be done, I talk to them and it gets done. Everybody seems to be trying to make it work and it all seems to work well."
- Staff were motivated by the management to provide high quality, person-centred care and there was a passionate and positive culture within the home. One staff member told us, "They are the best management I've ever worked for. They actually manage. They are so nice; they can't do enough for you if you go to them. You never feel stupid asking questions. They're always willing to help and guide me in the right direction."
- The provider acknowledged the wider pressures within the adult social care sector since the COVID-19 pandemic and prioritised the well-being of staff. A monthly 'well-being' fund had been allocated to the home by the provider which had been used in various ways to ensure staff felt valued. This included gift vouchers for staff who had gone above and beyond, pizza nights and night staff party buffet.
- One staff member acknowledged the leadership in the home throughout the COVID-19 pandemic and told us, "[Registered manager] and [deputy manager] were amazing in covid. They pretty much lived here at

times to ensure we were all okay."

- The provider's visions and values were incorporated within the home and were discussed in meetings with people, relatives and staff. The home had adopted the provider's 'Re-Connect' strategy which aimed at improving outcomes for people with dementia. The provider's head of dementia care had produced a webinar which had been shared with relatives. The registered manager told us, "It provides information about how to support people with dementia. Some people might think that when a loved one is diagnosed with dementia that it is all down hill and it can be scary for them. This video shows people can still live a very meaningful life."

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

- The provider produced a range of leaflets and pamphlets to share information and promote understanding about the needs of people living in a care home. These signposted people and relatives to other organisations, societies and agencies who could provide further advice and support.
- Relatives and resident meetings happened regularly where feedback about the home and care was encouraged. Re-decoration had been raised in one meeting which was in progress at the time of our inspection. One relative told us, "We are invited to residents' meetings, and they (management) seem open to suggestions."
- Regular staff meetings discussed areas of good practice and things that needed to be improved. Staff felt able to raise their opinions and these were received positively by the management team. One member of staff told us, "If you have any ideas to share with management if you think it could work a bit better, you can always talk to management."

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 understood their responsibility under the duty of candour and took responsibility when things went wrong. One relative told us they had received an apology when something had gone wrong.

Continuous learning and improving care

- There was a culture of continuous improvement within the home and from the provider. Quality assurance arrangements had been clearly defined at all levels which worked well to improve the overall care provided at the home. For example, the regional manager regularly visited the home and the provider used an electronic monitoring system to monitor and improve outcomes.
- The registered manager was actively seeking a relative to become a 'residents advocate' to be able to speak on behalf of the residents to give people further opportunities to give feedback and further improve the home.

Working in partnership with others

- The registered manager worked in partnership with others to support care provision.