Caring Homes Healthcare Group Limited

Gildawood Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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
Gildawood Court is a care home, providing personal care and accommodation to up to 60 people. It provides care to older people, some of which are living with dementia. Care is provided across three units, however at the time of our visit, only two units were open. Each unit had its own lounge, garden and dining area with a kitchenette. There was also a large communal dining room. At the time of our inspection 34 people lived at the home.

People's experience of using this service and what we found
Risk's to people's health and well-being had been identified and assessed. However, it wasn't always clear what immediate actions had been taken to ensure people's safety with risks associated with their health. Systems were in place to ensure people received their medicines as prescribed. However, some improvements were needed to ensure medicines were always administered safely.

People and relatives were happy with the care provided and the way the home was managed. There was a relaxed atmosphere in the home where we saw many warm and thoughtful interactions between staff and people. People told us they felt safe and protected from the risk of abuse. Records contained information which enabled staff to deliver care in a person-centred way. Staff encouraged people to maintain their independence and make choices about the way in which their care was delivered.

Recruitment procedures were safe and there were enough staff to keep people safe. The provider's training programme ensured staff had the right knowledge and skills to support and care for people well. People were encouraged to have a healthy and balanced diet. The food looked appetising and people were offered a choice of meal options. Some people required special adaptations in order to eat and drink safely which were known by staff.

People had access to healthcare services when they needed it. Referrals were made to specialists such as dieticians to improve people's health outcomes and ensure they received targeted support for identified health needs. Daily handovers ensured key information related to people's health and wellbeing was shared with the staff team.

Assessments were carried about before people moved into the home. Assessments included important information such as current medical conditions and care preferences which helped the registered manager ensure the home could meet the person's needs.

Staff followed good infection control processes. However, there were some environmental concerns that did not promote good infection control processes. These had been identified by the registered manager and action was being taken to address these concerns following our visit.

People were encouraged to make their own decisions. 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.

Systems and processes monitored and improved the quality of care provided and regular checks were completed to ensure people received high quality care. Whilst quality checks had driven improvements in most areas, they had not always identified the shortfalls in some areas. The registered manager was committed to ensuring high quality care and took immediate action to address these issues.

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 requires improvement (published 3 March 2021).

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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

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?

Requires Improvement

The service was not always 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.

Gildawood Court

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Gildawood Court 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. Gildawood Court 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from professionals and partner agencies who work with the service such as Healthwatch. 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 information gathered as part of monitoring activity that took place on 1 June 2022 to help plan the inspection and inform our judgements. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with six people and seven relatives about their experience of the care provided. We spoke with eleven members of staff including three care assistants, one senior care assistants, the chef, a domestic member of staff, the well-being co-ordinator, the deputy manager, the compliance officer, the compliance manager and the registered manager. We also spoke to two healthcare professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and three people's medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● Overall, systems were in place to ensure people received their medicines as prescribed. However, we found stock discrepancies in one person's medicines. This is where the amount of medicines recorded, differed from what was in stock. We discussed this with the registered manager who sought immediate medical advice to ensure this person was not adversely affected.

● Another person received their pain relief medicine via a patch applied to the skin. It was unclear if this was managed as per the manufacturer's instructions. It was important this patch was not applied to the same area of skin for 3-4 weeks. Staff were not recording the site of application or removal which posed increased risk of skin irritation and a risk their medicine was not being absorbed at a safe level.

● In addition, daily checks were not completed to ensure the patch medicine was still in situ. Daily checks are important as patches are prone to falling off or being accidently removed and people could experience unnecessary pain. We discussed these concerns with the registered manager who told us this was an administration error as this information is usually recorded.

● The storage of one person's medicine required improvement. Staff were responsible for cutting a dispersible tablet in half to ensure the person received the correct dose. However, the other half of the tablet was placed back inside the perforated blister for the next day without a thorough risk assessment. It is important this is thoroughly risk assessed as this medicine changes form when in contact with moisture, including moisture in the air.

● Despite this, other medicines such as covert medicines, controlled medicines and medicines given 'as required' for short term conditions such as pain were managed well.

Assessing risk, safety monitoring and management

● Risks to people's health and well-being had been identified and assessed.

● Some people living at Gildawood Court had diabetes. Risks associated with diabetes care had been identified and records provided detailed information on the signs and symptoms of high and low blood sugars to ensure staff could respond appropriately. However, it was not always clear what immediate action had been taken in response to high or low readings to ensure people remained well.

● Other risks were managed well. One person was at risk of leaving the home unaccompanied and records contained detailed guidance to reduce this risk to keep the person safe. Another person had a complex condition which meant at times, they could express distress through their behaviour. Records described how this person might express their distress and what action staff should take to reduce the distress and improve the person's quality of life.

● We discussed risk management with two healthcare professionals who visited the home regularly. They advised an area for improvement was for staff to be more proactive with the immediate actions they took in

response to risks associated with people's health, whilst they waited for external health care professional advice.
● Staff had a good understanding of people's individual risks. One staff member told us how some people were at particular risk of falls and told us, "We make sure people have their frames and reasonable footwear on." One relative told us, "[Person] was falling a lot at home but has only had two falls there [Gildawood Court] and they rang me immediately."
● There were regular checks and routine servicing of the premises and equipment. This ensured the environment was maintained to a safe standard. People who chose to smoke cigarettes had individual risk assessments to ensure this was managed safely.

Learning lessons when things go wrong
● Accidents and incidents were recorded, and the registered manager continually reviewed these to identify any patterns and trends. The provider also completed a thorough analysis to ensure appropriate steps had been taken to reduce the chance of re-occurrence.
● There was an open culture where staff felt able to speak up if things had gone wrong.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe and protected from this risk of abuse. Comments included, "We have good carers here. If I felt I wasn't safe or didn't feel secure I would get my coat and go" and, "I like it here, I feel very safe."
● Relatives also had peace of mind that people were safe. One relative told us, "I know I can leave today and there are no worries." Another relative commented, "I have no concerns, none at all. I visit four times a week. [Person] is safe, I know they are being looked after."
● During our visit, there was a minor incident between two people. Appropriate action was taken to ensure people remained safe and that the incident was managed effectively.
● The staff and the registered manager understood their safeguarding responsibilities. Records showed referrals had been made to external professionals where necessary.

Staffing and recruitment
● There were enough staff to keep people safe. Records showed assessed staffing levels had been maintained and this was reviewed regularly by the registered manager. During periods of staff sickness, the deputy manager or temporary staff provided via an agency supported the service.
● People and relatives told us there were enough staff. Comments included, "I've never worried about that. Staff are always around," and, "I don't see any problems staff wise."
● Recruitment procedures were safe. For example, pre-employment references were obtained and Disclosure and Barring Service (DBS) checks undertaken. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection
● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, during our visit we noticed a number of concerns which did not promote good infection control processes. For example, a bathroom plug hole had lost it's enamel covering, some carpets were particularly stained and threadbare and a person's wheelchair cushion cover were worn. The registered manager had already identified these concerns and a plan was in place to resolve these following our visit.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● 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.
● We were assured that the provider was accessing testing for people using the service and staff.
● 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
● The home was facilitating visitors inline with government guidance. There were no restrictions on visiting the home unless a visitor had tested positive for COVID-19.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved 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

- Assessments were carried about before people moved into the home. Assessments included important information such as current medical conditions and care preferences which helped the registered manager ensure the home could meet the person's needs.
- People's needs were continually reviewed in-line with best practice guidance.

Staff support: induction, training, skills and experience

- Staff competed an induction when they started to work at the home. This included shadowing experienced members of staff which enabled them to learn people's individual care routines.
- The provider's training programme ensured staff had the right knowledge and skills to support and care for people well. This included specialised, accredited dementia training, 'My World', which aims to continually improve the lives of people living with dementia.
- Staff spoke positively about the training they received and had regular opportunities to discuss their development with their manager. One staff member was proud to tell us how they had recently completed their health and social care diploma.

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

- People were encouraged to have a healthy and balanced diet. The food looked appetising and people were offered a choice of meal options.
- Some people required special adaptations in order to eat and drink which were known by staff. For example, some people required a two handled beaker and another person required a special plate which staff ensured people used.
- The chef understood people's specific dietary requirements and ensured food was served in line with best practice guidance. They told us, "We have two residents who have level four pureed food. I make sure I puree the items of food separately. It is never mixed together." This helps people distinguish between different flavours in their meal.
- Where people needed assistance to eat or drink, staff were patient and communicated positively with people by explaining what the person was eating and asking if they wanted some more food.
- However, improvements were required to the lunchtime experience. On the day of our visit, 13 people wanted to eat their lunch in one of the dining rooms, but there were not enough chairs, plates or cups which created a chaotic atmosphere. The registered manager agreed to complete some mealtime observations following our visit and make improvements as necessary.

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

● Records showed people had access to healthcare services when they needed it. A weekly ward round took place at the home where any concerns with people's health were discussed with the GP or nurse practioner which ensured people received timely care. One relative told us, "I am confident in the staff. [Person] didn't look good one day. They immediately called the doctor and that helped the way I was feeling."

● Referrals were made to specialists such as dieticians to improve people's health outcomes and ensure they received targeted support for identified health needs.

● Daily handovers ensured key information related to people's health and wellbeing was shared with the staff team. For example, staff observed a change in the condition of someone's mouth so ensured they were discussed at the next ward round. This was communicated to staff in handover.

● We received positive feedback from a healthcare professional who had regular contact with the home. They told us, "This is one of the better homes. Residents seem very happy here. They are quick to act with wounds and will refer to us. Staff are good at raising concerns. [Person] had very high blood sugars last night and they called us. They do take our advice."

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.

● People were encouraged to make their own decisions. One staff member told us, "I ask people what they want, they have a choice, like what food to have. I give them a voice. I do whatever they want."

● Staff asked people for consent before providing care or support. One staff member asked if they could put an apron on a person before they ate their lunch and another asked if they could help them to take off their cardigan.

● Mental capacity assessments had been conducted with people where their capacity to make a specific decision had been questioned. Where people were potentially being deprived of their liberty, DOLS applications were made to the authorising body.

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

● At the time of our inspection only two of the three units were open. People could move freely between these units and their gardens which meant people would change their environment when they wished.

● Signage helped people orientate themselves around the home however the provider was improving this further at the time of our visit. Handrails in the corridor supported people with mobility difficulties walk around the home. This was of particular benefit to one person who enjoyed exploring their surroundings.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved 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 and relatives gave positive feedback about the caring nature of staff. Comments included, "The girls are very nice to me", "No concerns, they [staff] are very caring", "[Person's] face lights up when he sees them [staff]" and, "[Person] loves the girls and they love him."
- One relative described how they had chosen Gildawood Court to care for their relative because of how well they had previously cared for another relative.
- There was a relaxed atmosphere in the home. We saw many warm and thoughtful interactions between staff and people. One staff member sat with a person holding their hand and gently stroked their hair away from their eyes. Another staff member recognised a person was cold and closed the window and placed a blanket on their legs whilst rubbing their hands.
- People appeared comfortable in the presence of staff. One person smiled and put their hands out to initiate a hug when a member of staff walked into the room. This member of staff responded by giving the person a hug which clearly made the person happy. The person commented, "She [staff member] is so kind. They all are."
- People's diverse needs, such as their cultural needs were reflected in care plans to enable staff to know what was important to people.

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

- People were encouraged to express their views. On staff member told us, "I ask people what they want, they have a choice, like what food to have. I give them a voice."
- Where people were unable to express their views, staff consulted their families and other healthcare professionals such as advocates to ensure people's care was being delivered in their preferred way. One relative told us, "I feel I am fully involved. I always get calls to keep me in the loop so there are no surprises."

Respecting and promoting people's privacy, dignity and independence

- At our last inspection, people's appearance was not always indicative of promoting their dignity. Improvements had been made. People looked clean and well kempt. One relative told us, "[Person is always nice and clean."
- Staff respected people's right to privacy. Staff knocked on people's bedroom doors before they entered. One relative told us how staff had offered them a private dining room if they wanted to have a meal alone with their loved one which was then arranged for them.
- Staff encouraged people to maintain their independence. While assisting a person to eat lunch, one staff member supported the person to eat their first mouthful and then encouraged the person to hold the spoon

to continue to eat independently with supervision.

Good

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 improved 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

● Records contained information which enabled staff to deliver care in a person-centred way. For example, one person's care plan described how their personal care must be completed by female staff only. One staff member told us, "They all have a 'this is me profile' which tells us important information like their previous job and what time they like to get up."

● People, and where appropriate, their families, were involved with people's care. Care plans were reviewed regularly to ensure the way care was delivered, continued to meet people's needs.

● Prior to our inspection, we received concerns about people being woken early in the morning against their will. We found no evidence to substantiate this concern. People and relatives told us, "I get up and go to bed when I want, I'm not a good sleeper" and, "'I don't know of any examples of that happening."

● Staff understood the importance of knowing people's lifetime experiences. One person had a complex history which meant at times they could express distress through their behaviour. Care plans encouraged staff to see beyond the person's behaviour and to understand why these behaviours may be exhibited. One staff member told us, "If someone is really distressed, I sit with them and I listen to how they're feeling. I try to validate how they're feeling."

● Staff knew people well. Records contained information about people's interests which enabled staff to know what to talk with people about. One staff member was heard talking to a person about their previous career as a nurse.

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.

● Records contained information about people's communication needs which ensured staff knew how to communicate effectively with people. One person's care plan stated they would tap on a surface which was a sign to tell staff they needed support with personal care.

● Staff knew how to communicate with people and ensured aids such as their glasses were accessible.

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

● At our last inspection, improvements were required to understanding and responding to people's interests and the occupation and engagement opportunities on the individual units of the home. Some

improvements had been made.

● People were encouraged to take part in a variety of activities on each of the units. There was a 'well-being co-ordinator' who was responsible for the programme of activities. They told us, "We design the weekly planner to include a range of stimuli. The activities are based around people's spiritual, sensory, intellectual and physical needs. I tailor the activities to the residents. We have an arty group of people and we recently won a 'Caring Homes' art competition."

● However, there were still times throughout the day where people were offered limited opportunities to engage in meaningful activities, and we received mixed feedback from people about the activities available. One person told us, "I just sit about on my bum. There is not much to do at all," whereas another person told us, "I like the activities, I couldn't do anything before I came here, now I can."

● One staff member explained, "The activities aren't brilliant because we only have one activities co-ordinator doing it and we as staff don't have much time." The registered manager told us, they were actively recruiting for a second well-being co-ordinator and in the meantime, activity stations were available on the units for when planned activities were not taking place.

● People were supported to maintain friendships and relationships that were important to them. One staff member provided reassurance to a person about a phone call from their relative. The staff member understood this phone call was important to the person and made arrangements for the relative to call the person earlier than planned.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy which outlined how people could complain. This included details of external agencies such as the local government ombudsman where people could escalate their complaints to if they were not satisfied in how their complaint had been handled.

● There had been two formal complaints in the past 12 months which had been investigated thoroughly.

● Although unsure of the official complaint's procedure, people and relatives told us they felt comfortable raising any concerns with the registered manager and had faith these would be dealt with professionally. One relative commented how they had raised some concerns and, "They [registered manager] dealt with it immediately."

End of life care and support

● Referrals were made to other healthcare professionals to ensure people received the right care and support when a person reached the end of their life.

● Where necessary, Do Not Attempt Resuscitation (DNAR) forms were in place to tell medical professionals not to attempt cardiopulmonary resuscitation (CPR) and these were accessible should an emergency occur.

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.

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

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

- Systems and processes monitored and improved the quality of care provided and regular checks were completed to ensure people received high quality care.
- A variety of audits were undertaken by the registered manager and the provider which had already identified some of the concerns we found during our visit such as the environmental concerns, and plans were in place to rectify these following our visit.
- Whilst quality checks had driven improvements in most areas, they had not always identified the shortfalls in safe medicines practices and some gaps in actions taken in response to high or low blood sugar readings for people with diabetes.
- However, the registered manager acknowledged our findings and took immediate action to address these issues. They later sent us information about how they were going to strengthen their quality assurance processes to ensure any shortfalls were quickly identified.
- The registered manager understood their regulatory responsibilities and had provided us (CQC) with notifications about reportable events and incidents that occurred at the home.
- The registered manager kept up to date with the latest good practice guidelines by attending local provider forums and by attending weekly internal provider meetings where important information was shared.
- The compliance manager told us how the provider was always looking for ways to improve and had introduced an electronic care planning system to good effect in their other homes. This was being introduced at Gildawood Court shortly after our visit.

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

- People and relatives were happy with the care provided and the way the home was managed. Comments included, "[Registered manager] is very accommodating", "There is a nice atmosphere, there are no miserable staff" and, "[Registered manager] is excellent. Very kind, understanding and helpful."
- Staff also gave positive feedback about working at the home and the support they received from the registered manager. One staff member told us, "[Registered manager] is very nice, she has an open door and she's here straightway if we need her." Another staff member said, "[Registered manager is amazing. I can go to her with anything. She works hard and is visble."
- The registered manager was proud of the improvements made at Gildawood Court since they started their employment 18 months ago and spoke positively of the support from the provider. They told us, "The

support I get from my regional manager is second to none. [Regional manager] is always there if I need anything. He has a great way of educating us."
● The registered manager led by example and clearly knew people well and understood their needs. We saw various examples of where the registered manager communicated with and supported people well during our visit.

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 provider understood their responsibilities under the duty of candour and were open and honest when things went wrong. Relatives told us they were kept informed when accidents occurred. One relative told us, "[Person] has had two or three falls and they always ring me to let me know."
● Providers must 'conspicuously' and 'legibly' display their CQC rating at their premises. The provider was displaying their CQC rating from our previous inspection visit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● The registered manager sought feedback from people and their relatives through surveys and meetings. Relatives surveys had been sent out shortly before our visit and responses received at the time of our visit had been positive. Residents meetings took place regularly which ensured people were engaged with decisions about the home.
● Staff told us they had regular handover and team meetings to share important information about people and to discuss any ideas they may have to make improvements.
● The registered manager had recognised during the COVID-19 pandemic, some links with the local community links had been lost and was keen to improve this. The home had recently organised a competition with a local school to choose the name for the new unit in the home. The registered manager told us, "We are keen to get the community vibe back in and be an active member of our local community."
● Staff worked in partnership with people's family, friends and other professionals to improve outcomes for people.