

Dene Court Care Home Limited

Dene Court Care Home

Inspection report

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Date of inspection visit:

02 August 2022

09 August 2022

Date of publication:

10 October 2022

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

Dene Court is a residential care home providing personal and nursing care to up to 28 people who may be living with dementia, in one adapted building. At the time of our inspection there were 23 people using the service.

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

Many of the staff team at Dene Court were newly recruited. This meant they were in the process of completing their induction and initial staff training. Feedback from people, relatives and external professionals about staff kindness and person-centred approach was positive. However, we observed improvements were needed to ensure people were consistently treated with dignity and respect. This related to supporting people at mealtimes and ensuring privacy when providing personal care. The management team had addressed this with staff before the end of the inspection, additional training was planned, and 'dignity' champions appointed.

The management team were continuing to promote a positive culture at the service. , Extensive environmental improvements were in progress, including ensuring the environment promoted the independence of people living with dementia, in line with best practice.

People felt safe living at Dene Court. Staff were recruited safely, and safeguarding processes were in place to help protect people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow. Care plans were detailed, and person centred, however the information in them did not always reflect people's current risks and needs. The management team had prioritised working on the floor due to staffing difficulties and been unable to complete this task in a timely way. This work was now in progress. In the meantime, they ensured staff remained well informed about people's risks and feedback from people, relatives, health professionals and staff confirmed this was the case.

People received their medicines safely, and in the way prescribed for them. The provider had good systems to manage safeguarding concerns, accidents and environmental safety. Some improvements were needed with regard to infection prevention, and these had been made before the end of the inspection.

People benefitted from competent and skilled staff. This meant their healthcare and nutritional needs were met. External professionals were complimentary about how the service worked in partnership with them.

Dene Court provided a person-centred service. The care provided was sensitive to people's diverse needs. Staff effectively supported their communication which meant people could express their views and make a meaningful contribution to their community.

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. A busy activities programme was in place and being further developed. This was having a positive impact on people's physical and mental health.

There were systems in place to monitor the quality and safety of the service. People and their relatives were consulted and asked for their views informally. There were plans to reintroduce a more formal quality assurance questionnaire, which had been paused during the pandemic. Changes to the management team and staff structure had been introduced to further improve monitoring and accountability.

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

This service was registered with us on 24 June 2019 and this is the first rated inspection.

The last rating for the service under the previous provider was good, published on 07 June 2018.

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? The service was safe.	Good ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well led.	Good ●

Dene 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 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

Two inspectors and an Expert by Experience carried out 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

Dene 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. Dene 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 but they had moved into an area manager role. The deputy manager was managing the service and in the process of registering with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since they were registered. 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.

During the inspection

We spoke with six people using the service and six relatives and asked them about their experiences of the care and support provided. Some people using the service could not talk to us, so we observed interactions between people and staff to understand their experiences. We also 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 the management team, including the area manager, manager, provider and administrator. We also spoke with eight members of staff including team leaders, senior care workers, care workers, activities organiser, domestic and chef.

We received feedback from seven health and social care professionals who work with the service.

We reviewed a range of records. This included four peoples care records, medicines administration records (MAR), four staff recruitment files, staff training records and other records related to the management of the service.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Potential risks to people's health, safety and wellbeing were assessed, and plans put in place to reduce the risk where possible. These were personalised, detailed and gave staff clear guidance on ensuring people were supported safely. They included risks relating to mental health, falls, skin care and choking for example.
- Some of the information in care records did not reflect people's current risks and needs. We discussed this with the management team who were aware reviews were overdue. This was recorded on the service improvement plan and the work had already started. The management team had prioritised working on the floor due to staffing difficulties and had been unable to complete this task in a timely way. In the meantime, they ensured staff remained well informed about people's risks with an information summary sheet and at staff handovers. Feedback from people, relatives, health professionals and staff confirmed staff knew people very well and had a good understanding of people's risks.
- Risks were managed using the least restrictive practices to ensure people were cared for safely whilst still maintaining their independence.
- The environment was safe. There was a new call bell system and fire alarm system in place. Routine safety checks were completed to ensure the premises and equipment were safe and well maintained.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. On the first day of the inspection we raised concerns about the cleanliness and hygiene of the laundry room. This had been addressed by the second day of the inspection.
- We were somewhat assured that the provider was using PPE effectively and safely. We observed staff were unclear about the use of PPE when serving meals. Following the inspection, the provider met with staff to clarify.
- 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 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

- Dene Court had come out of a Covid-19 lockdown on the day of the inspection, and updated visitors'

guidance had been issued. Visiting was restricted to two visitors per person at a time. This is not in line with the latest guidance by the Department of Health and Social Care however, which advocates unrestricted visiting. We discussed this with the management team. They advised they had risk assessed the situation, and in agreement with families, determined that structured visiting arrangements were in the best interests of the people living at Dene Court at this time. Covid-19 had been introduced to the home on two occasions by visitors, despite testing, a request for mask wearing and social distancing. Staffing levels did not support 1:1 supervision of visits and enhanced cleaning of visiting areas, as their priority was caring for the people living there, hence the current visiting restrictions.

Staffing and recruitment

- Over the previous two years the home had experienced a very high staff turnover. This was largely due to positive cultural changes introduced by the new provider, which led to the departure of the previous staff team. The Covid-19 pandemic had created further difficulties with staff sickness, recruitment and retention. At the time of the inspection these issues had been resolved, and there was a new staff team in place.
- Staffing levels were sufficient to meet people's needs and keep them safe. We observed staff spending time with people and responding to their requests promptly. Staff were present in the communal areas and had time to spend interacting with people.
- People told us they always received the support they needed, and staff were there when they needed them. One person told us, "Most of the time they [staff] come quickly. They are very good, kind and gentle." Relatives commented; "I FaceTime [person's name] every day and I can see staff popping in to check on her" and, "I have absolute confidence in the Home. They are reassuring and there are always staff around if needed."
- Staff confirmed there were sufficient numbers of staff to support people. They told us, "During the Covid-19 pandemic staff members were coming and going, and agency were in and out. Now we are starting to build a team."
- There was a safe system of staff recruitment in place. The provider had completed appropriate recruitment checks prior to employing new staff. This included a Disclosure and Barring Service check (DBS) and uptake of references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable and relaxed with care staff who supported them and told us they felt safe. One person said, "Oh yes. I do feel safe. I would talk to staff [if I was worried]. They are excellent."
- People's relatives were confident their family member was safe living at Dene Court. Comments included; "Having mum here has made such a difference to my life. She is safe and secure" and, "They look after [person's name] well, I can see that. That gives me confidence that she is safe there."
- Staff understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe. Staff were able to describe how to report concerns.
- There were systems and processes in place at the home to ensure people were protected from harm and abuse.

Using medicines safely

- People's received their prescribed medicines in a safe way.
- There was a 'medicines champion' in post, to oversee the safety of medicines administration and promote best practice.
- Staff administering medicines received training to enable them to do so safely.
- Staff had completed the medicines administration record (MAR) accurately to confirm medicines had been given. Individual MARs were clear to read and easily identifiable.

- Ongoing audits were in place to check stock levels were correct.
- Medicines were stored safely and only accessible by staff authorised to do so. Fridges were available to store medicines requiring cool temperatures to remain effective. However, further recording of room and fridge temperatures were required to ensure medicines were always kept within their required temperature range. This was in place by the second day of the inspection.

Learning lessons when things go wrong

- There were systems to record and analyse all incidents and accidents which occurred at the home.
- Lessons had been learnt and action taken when things had gone wrong. For example, the security of the home had been improved following an incident to ensure the safety of people living there. In addition, the provider had increased staffing levels after mealtimes following an analysis of the times of falls. This meant people were no longer at risk of falling at this time.

Is the service effective?

Our findings

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

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

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

- Admissions to the service were done in a careful and considered way. This ensured staff were able to safely and effectively meet peoples' needs.
- The manager had worked with the local authority to improve pre-admission documentation to ensure important information about people's needs was captured prior to placement. A social care professional told us, "They take a lot of time and effort, reviewing the referrals in a timely manner, doing pre-assessments, taking time to discuss placements and offer viewings if appropriate with families. They work to ensure every resident has a good experience from the moment they enter the home. This is due to the effort of all staff to ensure a good settling in period."

Staff support: induction, training, skills and experience

- People, and their relatives were positive about the knowledge and skills of staff. One person said, "They [staff] are very, very good...I can't fault them. They've had good training and know how I like things done." Written feedback from a relative said, "Thank you to all the staff for making my family member so welcome. I have definitely seen a change. Although her forgetfulness remains the same, her anxiety levels have dropped considerably. She also looks so much better."
- External health and social care professionals were positive about the skills and knowledge of staff. Comments included; "[Staff show] exceptional professionalism whilst caring for the residents, particularly those with 'challenging behaviour'" and, "It seems they go out of their way to ensure the highest level of care is provided to residents."
- New staff completed a comprehensive induction. This included shadowing staff and working through an induction pack based on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed the provider's mandatory training which was refreshed regularly. Their continued competence was reviewed through observations of practice and supervisions.

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

- People's nutrition and hydration needs were met, and people told us the food was good. This was confirmed by relatives who commented, "Mum speaks highly about the food. She is diabetic so they take account of that, and she gets cake that's fine for her" and, "[Person's name] is eating well, and they check that is the case. There is a drink next to her, but they check she is taking fluids."
- Care plans contained detailed information about people's dietary needs and risks. Specialist support had been sought from the speech and language therapist (SALT) and dietician.

- A breakfast club and morning activities had been introduced and timings changed, so there was a bigger gap between breakfast and lunchtime when people could be active. This stimulated people's appetites, and their food intake and nutrition had improved as a consequence.
- People were offered choices at mealtimes. The provider planned to further promote choice for people living with dementia with visual images of the options, in response to feedback given during the inspection.

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

- Staff worked closely and effectively with other agencies to meet people's needs.
- External health and social care professionals said the team contacted them appropriately and promptly for support, listened to their advice and followed their recommendations. One professional commented, "Interactions with staff are always carried out in a professional manner, required information is available and behaviour records thoroughly completed to inform my assessment."
- Health professionals told us they met regularly with the manager to discuss any people they were concerned about and update them about how the service was managing. They commented, "This has been very beneficial to us both."

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

- The provider had made comprehensive environmental improvements to the home to enhance the safety and quality of people's lives. This included whole home decoration, new flooring throughout, the refurbishment of the kitchen and equipment, new beds and mattresses, the installation of a sluice, new laundry equipment, new security doors and a hairdressing salon. Virtual assistant technology devices were in every room and used to play audiobooks, ask questions, do quizzes and listen to music. A café type area was being planned with a coffee machine, newspapers and games.
- Further environmental improvements were in progress. They included solar panelling and light movement sensors to keep the costs down and minimise environmental impact.
- The provider was seeking support to ensure the environment promoted the independence of people living with dementia, in line with best practice. For example, improved signage and contrasting door colours to enable people to identify the toilet independently.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA.
- DoLS authorisations were in place and applications submitted where appropriate.
- Staff had a good understanding of the principles of the MCA and records were robust. Where people lacked capacity to make a particular decision, appropriate assessments were carried out, and decisions

made in their best interests and in the least restrictive way possible.

Is the service caring?

Our findings

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

This is the first rated inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always treated with dignity or their wishes respected. During the inspection we observed people being supported with their lunch in the dining room. There was little interaction from staff and people became bored and agitated while waiting for their food. Staff continued putting food in one person's mouth, when they did not want it and kept spitting it out. Another member of staff was feeding a person with a spoon, standing over them with no eye contact or conversation.
- During the inspection we observed two people on two separate occasions being supported to use the toilet in a corridor by different staff. The door was open, and the person was exposed which did not promote their dignity.
- We discussed our concerns with the management team, who had taken action to address them before the end of the inspection. A meeting had been held with the staff team to discuss the concerns and additional training was planned. There had previously been 'dignity champions', at the service. They were planning to reintroduce this role with the new staff team to promote people's dignity, staff awareness and best practice. Following the inspection, the provider reiterated that the service had been in lockdown for two weeks, and people had come out of their rooms for the first time on the day of the inspection. This was also the first lunch service for many of the new staff team, who would ordinarily have been shadowing and learning from established staff. This had been undermined because established staff were supporting the CQC inspection as well as new staff, and people adjusting to a big change in their routine.

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

- People, relatives and external professionals told us staff provided kind and compassionate care. One person said, "The staff are very, very nice and kind. I can't fault them; they are all nice." A relative commented, "The people working there are amazing- so, so lovely. They are so respectful. They know me too which is nice." A health professional told us, "Irrespective of difficult situations I have observed staff speaking to residents with respect and consideration."
- Staff were passionate about their roles and providing high quality care. They told us how much they enjoyed coming to work and described the residents as 'like family.'
- Staff had the information they needed to provide individualised care and support. Care plans included detailed information about people's preferred routines and what was important to them. One person told us about how one member of staff was her 'fairy godmother' and had brought her a china tea pot and china cups, because this was how she liked to drink her tea.
- Special occasions were celebrated, including birthdays, VE day and the Queen's Platinum Jubilee. Written feedback from a relative said, "I wasn't expecting to have a happy anniversary this year as we are now apart,

but you all had a wonderful surprise for us both-the cards, bubbly, balloons, banners, roses and a lovely decorated sponge cake for us. It was very kind, thoughtful and not expected."

- People's individual equality and diverse needs were considered during the assessment and the care planning process, such as age, sexuality, disability and religion. Equality and diversity were incorporated into all aspects of staff training.
- The staff team was culturally diverse from a wide range of backgrounds and experience. Staff and residents told us they valued this. The provider information return (PIR) stated, "[this]ensures we can be diverse in our approach...and ensure residents have a varied approach or understanding which can meet their own religious, cultural or spiritual needs."

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

- People were involved in decisions about their care. We saw staff explaining things to people and offering choices.
- More significant decisions were made by people if they had capacity to do so or through the use of best interest decisions involving relevant professionals and advocates.
- Care plans contained clear information about how staff could support people to make choices, for example, what they would like to wear. Their communication preferences were recorded. For example, staff were advised to use clear, direct questions to enhance one person's ability to understand and make a decision such as, "Would you like a drink?"
- Peoples' care records held information on preferences and decisions they had already considered, such as their wishes for the end of their lives and advanced decisions about healthcare.
- Relatives felt welcome at the service and were consulted and involved in all aspects of their family members care as appropriate. They told us they had been involved in the development of their family members care plan and were kept informed about their welfare. Comments included, "They support [person's name] so well and I have in depth conversations with [manager's name]] on how she is doing" and, "During Covid they [staff] have kept in touch by email and phone. They casually ask me if everything is OK that they are doing for mum."

Is the service responsive?

Our findings

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

This is the first rated inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that reflected their needs and preferences. One relative told us, "They know all her quirks and how she is as a person. They are very good with her. She's improved since she came in here, she's just doing more."
- Staff had detailed knowledge of people's individual needs and how they liked to be supported. They told us about the importance of not making assumptions and always asking people about their preferences. For example, "Just because they have had Weetabix on one day, doesn't mean they want it every day."
- Care plans gave staff information in areas such as people's background history, likes and dislikes, health and care needs, and how they would like to be supported. They were in the process of being reviewed to ensure they remained up to date.
- Daily staff meetings ensured staff were kept informed about any changes in people's day to day needs. They were attended by the whole staff team, including the chef, so were also an opportunity to discuss any specific dietary needs or preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information about people's communication needs was obtained prior to admission. This was recorded in care plans and reviewed as communication needs could change over time.
- Guidance was in place detailing how people communicated their needs and wishes. This included people's needs with regards to their hearing, sight and speech and any equipment they needed such as glasses or hearing aids.
- The manager confirmed that information was made available in various formats to allow it to be accessible to people, if this was needed.
- The PIR documented the importance of ensuring health and social care professionals were made aware of people's communication needs, to support their interaction with them.

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 management team understood the importance of activities for people's physical and mental health. A

busy activities programme was having a positive impact on people's appetite and mood. A relative told us, "Mum doesn't always want to participate in things. When they had a 'take your dog' day, she became very animated. They said she had the biggest smile and they saw a side they hadn't seen before. They have dancing, ball throwing, puzzles and games."

- A newly appointed activities co-ordinator was in post. They were passionate about the role and had plans to extend and improve the activities programme and make activities more person centred.
- Staff had worked hard during the pandemic to support people to maintain their relationships with relatives and others important to them. Visiting had been supported in line with restrictions. A handheld computer enabled relatives to have regular face to face conversations with their family member over the internet.
- People were able to make a meaningful contribution to the community. One resident knitted baby hats for the local baby unit. Others had made yellow poppies for care workers to wear during the pandemic.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure which ensured all complaints and concerns were taken seriously and responded to. There had been few complaints, but these had been responded to appropriately and feedback given to the complainant in line with the home's policy.
- Complaints were recorded electronically on people's files, in email messages or in a complaints file. The manager was in the process of collating all complaint information in one place to ensure it was fully recorded and able to be monitored more closely and audited.

End of life care and support

- There was no one receiving end of life care at the time of inspection.
- The manager told us staff supported people and their relatives in end of life discussions so their needs and wishes could be met at this important time. One member of staff told us how they sat with a person who had no family members, reading their favourite book to them at the 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.

This is the first rated inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The new provider had a strong focus on promoting values and a more positive culture at the service, as when they took over the service they had identified that improvements were needed. All the feedback we received was very positive about the difference this had made at Dene Court. Staff told us, "Its lovely. I enjoy coming to work. Sometimes you feel really blessed" and, "The management team have done an excellent job. They work as a good team and bounce off each other."
- There was a largely new staff team who were in the process of carrying out their induction and initial training. The management team had worked hard to recruit staff who were kind and caring. We found staff were passionate about their roles and committed to providing high quality support to people. Staff told us, "I do this job to make a difference."
- The management team were open and inclusive. People, staff and relatives commented on how approachable and supportive they were. One person told us how they would, "...get anything I ask for. They took me out for a walk. [Area manager's name] is a dab hand in the kitchen. He really deserves a medal." Written feedback from a relative said, "We had exceptional help and caring as a family from [manager's name] who demonstrated to us how sincerely he cared for [person's name]'s welfare and how much he understood our anxiety. His assistance to us was way above over the norm we have come to expect."

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

- Quality assurance systems were in place to identify and manage risks related to the quality and safety of the service. The computerised care planning system enabled the management team to have oversight and monitor the support being delivered in real time.
- Staffing availability and sickness had necessitated the management team working alongside staff on the floor, making it difficult to keep up to date with management tasks. Changes to the structure of the management and staff teams were in progress to improve monitoring and accountability and spread the workload. This included the registered manager becoming the providers' operations manager and the deputy manager taking over as manager, supported by a skilled and experienced deputy manager promoted from within the staff team. The senior staff team was being increased and reorganised.
- As the new staff team developed, there were plans to reintroduce a 'key worker' system. The key worker would act as a focal point for people and their relatives and would ensure people's personal requirements were identified and met. Additional 'champion' roles were due to be created in line with staff interests, to

promote best practice in areas such as dignity and diabetes.

- The provider was very involved with the service, having daily calls with the management team and frequent visits to the home. They told us, "We troubleshoot on a daily basis, discussing all the residents and what's going on." Staff told us how supportive the provider had been to them personally, telling them, "You want to have a chat, just ring me up."
- The management team understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They had made notifications and referrals to external agencies appropriately and been open and honest with people when things had gone wrong.

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

- The service promoted strong links with the community, which were in the process of being rekindled after the Covid-19 pandemic lockdowns. People had created artwork which had been exhibited in a community café and had visited for coffee and cake. Children's groups had spent time with people, and letters and gifts had been received from a local community group.
- People and their relatives told us they were informally engaged and involved with the service and their views sought. Quality assurance questionnaires had been paused during the lockdown with plans to revise and restart them. The monthly newsletter had been reinstated.
- Regular staff and management meetings were held to keep everyone informed and up to date with developments and provide an opportunity for staff to contribute ideas about the running of the service.
- There were incentives and systems in place to help staff feel valued and appreciated. This included the 'kudos' initiative, where staff could nominate each other for special recognition for 'going the extra mile'.
- Feedback from external health and social care professionals showed the management team worked effectively in partnership with them. They commented they engaged proactively and positively, sharing detailed information and demonstrating a positive approach to learning and change.

Continuous learning and improving care

- The management team described their commitment to continuous learning, for themselves and for the staff team. For example, the area manager was a trainer in dementia awareness, and was involved in staff training at Dene Court.
- The ethos of the management team was to provide effective training and development opportunities for staff to enable them to progress. They then promoted from within the service and 'could grow' a capable senior team. They were in the process of working with the new staff team to identify where their skills lay, and how they could be further developed.