

Cordelia House Limited

# Cordelia House Ltd

## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Cordelia House Ltd is a residential care home providing accommodation for persons who require nursing or personal care. The service can support up to 40 people, including those who may live with dementia, physical disabilities, sensory impairment or may have mental health support needs. At the time of our inspection there were 32 people using the service.

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

At this inspection we found evidence that demonstrated people received outstanding caring, kind and positive support. This was due to excellent leadership from the registered provider and registered manager as well as a strong, well-motivated team of staff. Everyone we spoke with gave exceptional feedback about how caring, professional and supportive the staff were and so often went the extra mile to ensure people were happy and felt well cared for.

Relatives of people were extremely complimentary about the way their family members' care was planned and provided. Relatives consistently told us the actions taken by staff promoted their family members' physical health and mental well-being because staff knew their wishes and respected them as individuals.

People received a consistently high standard of care because staff and management put people first and at the heart of the service, while continuously looking for new ways to improve their care and quality of life. Care was personalised and met people's individual needs. Staff knew people very well, cared about them and understood their care and support needs as well as the risks people faced.

People were empowered by staff to do a wide range of interesting things such as participating in choirs, gentle exercise, practice their faith and to keep in touch with others who were important to them.

People and relatives told us they felt safe with staff. Staff received safeguarding training and thoroughly understood their roles and responsibilities. Weekly activities during 'Safeguarding Week' were inclusive and engaged people in expressing how their safe place would look like. The aim of national Safeguarding Week was to raise awareness about safeguarding and to emphasise that everyone has a role to play in keeping people safe from harm. The home had sufficient staff and deployed them to meet the individual needs of the people. People received their medicines when they were needed and in ways that suited people. There were systems in place to check that medicines were administered correctly and safely. The service recorded and analysed accidents and near-misses to understand what had happened, identify trends, and help prevent them from happening again.

People's needs were assessed and regularly reviewed. Staff worked with other health and social care professionals so people's physical and mental health needs would be promoted. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible. The policies and systems in the service promoted this practice.

Staff were motivated to make a difference to people's lives. The culture of the service encouraged inclusivity for people.

People were supported at the end of their lives in ways which reflected their choices and wishes. There was a very strong emphasis on the provision of activities that were meaningful and therapeutic to the people living in the home. People told us they were happy with how they spent their time.

The culture at the home encouraged and nurtured people. Relatives told us the way the home was run meant their family members [people] received exceptional care.

Suggestions made by people, relatives and other professionals were listened to and used to inform how the home was developed. Staff were positive about working at the home and told us they were well supported by an approachable management team. The registered manager and provider were committed to ensuring opportunities were taken for driving improvements at the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for the service under the previous provider was requires improvement, published on 9 August 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

#### 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Cordelia House Ltd

## 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.

#### Inspection team

This inspection was carried out by one inspector 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

Cordelia House Ltd 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. Cordelia House Ltd 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 and professionals who work with the service. 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 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 4 people, 1 person's relative, the registered manager 4 staff members and 1 agency staff member. We observed staff practices and how they interacted with people. We reviewed a range of records relating to the management of the home. These included care records for four people, training records and three staff recruitment records.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We contacted external professionals working with the service and seven people's relatives.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel safe because of the staff. I don't know where I would be if I wasn't here." Another person told us, "I feel safe being here."
- Safeguarding systems were in place to protect people from the risk of abuse or unsafe care. Staff were trained in safeguarding procedures and knew what action to take. A member of staff told us, "I would go straight to the management to report it if I suspected abuse."
- The management understood their legal responsibilities for reporting potential safeguarding incidents to external bodies ensuring people would be safeguarded.

Assessing risk, safety monitoring and management

- The provider had systems to assess and manage risks to people's safety. Risk assessments and care plans provided guidance to staff about how to support each person safely with their individual needs.
- Staff understood risks relating to people's health and well-being and knew how to respond to these. This included risks associated with weight loss, maintaining skin integrity, diabetes and falls. People's records provided staff with detailed information about these risks and the action staff should take to reduce them. Some staff were trained falls champions. They helped to put in place fall prevention strategies for people and monitored equipment. Other staff were trained as continence, infection control, oral care, eye care, diabetic and health and safety champions. Their tasks included raising awareness, providing guidance and helping to improve the quality of care with outstanding outcomes for people.
- People had personal emergency evacuation plans in place that provided key information to assist emergency services in the event of an incident that required people being evacuated. Staff were trained in fire safety and completed regular fire drills. Records showed us fire safety equipment was checked, maintained and serviced appropriately.

Staffing and recruitment

- Required safety checks when employing staff were in place but further work was needed to ensure all gaps in employment were explored.
- Staffing levels were maintained to ensure consistent support for people. A member of staff told us, "There are enough of us on shift."
- People, relatives and the staff team told us that staffing levels were sufficient. We observed people receiving care at times they chose and in an unhurried way. One person told us, "There are enough staff."

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. People told us they

received their medication when they needed them.

- Medicines administration records were appropriately signed by staff when administering people's medicines. Medicine audits were undertaken to ensure people received their medication as prescribed.
- People were supported with access to regular reviews of their medicines to ensure prescribing met their current health and well-being needs.

#### 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

The provider was facilitating visits for people living in the service in accordance with the current guidance.

#### Learning lessons when things go wrong

- There was a learning culture at the home. The registered manager was keen to learn lessons when things went wrong and was responsive to feedback. Any concerns or shortfalls were quickly investigated, and action taken to address the concerns.
- The registered manager used staff meetings, handovers and supervisions to update staff, discuss learning and share ideas.



# Is the service effective?

## Our findings

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

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

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

- Pre-admission assessments were completed before people were admitted to the service. People, and where appropriate their families, were involved in pre-admission assessments to establish people's care and support needs.
- People's care needs were assessed, and a person-centred care plan devised. The plan set out how the person wanted to be supported. Care plans detailed up-to-date health guidance for people who needed support with their health conditions.
- Assessments were completed using nationally recognised assessment tools that reflected best practice and met legal requirements.

Staff support: induction, training, skills and experience

- People told us they felt staff had the right training to meet their needs and our observations confirmed this. Staff received training relevant to the people they supported, for example, training in dementia awareness, infection control, dysphasia and person-centred care.
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. A member of staff told us, "I shadowed for a few weeks until I was confident enough to go on my own. I could extend the shadowing period."
- Staff told us they received regular supervision and support from senior staff and the registered manager. A member of staff told us, "If I have any problems, they are more than happy to help me."

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

- People and their relatives told us they enjoyed food served by the service. One person told us, "At my old home there was no tea or drinks trolley. Here they have a trolley which is going around all the time. We get 4 meals a day – breakfast, lunch, tea and supper. At my old care home, I had to buy my own birthday cake. Here the chef makes one and they put on a little buffet. There is a good choice of food for breakfast, meals and desserts. We get a choice of two things. There are lots of drinks available to."
- People had their eating and drinking needs understood and met. This included specialist diets, allergies and likes and dislikes.
- We observed people who required some support with their meals being helped at the person's pace, staff interacting with the person respectfully, ensuring the person's dignity and providing gentle encouragement when needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked with a number of health and social care agencies to ensure provision of care and support was effective.
- Care records evidenced appropriate referrals to GP's, dieticians, speech and language therapists, physiotherapists and wound care specialists.
- When people needed to be transferred to hospital, a transfer form was in place that ensured critical information was shared such as medicines and contact information.

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

- Some elements of the interior of the service premises were dementia-friendly. For example, the carpets were free of any patterns that might cause confusion. The doors were painted in different colours which enabled people to recognise their rooms.
- People had access to an outside garden which was well maintained to ensure ease of access and enjoyment.
- The service was clean, and the layout was well thought-out to meet people's needs. People and their relatives commented on the décor and felt it was suitable for them.

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.

- Records showed us that where assessments demonstrated a person was unable to make a specific decision, a best interest decision was made with the involvement of the person, their family and appropriate health or care professionals. Examples of best interest decisions included administering medicine and personal care.
- Staff understood principles of MCA. A member of staff told us, "You always have to assume people have capacity."

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a strong and visible person-centred culture at the home. We observed staff were highly motivated offering care and support that was exceptionally compassionate and kind. This positive culture was helped as staff had built trusting and positive relationships with those they supported.
- People's culture and religion were highly respected and valued by the staff. People were supported by the staff team to practice their religion and culture. We saw that holy communion was offered to people on a regular basis.
- People and their relatives told us that staff were caring. One person told us, "The staff are nice, very patient and kind. They have a lot of work to do looking after residents." Another person told us, "The staff are nice and considerate."
- The service provided people with tailored person-centred care. For example, one person admitted for a respite was described by their family as lacking motivation and staying in bed. The person enjoyed their stay at the service and integrated with other people using the service. As a result, the person returned to the service and continues to participate in social activities and interacting with other people which has improved the person's motivation to become more active.

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

- Staff and the registered manager worked with people and their families to decide and review people's care.
- People were supported to make their own decisions. People told us they were free to do what they wanted throughout the day. Staff were committed to ensuring people remained in control and received support that was centred on them as an individual.
- Staff were able to recognise and anticipate people's needs. They clearly recognised signs of distress and discomfort, and provided sensitive and respectful support which included gentle hugs and reassuring hand holding.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible.
- People's privacy and dignity were protected, and we saw staff knocking on doors before entering and talking with people in a respectful manner. A member of staff told us, "With personal care you always ask residents if they can remove clothing, ensure they are covered up with a towel, ask them for permission if you can remove their clothing."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR) to keep people's personal information private. GDPR is a legal framework that sets

guidelines for the selection and processing of personal information of individuals. Records were stored safely which ensured people's confidentiality.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service achieved excellent results in managing people's behaviour due to doll therapy. A care plan for one person instructed staff how to work with the person and their doll. The doll had its own clothing, staff were supporting a doll when supporting the person. By doing this staff were stepping into the reality of the person. Analysis of the results of doll therapy showed a decreased number of behavioural incidents experienced by the person. The doll therapy was calming the person down and integrating her with other people, preventing social exclusion. A member of staff told us, "She loves this little doll. She lights up the moment she sees it."
- We saw that a 'Gent's Club' had been suggested in one of the residents' meetings. The service created 'Gent's Club' to encourage friendships and a sense of community amongst residents at Cordelia House, to prevent loneliness and to give more introverted people a chance to participate in group activities on a smaller scale without feeling too overwhelmed. The 'Gent's Club' provided people with such activities as darts, seated volleyball, quizzes and reminiscence of activities in the past. The 'Gent's Club' had positively impacted the residents' emotional, social and physical well-being. For example, one person had chosen not to participate in group or one to one activities within the service. The person expressed they found it hard to interact with other people. The service recognised that the person was drawn into the male company before formulating the 'Gent's Club'. Since opening the club, the person became an active member whose confidence and social skills evolved making them less withdrawn and less likely to become socially excluded. This had a huge impact on the person who began to participate regularly in a range of different group activities within the home since opening Gent's Club, such as sensory bingo, a trip out to the local pub and a recent trip to a supermarket. The person told us, "It took me a while to settle. They have really encouraged me to come out of myself and get involved with things."
- The 'Gent's Club' also proved to have a positive impact on physical well-being of people. For example, two people were at risk of falls and had the desire to remain as independent as possible. The 'Gent's Club' introduced a program which was partly focused on strengthening the muscular skeletal system through fun and competitive activities. People could choose a physical activity they wished to participate. These included seated volleyball, darts, ball games and chair exercises.
- People's relatives consistently told us how person-centred care improved the quality of people's lives. One person's relative told us, "They [staff] are absolutely lovely. My mum [person] is really fussy with eating and drinking but everyone knows little things about her, they bother about the little things like two teabags in her tea." The person's relative told us they were worried that the person was going to experience weight loss, however, due to exemplary person-centred care the service was able to meet nutritional needs of the person.

- The service consistently met the needs of people based on their wishes, enhancing their quality of life and well-being. Staff were exceptionally responsive and had an excellent knowledge of people's diversity, values and beliefs. The service had a strong emphasis on ensuring people felt empowered and valued.
- The service was aware of people's condition and staff knew how to act quickly in order to prevent deterioration in people's health. For example, there was a diabetic box which contained five jelly babies, fizzy drink, fresh orange juice and a fast acting glucose shot. Staff interviewed were aware of this and they knew how to use it in case of a person having hypoglycaemia (high/low blood sugar levels).
- Care plans were exemplary, person-centred, comprehensive and up-to-date. They gave a complete overview of every aspect of each individual, including their personalities, interests, hobbies and preferences. This supported staff to provide extremely person-centred care to each person as they knew people's histories and backgrounds.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had varied activities in place and records showed activities were put in place based on people's wishes. The activities also maintained inclusion within the local community. Everyone at the service was involved in fundraising for charity organisations and were proud of 'helping others'. This helped people have a sense of belonging and purpose.
- External entertainers or relatives with animals were welcome at the service. One person's relative told us, "Dogs are welcome here, you can bring your pets for people to see them." We saw this had positive impact on people who previously had their pets. For example, one person requested to stroke a cat. This was accommodated by the service with help of external entertainers. The service recognised animals were not for everybody, so they ensured that people living with dementia had no fears about the proposed animal being brought into the home. One person told us, "I like to get involved in the activities. They have a lot of board games. I like bingo, especially animal bingo. We have a lot of entertainers come in [name], [name] and [name]. They are all singers. Sometimes a quizmaster comes in. When it is nice weather, we go outside into the garden. The hairdresser comes every Monday." Another person told us, "The vicar comes once a month for communion. Someone comes in to test our cognitive skills. For example, they ask us to name as many countries as possible that start with a particular letter. I really enjoy this because it makes me think and remember there is a world outside of here."
- There was a great deal of emphasis placed on people experiencing meaningful occupation and activity. The programme of activities was planned around people's mutual and individual interests, preferences and therapeutic benefits. Group activities were displayed on notice boards and each person was given the information in a suitable format. Staff reviewed each activity to assess what had worked well for people or whether there were any areas to change or improve. For example, they found out that one person who previously was a cleaner enjoyed helping with chores such as cleaning or folding napkins. The service allowed the person to continue with what they had done in the past which significantly improved the person's mood and well-being.
- One of the external entertainers told us, "I deal with a large number of care home in my business as a care home singer/entertainer. I can honestly say that Cordelia House is right up there in my experience as one of the best." Another external entertainer told us, "I attend 35 homes a month and some homes I consider outstanding and exceptional, others are good. I watch staff attitudes, their duty of care, professionalism and communication with residents. I saw warmth and care for the residents from all the staff which was pleasing. The residents are always ready to go. I always have a list of the residents' names which never happens at any other home. I have no bias towards Cordelia and I never see 24/7 care but, in my opinion I consider it to be an organised professional caring home who are dedicated to the residents, ensuring a quality of life, dignity, care, friendship and love. Cordelia is in my top 3 of the homes I visit. Also, the non-activities staff always take an active role in entertainment session if there work schedule permits. I'm not an expert but I see happy

residents and they have generally joy in their faces. Only "Very Good" homes can create this atmosphere."

- The service took unique and positive steps in protecting people from any harm. We saw that weekly activities during national Safeguarding Week were focused on people and what would be a safe place for them. For example, people were drawing their imaginary safe place describing things like forest, a beach or a football pitch where they feel safe. This information was to be used in communication, creating future activities and informing care plans. This allowed the service to capture the feelings if people were unable to express their concerns verbally.

#### End of life care and support

- At the time of our inspection no one was receiving end of life care. The registered manager was aware of how to meet people's needs and wishes should end of life care be needed.
- The service excelled in providing comfort measures at the end of life. This included complementary therapies such as a gentle hand massage and aromatherapy oils to provide relaxation. The environment was kept peaceful and surrounded with familiar objects and a projector was used to create calm atmosphere. The service kept maintaining comfortable temperature with a fan ready to be used in case a person would experience a fever or a breathlessness.
- We saw that relatives of people who received end of life care were complementary about the quality of care provided. The relatives praised the service for being allowed to spend time with their relatives and being involved in their care in people's last days. One relative stated, "She was always happy and grateful to everyone who kindly took care of her. I would like to express my sincere thanks for the special care both my mum [person] and I had in her final days. It was a very difficult and emotional time and I will be forever grateful that I was with her at the end."

#### 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 information and communication needs were assessed and detailed in their care plans. People's communication needs were known to staff. These included whether people needed glasses, hearing aids or any additional support.
- Staff understood the AIS. They were provided with guidance on how to promote effective communication. People's communication needs were identified, recorded and highlighted in care plans.

#### Improving care quality in response to complaints or concerns

- The registered manager welcomed complaints and concerns to ensure people and their relatives were happy with people's care and support.
- The registered manager monitored complaints and compliments. Complaints were investigated in a timely manner and actions were taken to drive improvements in the service. Compliments were shared with staff to celebrate areas of good practice.

# Is the service well-led?

## Our findings

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

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

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

- People told us the home was friendly and had a nice atmosphere. One person told us, "The manager is very good and we sometimes have a natter."
- The registered manager and provider operated an open-door policy where people, staff, relatives and other professionals could contact them if they had any concerns.
- We observed a positive culture in the service during the inspection. We observed caring attitudes from the staff when supporting people. For example, we overheard a member of staff speaking to a person in a very kind way when assisting them to the toilet.

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 the duty of candour and we saw when incidents occurred relevant people were notified.
- The manager understood the requirement of notifying the Care Quality Commission (CQC) of important events which had happened in the service. We reviewed evidence of notifications which confirmed events had been reported to the CQC appropriately.

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

- The manager had implemented a range of audits to monitor the quality of the service and identify areas of improvements which would benefit people, such as accidents and incidents, infection prevention control, maintenance and call bells. We saw actions had been identified from audits and these had been completed.
- There was a clear management structure in place in the service with easily identifiable lead roles. The management team were visible and accessible and people and relatives knew who to contact with any queries.
- Staff were encouraged to report concerns, accidents or incidents to the manager and be honest when things had gone wrong.

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

- The provider encouraged regular feedback both formally and informally through a range of surveys, meetings, phone calls and email updates. The registered manager told us this provided people and relatives



with different opportunities to be involved in the service.

- Relatives of people said they visited their family members regularly and had frequent contact with the home. They also told us that they were kept informed and up-to-date with any information about people, and adjustments were made from feedback they gave. There were regular information updates for people and their relatives informing them of what was happening at the service and what people had been doing. One person's relative told us, "We get a newsletter with what is going on. I couldn't attend last residents and relatives' meeting, but they are keen to send minutes of the meeting."
- The provider also listened to and valued the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during supervision and staff meetings with their line managers.

Continuous learning and improving care; Working in partnership with others

- The registered manager had good links with a number of health and social care professionals and this helped to ensure people's needs were fully met.
- The management team kept themselves up-to-date with best practice as far as health and social care was concerned.
- The home maintained close links with services, such as GPs, district nurses, and physiotherapists, as required. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.