

Sidmouth Care Limited

Vale View Heights

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 responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Vale View Heights is a residential care home providing personal and nursing care to 32 people at the time of the inspection. The service can support up to 55 people. The service provides accommodation over two floors in a large, extended building set in mature grounds with views over the Sid Valley. Many bedrooms have en-suite facilities, and some have patio areas or balconies overlooking the gardens.

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

There had been several changes within the management team since our last inspection. People's relatives told us they had found the changes in management impacted the leadership of the service. One relative said, "There has been some lack of leadership and a high staff turnover." A second relative told us, "They seem to change the managers a lot." Health professionals told us communication issues had been causing concern for some months and were exacerbated by the changes in management and contact from additional support managers, because health professional were not clear who was responsible for what or who they should communicate with. At the time of this inspection staff were taking action to improve partnership working. One health professionals told us, "We are now starting to see some improvements."

A new manager, who had already been working at the service for an extended trial period, was appointed during this inspection. People, relatives, staff, and health professionals all told us they had seen improvements over recent months. One member of staff said, "It's going better now, we've got more staff and the new managers have bought a few changes so it's so much better now." Another staff member said, "The quality of the care is better now it is under new management, it's going very well."

People, staff and relatives told us the culture of the service was improving. One relative said, "It's friendly and welcoming, [Name] always talks positively about the home." A second relative said, "The atmosphere is a lot better, more friendly."

Systems to monitor quality performance continued to develop and embed. There was evidence these systems were now identifying where improvements were required, and progress was being monitored in a systematic way.

People's risks were assessed and regularly reviewed, and care plans accurately reflected people's level of risk. People's pressure areas were well managed and weekly clinical governance meetings were held to review people's risks. Medicine administration systems were well managed, and people received their medicines as prescribed. People and their relatives told us they felt safe. One relative said, "I feel [name] is safe at the home." Another relative said, "[Name] is safe, the carers are very nice."

Incidents and accidents were regularly reviewed to identify any actions that could be taken to minimise the risk of the same thing happening again. Staff were recruited safely and there were enough staff to meet people's needs. Systems were in place to ensure the safety of the premises was well managed.

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.

People's needs had been assessed and care plans contained information about people's health needs, and how staff should support them. Care plans included a detailed summary which gave staff a good overview of people's needs, for example if they needed assistance to mobilise or required a modified diet. We received positive feedback about the quality and variety of the food. One person said, "The food here is excellent." Another person told us, "The food is excellent, and they ask us to recommend meals we like, for us to add them on the menu."

Systems were in place to ensure staff completed appropriate training and new staff completed mandatory training prior to starting work. One staff member said, "The training is good, and quite exciting, they are all very helpful." Staff were supported with regular supervision.

People were supported to stay active, to develop and maintain social relationships and to take part in a range of social activities. Organised group activities included exercise classes, music, bingo and a weekly quiz and equipment was provided for people to maintain personal hobbies, such as painting and pottery. Children from a local playgroup made regular visits during the school holidays. One person said, "I come alive when the little people visit."

The home's minibus was used for regular outings, and staff organised surprises and events around people's individual interests. For example, one person had sung with a local chamber choir for many years before moving to Vale View Heights. Staff organised for the choir to visit the home and perform for the person's birthday celebrations. Their relative told said, "It was amazing."

People's relatives told us care was provided in line with people's personal preferences. One relative said, "[name] goes to bed and gets up when she prefers." A second relative said, "They make their own choices." A 'resident of the day' system was in place. Senior staff from each department completed an information return with the person which was collated and used to update care plans. This included information about food preferences, maintenance requirements or any person specific issues. People's families were asked to contribute to the review and updated with any changes.

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

Rating at last inspection and update

The last rating for this service was requires improvement (25 January 2022).

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

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

At our last inspection we recommended the provider ensure all care plans fully reflect people's assessed needs and choices. At this inspection we found improvements had been made.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 17 and 25 November 2021.

Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, consent, and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Vale View Heights 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?

The service was safe.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service responsive?

The service was responsive

Good ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

Vale View Heights

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 2 inspectors, 2 assistant inspectors, a Specialist Advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Vale View Heights 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. Vale View Heights is a care home with 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 not a registered manager in post. A peripatetic manager was overseeing the management of the service with the support of senior leaders. A manager was appointed during this inspection process, and they began the registration process.

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, including information shared with us by the local authority. We reviewed monthly reports and regular updates that the service had sent us. 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 7 people, 11 relatives and 13 staff including the peripatetic manager, project manager, quality manager and provider. We reviewed 4 people's care records in detail and sampled a further 7 people's care records. We reviewed records relating to recruitment, training and supervision, maintenance, premises management, complaints, and governance. We received feedback from 3 health professionals.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At our last inspection we found system were not robust enough to demonstrate safety was effectively managed. This was a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks were effectively monitored and managed.
- People's risks were assessed and regularly reviewed. Care plans accurately reflected people's level of risk.
- Care plans had been updated to contain information about people's clinical conditions including how staff should safely manage medical equipment, such as catheters.
- People's pressure areas were well managed and care plans contained up to date and specific information about what support people needed to minimise the risk of pressure damage. We saw pressure relieving equipment was at the correct setting for the person using it.
- Where people were assisted to regularly reposition, care notes were generally well completed.
- Work was ongoing to further develop risk management care plans. For example, senior staff were working on developing individual infection control care plans.
- People's relatives generally felt risks were well managed, with a minority feeling further improvement needed to be made. One relative said, "Pressure areas are always sorted." Another relative said, "I feel their health and medical needs are met. They check them regularly." And a third told us, "They are generally on top of risks." However, another relative said, "[Name] had a urine infection, they didn't pick up on this straight away."
- Weekly clinical governance meetings were held to review people's risks and any required actions were recorded and allocated to named members of staff.
- Systems were in place to ensure the safety of the premises was well managed, including fire safety, regular maintenance checks of both premises and equipment and remedial works.

Using medicines safely

At our last inspection we found systems were not robust enough to demonstrate medicines were effectively managed. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Medicine administration systems were well managed, and people received their medicines as prescribed.
- People told us they received medicines safely. One person said, "They give me pain relief when I need it, and when the correct dosing allows it."
- One person's relative said, "They got the GP to prescribe antibiotics for their chest as a preventative measure, I thought that was a good thing."
- Staff recorded administration times of time sensitive medicines, such as antibiotics, to ensure people received their medicines safely.
- Protocols were in place for 'as required' medicines, and most records contained good detail.
- Medicines audits were being completed on a regular basis, including an electronic rolling audit.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse and neglect.
- People and their relatives told us they felt safe. One relative said, "I feel [name] is safe at the home." Another relative said, "[Name] is safe, the carers are very nice."
- Staff had access to safeguarding and whistleblowing policies via an electronic system.
- Staff told us they felt comfortable raising concerns. One staff member said, "If I saw anything that concerned me, I would inform the manager directly." Another staff member said, "I would talk to management about anything I witnessed and report anything I saw."
- New staff were required to complete safeguarding training before starting work.

Staffing and recruitment

- Staff were recruited safely and there were enough staff to meet people's needs.
- A dependency tool was used to review staffing levels, and this was regularly reviewed by the manager and quality manager.
- Systems were in place to ensure staff were recruited safely and pre-employment checks were completed prior to staff starting work.
- We received some mixed feedback about staffing levels, and some people and relatives reflected there had been a lot of changes in the staff team over the past few years. One relative said, "There doesn't seem to be enough staff on duty at any one time, however, the staff that are on are really good." A second relative told us, "They are always recruiting staff, there always seems to be enough staff around."

Learning lessons when things go wrong

- Systems continued to evolve to ensure lessons were learnt when things went wrong.
- Incidents and accidents were regularly reviewed to identify any actions that could be taken to minimise the risk of the same thing happening again. For example, an incident involving one person in the minibus was fully reviewed and a new procedure introduced to minimise a reoccurrence.
- The provider had identified that the new care planning system introduced at the time of our last inspection was not effective enough to ensure risks were well managed and record keeping improved to the required standard. As a result, they replaced that system and introduced a new one. At this inspection we saw it was working well.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no visiting restrictions in place at the time of this inspection.
- People were supported to spend time with their visitors in a place of their choosing, and we observed people spending time with relatives both in their own bedrooms and in communal spaces.
- One relative told us, "We can visit at any time, we have a code number for the door, they are very welcoming."

Is the service effective?

Our findings

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

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

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.

At our last inspection consent from the relevant person was not always sought or recorded before providing care or treatment. This was a continued breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Care was being provided in line with the MCA and systems had been put in place to monitor DoLS applications and approvals.
- Capacity assessments had been completed where necessary. Assessments were completed in relation to specific decisions such as administration of medicines covertly and restrictive practices, for example the use of bed rails.
- People's care plans reflected their capacity assessments and supported staff to understand what support people needed to make decisions, or where decisions would need to be made in their best interest.

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

At our last inspection we recommended that the provider ensure all care plans fully reflect people's assessed needs and choices. At this inspection we found improvements had been made.

- People's needs had been assessed and care plans contained information about people's health needs, and how staff should support them.
- The provider had upgraded their electronic care planning system since our last inspection. All care plans contained enough information for staff to safely meet people's needs, and some had been developed into detailed, person-centred care plans.
- Care plans included a detailed summary which gave staff a good overview of people's needs, for example if they needed assistance to mobilise or required a modified diet.
- One staff member told us, "Our team leader does the care plans, and the information is all in there. The team leader knows people really well."
- Care notes evidenced people were receiving care in line with their assessed needs.

Staff support: induction, training, skills and experience

- Systems were in place to ensure staff completed appropriate training.
- Staff completed both online and face to face training and the electronic training system gave managers a good overview of the staff team's knowledge and skill mix.
- New staff completed mandatory training prior to starting work and staff gave positive feedback about the training they completed.
- One staff member said, "The training is good, and quite exciting, they are all very helpful." Another staff member said, "We get lots of training here, they are telling us about training and e-learning all the time, so it's really good."
- Staff told us, and records confirmed, they completed clinical training including training provided by the NHS.
- Staff received regular supervision. One member of staff said, "[Names] are really good, I feel supported by the management."

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

- People were supported to maintain a balanced diet and stay hydrated.
- We received positive feedback about the quality and variety of the food. One person said, "The food here is excellent." Another person told us, "The food is excellent, and they ask us to recommend meals we like, for us to add them on the menu."
- One person's relative said, "The food is excellent, the meals are varied with a choice of hot meals." A second relative said, "[Name] has put on weight, the food seems wholesome and there's a choice of 2 or 3 main meals."
- Food and fluid records were kept where required, which enabled staff to monitor people's intake. We saw action had been taken where people lost weight.
- Catering staff had information available to them about people's dietary needs, like and dislikes and actively sought feedback from people.
- Menus had recently been updated and changes made in response to people's feedback.
- People were supported to eat their meals where they felt most comfortable, including eating outside in the gardens.
- The management team had recently reviewed meal service to ensure people received their meals at the right temperature and enjoyed protected mealtimes.

- Senior staff regularly observed mealtimes and sought feedback from people to improve the mealtime experience.

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

- People were supported to access healthcare services and staff were working to improve effective partnership working.
- One person told us they were supported to remain as independent as possible, they said, "Staff let me do all the all the things I am able to do, without fussing."
- People's relatives felt confident staff sought medical advice where required. One relative said, 'They are good with monitoring their healthcare needs.'

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

- The adaptation, design and decoration of the premises met people's needs.
- The provider continued to invest in improvement works to upgrade the premises. For example, during this inspection the flooring on the ground floor was being replaced.
- Two bathrooms had been upgraded to include fully assisted baths with ceiling hoists.
- One person said, "The maintenance team are very good, any issues with my room are quickly sorted out."
- People had access to safe, well maintained outside space. Some bedrooms had balconies or patio doors giving direct access to the gardens. One person, whose bedroom had a balcony, said, "I've got the best room in the building."
- At lunchtime, we saw people using adapted equipment to help them eat independently.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People were supported to stay active, to develop and maintain social relationships and to take part in a range of social activities.
- Two dedicated activity co-ordinators ensured there were a range of both group and one to one social opportunities available to people 7 days a week.
- Organised group activities included exercise classes, music, bingo, and a weekly quiz. ● Equipment was provided for people to maintain personal hobbies, such as painting and pottery.
- The home's minibus was used for regular outings. During the summer people enjoyed visits to the sea front and afternoon tea at a local hotel, and during the colder months they visited the local 'Silver Screen' cinema.
- Children from a local playgroup made regular visits during the school holidays. People enjoyed playing parachute games and balloon tennis with them. One person said, "I come alive when the little people visit."
- On Sunday mornings the church service from the local church, which many people had attended, was live streamed for people to join. One staff member told us, "It's a real joy to see them enjoying it."
- A representative from the church also visited fortnightly, conducting a service, and visiting people individually.
- Staff also organised surprises and events around people's individual interests. For example, two people, who were lifelong rugby fans but had never seen a professional match, were supported to go to the local stadium and watch an Exeter Chiefs match.
- Another person had sung with a local chamber choir for many years before moving to Vale View Heights. Staff organised for the choir to visit the home and perform for the person's birthday celebrations. Their relative told said, "It was amazing."
- One person's relative told us, "Staff took [Name] out for an ice cream on their birthday and organised a tea party." Another relative said, "[Name] is always freely active in the home, they like going out for the day in the minibus. Some staff are exceptional, they are the real gems of the establishment."
- Birthdays were celebrated in ways that made people feel special and tailored to their individual interests. For example, one person enjoyed a morning in the salon having a manicure, their hair and makeup done before enjoying a performance from a harpist with a glass of bubbly.

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

- People's care plans contained good information about their individual needs and personal preferences.
- People's relatives told us care was provided in line with people's personal preferences. One relative said,

"[name] goes to bed and gets up when she prefers." A second relative said, "They make their own choices."

- A 'resident of the day' system was in place. Senior staff from each department completed an information return with the person which were collated and used to update care plans. This included information about food preferences, maintenance requirements or any person specific issues. People's families were asked to contribute to the review and updated with any changes.
- One person's relative said, "[Relative] has capacity, therefore he sorts through his own care plan, it's proper personalised care."

Improving care quality in response to complaints or concerns

- Systems were in place to record and respond to complaints and concerns.
- People told us they felt comfortable raising concerns. One person said, "I can always speak to [named 4 staff], or [named 2 staff], they are amazing."
- Relatives who had raised concerns told us they had received a response and action had been taken. One relative said, "I did complain formally about not being kept informed, they were apologetic and said they had no excuses, things are now slightly better."
- A second relative told us they had raised a number of concerns about maintenance issues, they said, "I complained by email, they were very slow to respond, but they gave excellent answers, and everything has been resolved."

End of life care and support

- End of life care plans were in place. Some contained specific details about people's wishes, whilst others had less information.
- Where there was limited information available, staff had recorded why this was and when staff should seek to develop the care plan in more detail.
- Several people's relatives had sent cards to the staff team thanking them for the care their relative received in their final days. One relative wrote, 'You made the unbearable, bearable.'

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 care plans contained information about their communication needs and staff referred to external health professionals where they identified people needed additional support, such as specialist equipment.

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. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found systems and processes to assess and monitor the service were not embedded or operated robustly. This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Systems to monitor quality performance continued to develop and embed. There was evidence these systems were now identifying where improvements were required, and progress was being monitored in a systematic way.
- The manager in post at the time of our last inspection left the service in mid-2022. A new manager was appointed and registered with CQC; however, they also left the service before this inspection started. This had created challenges for senior managers in maintaining progress at the service and embedding changes.
- People's relatives told us they had found the changes in management impacted the leadership of the service. One relative said, "There has been some lack of leadership and a high staff turnover." A second relative told us, "They seem to change the managers a lot."
- Following the previous registered managers departure, a peripatetic manager had been deployed to ensure stability of the service whilst a permanent manager was recruited. The provider had made changes to their recruitment process to ensure the right candidate was appointed. This included an extended trial period and seeking feedback from staff and people including involving the residents' representative in the interview process.
- During this inspection process, a new manager was appointed. They had been in post as a project manager throughout their extended trial period, and we received positive feedback from staff, people, and relatives.
- Staff told us things had improved. One member of staff said, "It's going better now, we've got more staff and the new managers have brought a few changes so it's so much better now." Another staff member said, "The quality of the care is better now that it is under new management, it's going very well."
- Information discussed in weekly clinical governance meetings fed into the quality monitoring system and managers held regular quality analysis meetings and had good oversight of the quality-of-care provision.

- Action plans were developed out of the governance meetings. During this inspection we saw work was being done to re-organise and improve medicines storage in line with the 'Nurses Action Plan 2023'.
- Quality monitoring systems had identified where improvements to care planning could continue to be made, for example by creating separate care plans to address clinical conditions such as diabetes.
- Systems were in place to ensure information was handed over effectively. This included daily shift handovers and flash meetings. Flash meetings were attended by senior staff from all departments and ensured effective communication across the service.
- Governance systems included periodic 'mock inspections'. This tested the effectiveness of the quality monitoring systems.

Continuous learning and improving care; Working in partnership with others

- There had been feedback from some health professionals about significant issues with sharing information and the organisation of visits from health professionals.
- Communication issues had been causing concern for some months and were exacerbated by the changes in management and contact from additional support managers, because health professionals were not clear who was responsible for what or who they should communicate with.
- At the time of this inspection staff were taking action to improve partnership working, including having regular review meetings between health professionals and named staff members and agreed processes for information sharing.
- Health professionals were providing feedback following these meetings to drive improvement. One health professional told us, "We are now starting to see some improvements."
- A second health professional told us the person they were supporting had had some poor experiences at Vale View Heights but had made good improvements clinically. The health professional said, "Their relatives felt reassured with [staff names], communication is better."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, staff and relatives told us the culture of the service was improving. One relative said, "It's friendly and welcoming, [Name] always talks positively about the home." A second relative said, "The atmosphere is a lot better, more friendly."
- One person acted as the resident representative. They met regularly with senior staff to give feedback and acted as spokesperson for people living at the service.
- Formal systems had been put in place to seek feedback from people and relatives. This included relatives' meetings, formal surveys, an electronic exit survey and comment board.
- Any actions required from the feedback were incorporated into the service development plan and a 'you said we did' document evidenced the actions taken.
- Systems had been put in place to seek input from people and their relatives. One relative said, "I have been involved in care planning recently, they were resident of the day."
- People's relatives gave mixed feedback about communication, and most reflected there had been recent improvements. One relative said, "The level of care and the attitude of staff is good. We get regular updates." A second relative said, "They are good at contacting me about things."
- Formal staff meetings were held regularly. One staff member said, "Every day we have a handover and every couple of weeks we have staff meetings. I have all the information I need at the start of my shift."
- Staff told us they had better access to managers, and felt they were being listened to. One staff member said, "We have all the managers numbers now, I've called them a couple of times at night, and they were very supportive."

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.