

Meadowcroft Shoreham Limited

Meadowcroft Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Meadowcroft is a residential care home providing personal care to up to 20 people. The service provides support to older people living with age related frailties or dementia. At the time of our inspection there were 15 people using the service.

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

People told us they felt safe and could speak with staff or management if they did not. One person told us, "I have no concerns and feel safe in their capable hands." Staff understood their duty to recognise and report signs of potential abuse, they received training and had access to safeguarding procedures. People's medicines were stored and administered safely. Staff had received relevant training and competency assessments prior to supporting people with their medicines.

People's health risks were assessed and mitigated, care plans guided staff to support people safely. Where people were at risk of falls, the registered manager investigated possible causes and put measures in place to minimise reoccurrence. People were kept safe from the spread of infection, staff received infection prevention and control training and had appropriate personal protective equipment (PPE).

People were supported by enough staff who knew them well. Staff completed an induction period which included shadowing an experienced member of staff. The registered manager supervised staff and discussed further training opportunities with them.

People confirmed staff asked their consent before offering support. Staff told they always requesting permission before supporting a person, our observations confirmed this. People were cared for by staff who upheld their dignity and autonomy. When people spoke of the care staff, comments included, "I am very happy here, the staff are very helpful. They know me well." A relative commented, "I have a lot of respect for the home and the staff, they have so much patience."

People were able to freely move around the service as they pleased. Dementia friendly signage and clocks helped people remain orientated to time and place. People's bedrooms were personalised to their needs and wishes. People had brought furniture from their previous residence, and their ornaments, paintings, and photographs were displayed.

People contributed to their care plans and received care tailored to their individual needs. Relatives were involved in their loved ones' care and were kept well informed. One relative said, "I am kept up to date with changes or if the doctor is needed. They tell me everything including how much [person] has eaten."

People were encouraged to plan and attend social activities; staff responded to people's requests and met their wishes when they asked to spend time with staff on a one to one basis. The community was welcomed into the service, this included entertainment, visiting children and animals. The registered manager told us,

"I personally believe that age is no barrier for living a full and active life. I really believe that is the truth." People could welcome their loved ones into the service and were enabled to go out with them.

People were complimentary about the registered manager's leadership style. The registered manager involved people using the service and encouraged feedback, including complaints. One relative told us, "I think [registered manager] is very experienced, they run the home firmly and fairly, there is no doubt about who is boss, it's good, you need a strong leader. They are very nice to residents and the staff seem happy."

The registered manager undertook various quality assurance processes and had a clear vision for the service. The quality assurance processes were effective, findings contributed to an action plan for continued improvements. Staff and management were keen to learn and work with health and social care professionals. One social care professional told us, "I think since the new provider has taken over the staff are more approachable, you see staff around more."

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.

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

Rating at last inspection

This service was registered with us on 1 February 2022, and this is the first inspection. The last rating for the service under the previous provider was good, published on 11 June 2019.

Why we inspected

This is the first inspection for this newly registered 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.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Meadowcroft 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

The inspection was undertaken by 1 inspector.

Service and service type

Meadowcroft Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Meadowcroft Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced. We visited the service on 6 March 2023 and 9 March 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used 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 6 people who use the service and 3 relatives of people who use the service about their experience of the care provided. We sought feedback from 4 health and social care professionals who regularly visits the service and 7 members of staff including the registered manager, deputy manager, care workers, activity staff and the chef.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

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.

Using medicines safely

- People were administered their medicines safely by staff who were trained and assessed as competent to do so. Staff knew people well and people were able to advise staff if they required their 'when required' (PRN) medicines. There was no written guidance for staff to determine when people may need PRN medicines. We discussed this with the registered manager who ensured they were in place by the second day of our inspection.
- People were given their medicines in a person-centred way. People had medicine profile sheets to guide staff of their preferred way of taking their medicines. Staff considered people's privacy when administering medicines. For example, eye drops were instilled in a private space away from other people.
- Storage and recording of medicines were completed in line with current guidance. Staff described a good working relationship with the pharmacy to answer medicine queries and ensure medicines were delivered in a timely way.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. Staff were trained to recognise types of abuse and knew how to report concerns both internally and externally. One staff member said, "If I needed to go outside the company, I would go to CQC. There is an email address for concerns, and we have a number for reporting concerns."
- People told us they felt safe at the service, and they were comfortable to speak with the registered manager or staff if they had concerns. One person told us, "I sleep at night so I must feel safe. If I didn't, I would tell the staff, you can approach them."
- The registered manager understood their responsibility to report safeguarding concerns to external bodies where appropriate. Records showed referrals had been completed appropriately with actions to protect people. The provider's safeguarding policy reflected the local authority's guidance and contained their contact details.

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

- Risks were assessed and managed safely, and lessons were learned when things went wrong. Risk assessments and care plans were written to guide staff on how to support people safely. For example, where people had catheters in situ, care plans contained enough information for staff to minimise risk and recognise complications, and who to contact if there were any concerns.
- Risks to people's health were assessed. One person lived with epilepsy although they had not experienced seizures for some years. Staff had clear instructions on how to support the person should they experience a seizure and what medicine to administer in the event.
- Where people had experienced falls, staff had assessed risks to prevent future falls. The registered

manager investigated possible reasons for falls and arranged professional involvement with GPs or the falls prevention team. People's environments were checked and if needed equipment was available, such as, sensor mats to alert staff if people required support.

- A range of environmental risks assessments had been completed. The fire risk assessment and associated safety checks were up to date. People had personal emergency evacuation plans (PEEPs) for staff to follow should there be an emergency.

Staffing and recruitment

- Staff were recruited safely and there were enough staff to meet people's needs. People told us staff were available when needed. We observed staff responded to people's requests in a timely way. One staff member told us, "There are enough staff here, I sometimes pick up a shift if someone is off sick, I am happy to cover."

- Staffing levels had been increased following feedback from people and the registered manager's observations. A dependency tool was used to calculate the amount of care staff required, the registered manager had recruited activity staff, additional housekeeping staff and catering staff to allow the care staff to concentrate on their caring role. A deputy manager had been recently appointed to support staff and management.

- Applications forms were completed and employment histories and gaps in employment were explored. References and Disclosure and Barring Service (DBS) checks were obtained prior to employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were 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 personal protective equipment (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 was in line with government guidelines. People were able to welcome their friends and family into the service and go out with them as they wished.

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

- People's needs were assessed in line with the protected characteristics under the Equality Act 2010 such as gender, ethnicity, and religion. People's care plans were developed from the initial assessment. The registered manager completed preadmission assessments with people in their homes or the service. One relative told us, "At the beginning we were involved, they involved us in planning [person's] care, they asked my relative questions too, which was important. An assessment was completed, [registered manager] came to the home."
- People and their relatives told us the admission process was smooth. They were given opportunities to visit the service and ask questions before making the decision to move in.
- Staff used nationally recognised tools, such as, the malnutrition universal screening tool (MUST) to ascertain unexpected weight loss. Where needed, staff were guided by the outcomes of the tools to plan care with people.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people effectively. Staff received training relevant to the people they supported, for example, training in dementia care.
- Staff told us they were happy with the learning opportunities provided and could ask for more if needed. One staff member said, "We have online training and some practical training. I have NVQ (National Vocational Qualification) level 2 and 3. If I wanted more training I could go to [registered manager]."
- New staff spent time with experienced staff and were working towards 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.

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

- People were supported to maintain a healthy diet and fluid intake. Menus were designed around people's preferences. One person told us, "They (staff) check I am happy with my meals; I do enjoy them." A relative commented, "Food looks lovely, I joke I only go in for the homemade cakes."
- At the time of the inspection, no person had dietary requirements or food prepared to specific consistencies. The cook demonstrated their knowledge of how they would make changes to meals to accommodate dietary requirements.
- We observed mealtimes to be dignified, people ate at their own pace. Staff did not need to support people with their meals, but discreetly monitored mealtimes to ensure people's needs were met and offered alternative choices if the meal was not enjoyed.

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

- People had access to healthcare agencies and support including GPs, dentists, and physiotherapy. Staff supported people to make and attend appointments relevant to their health needs. A visiting social care professional told us, "If you want to know something, they will always look it up for you. Anything they have to say, they don't say it front of another person."
- Staff worked with professionals to provide good outcomes for people. For example, 1 person stayed at the service for respite and required physiotherapy to support an increase of mobility. Staff supported the person with their exercise regime to reach their desired goal.
- The registered manager described situations where staff had contacted professionals to ensure people received appropriate care and treatment. They said, "We feel we are advocates and champions to the residents, someone has to speak up for them."
- Relatives told us staff contacted health care professionals and kept them informed of any changes. One relative said, "Their expertise in looking after [person] when they had been unwell is exemplary and communication via email or phone is greatly appreciated and always prompt."
- People's oral care was routinely assessed; dental appointments were arranged where required. Records confirmed people were supported to access healthcare such as chiropody and opticians.

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

- The service design and layout met the needs of people. All floors were accessible by a passenger or stair lift. People had full access to the garden and seating was arranged for people to enjoy the outside.
- People told us the décor suited them and they were involved in the recent redecoration of the communal spaces. One person said, "I can't see what needs improving, they have made a lot of changes and seem to be for the better." A relative commented, "I have been very impressed by the standard of upkeep with redecoration, new carpeting and flooring throughout, new bathing facilities, the high level of cleanliness and the garden replanted outside."
- People's bedrooms were personalised and decorated to their individual tastes and needs. One person said, "I was able to bring everything from my flat, it's home from home."
- There were various communal spaces for people to use. People's opinions had been sought and considered with the refurbishment. The front lounge was decorated with a music theme and the back lounge with a beach theme; we saw people spending time in both rooms. Signage to communal spaces was pictorial to support people living with dementia to move around the service 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.

- Staff worked within the principles of the MCA; assessments had been carried out where appropriate. People living at the service had mental capacity assessment to make decisions, such as, managing their medicines.
- Staff had received MCA training and demonstrated their knowledge by ensuring people were involved in making decisions and respecting their choices. A relative told us, "Staff and me try to motivate [person] to have lunch in the dining room or afternoon tea in the lounge. My relative doesn't want to get up, staff respect their wishes, as [registered manager] said, no home can force someone, only encourage them."
- DoLS applications were made appropriately, the registered manager had assessed people's mental capacity and made applications in people's best interests. There were no conditions imposed on authorisations at the time of our inspection.
- We observed staff obtaining consent from people before providing support throughout the inspection. One staff member told us, "I ask if it is ok to do something for them (people). I ask all the questions before I do. If someone did not want help, I would walk away for 10 to 15 minutes and I would approach them in a different way." One person told us, "They check I don't mind before they help me. I don't ever mind."

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

- People were supported by kind and caring staff who knew them well. People's equal rights and diverse needs were respected. A 'uniqueness day' was arranged to celebrate people's diversity and ensure everyone felt included and that they mattered. The registered manager told us, "We wanted to do something colourful and unique and celebrate our uniqueness. We decorated the home, wore t-shirts, involved families, and brought cakes in. We celebrated who we are and asked residents what made them unique and what was special about them. It was interesting to see what they thought about themselves."
- People could freely express their views and make decisions about their care. They had conversations with staff about how they wanted to be supported. One person said, "With my care plan, I have seen it, I have been asked about changes, but I am ok." Another person told us, "They (staff) asked me if I wanted checking at night, I said no, I'll call my bell. They let me do what I can and help if I struggle. We have a good routine going."
- People were able to express their individuality and staff supported them to dress as they wished. For 1 person, it was important for them to colour co-ordinate their clothes, we saw they were dressed in a matching blouse, socks, and hair accessories.
- Many people living at the service had preferred names other than their given name. Staff respected this and referred to them by their chosen name. The registered manager ensured people's preferred names were displayed on their bedroom door plaques.
- People were involved in decisions regarding their care and support. Staff made efforts to explain to people support available. For example, there was a hoist at the service and a chair to help people stand up after a fall. Staff gave demonstrations to people of what each piece of equipment was for to alleviate any concerns.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "Staff treat me with dignity, they guide me along and help if I need it." A staff member told us what dignity meant to them and said, "Dignity means showing respect, not forgetting they (people) have a story, they were once like us. I respect this so much; I respect their family lives and what they had and losing their memory. I remember I could be in that place one day."
- Staff promoted people's autonomy. People and staff gave examples of how independence was upheld. One person said, "They are respectful, they ask my agreement before doing anything and check I am satisfied with what they are doing. If they help me to wash it's usually in the bathroom, I can usually do this myself but the shower I need a bit of help with. It's only the [female staff] who help me, I requested this."
- Annual dignity days were held at the service. Staff and people would celebrate with activities, such as,

creating collages with discussions about what dignity meant to them.

- The dignity champion trained staff to ensure people's dignity was always upheld. We observed kind interactions between people and staff; the atmosphere in the service was jovial. Staff were observed to knock and wait for a reply before entering people's bedrooms.

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 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's care plans were personalised and included their preferences. Care plans contained information, such as, previous occupations, lifestyles, and hobbies. Staff knew people well and supported them and anticipated their needs. For example, one person was rubbing their arms, a staff member brought them a lap blanket as the person indicated they were cold. The lap blanket was important to the person, we observed they were comforted by it. A relative commented, "I was close to a suggestion, about the menu choices, when [person] hadn't liked the sandwiches, before I have made the suggestion, staff had given choices."
- People had control of their lives and described why they felt this. We were told, "Regarding my care plan, I have gone through it all, we have to say our choices. Regular staff know what to do and always ask." We observed people were asked where they wanted to spend time, what they wished to wear and what they wanted to eat.
- The registered manager introduced ideas to help people keep control of aspects of their lives. For example, they introduced individual tea and coffee trays, people were served pots of hot drinks with milk and sugar on the side. The registered manager told us this had made a difference to people and helped retain autonomy. Snack boxes had been introduced so people could help themselves to food without asking staff.

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 communication needs were met in a personalised way through various methods, such as, flash cards, the spoken word, large print. Staff had access to an online service called the 'dementia dictionary'. The dementia dictionary helped staff understand people who found it difficult to communicate their needs.
- Care plans considered people's communication aids, such as, hearing aids and glasses. People who required glasses had them available to them and they were clean.

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 encouraged to take part in social activities relevant to them. People said they enjoyed the available activities. One person told us, "They know me well, we have lots of fun, most weeks there is something interesting happening. We have people coming in. We have a bowling alley in the dining room." Some people did not always wish to participate in planned activities and their wishes were respected. One person told us, "I spend most of my time in here (bedroom). I am quite happy here, I know there are things going on, they give me a list of what's happening each month and ask if I want to join."
- Activity staff spent time with people individually to avoid social isolation. We observed a person playing a card game with activity staff. The staff member told us about this person and said, "We play a game and they come alive. It feels like a breakthrough, with dementia it is a slow process of gaining someone's confidence."
- People met with their loved ones inside and outside of the service and were supported to maintain relationships with friends and family who lived away. The registered manager and activity workers had engaged the community and arranged for nursery children to visit people. They worked closely together on projects, such as, Christmas gift exchanges. A staff member told us, "We have the nursery children in, its magical to see the interaction. We have themes, we were making bird hangers last time and this time we will be growing cress, it's a good project for the families of both to see."
- Themed days were arranged, such as, a 1950's day where people and staff dressed up and an external entertainer sang. Themed days were also planned to celebrate culture and included, Chinese New Year and Diwali.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt confident to raise any complaints. One person told us, "If I was unhappy, I would talk to one of the staff here, it would get back to [registered manager] and I could speak to them. I haven't had to do this." Another person commented, "There is a manager and an under-manager, I've never had to make complaints, but they'd listen."
- The registered manager carried out investigations when complaints had been received. They responded appropriately and learned from investigations.
- People and their relatives were invited to comment in the suggestion book in the reception area. All comments seen were positive thanking staff and management for the care provided. The registered manager kept a log of compliments extended to the staff and shared them to maintain staff morale.

End of life care and support

- People were supported when at the end of their lives. The registered manager and staff worked with people to gather their wishes and views about how they would like to be cared for. A person being supported at the end of their life was made comfortable with appropriate equipment and had medicines available to ensure they were pain free. Family were welcomed at any time of the day or night to spend time with them.
- Staff worked with visiting professionals to ensure people's needs were being met when they were at the end of their lives.

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

- The registered manager promoted an inclusive and engaging culture for people, their relatives, and staff. We observed people being given choices and asked for their opinions. Opportunities to provide feedback on the service were extended by surveys, meetings, and casual discussions; views were listened to. For example, people requested the purchase of birdbaths, this wish was met. The menu and activity schedule were designed around people's feedback.
- People's relatives had the opportunity to be involved in their loved ones' care and the development of the service. One relative told us, "[Registered manager]" is always very good and available to talk to, we discussed a different room for my loved one and how it may cause some confusion, we weighed up the confusion and the safety aspects."
- The provider ensured people were kept up to date with changes and sought people's views when they purchased the service. One person told us, "When the new company took over, I was informed of the changes, every month they send a sheet round of what's happening. I don't go to the meetings, I am not too worried, as long as I have nice people coming to help me and good food, I am happy."
- There was a high retention of staff who had worked at the service for many years under the previous provider. Staff's views and opinions were sought and listened to; they were kept up to date with the changes of the provider. Following a staff survey, the registered manager adjusted the rotas to ensure staff had time off at the weekends, a staff room was created, and new uniforms purchased. One staff member told us, "Things have been improved, [registered manager] listens to us, there is a lot of communication and involvement, I feel valued."

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

- The registered manager and staff understood their roles and responsibilities. They told us they felt supported by the provider and the provider agreed to all proposed improvements to the service. They told us, "To see how it's transformed has been a delight."
- The registered manager understood their responsibilities and had good oversight of the service. Audits were effective in driving improvements to the service, for example, a night-time audit highlighted the call bell system did not allow for people to always have a restful night. A new system was purchased to allow staff to respond to calls through a pager.

- Action plans were developed from quality assurance processes. The registered manager delegated some responsibilities to staff to address areas in need of improvement. For example, care notes required more detail, staff were made aware of this and had worked towards improvements.
- Staff were clear in their roles, regular meetings and supervisions were held to discuss changes in the service. Staff gave positive feedback regarding the registered manager, comments included, "[Registered manager] is a good manager, I have learned a lot of things from them, they are good and listening and supporting us. If we need any materials and documents, they find them and are happy to help us, they are happy to answer me and happy to show me."
- The registered manager understood their responsibilities under the duty of candour. They described their responsibility to be open and honest with people if something were to go wrong and provide an apology. We saw examples of where the registered manager had applied the duty of candour.

Continuous learning and improving care; Working in partnership with others

- Staff and management worked in partnership with others and were keen to continually learn and improve people's experience of care. The registered manager supported staff to achieve qualifications and kept their own knowledge up to date. On the second day of our inspection, the registered manager told us about an industry wide seminar they had attended the previous day. The management team had discussed how learning from the seminar could be cascaded to staff in a workshop format.
- The registered manager received regular updates from other professional bodies, such as, the local authority, fire and rescue service and CQC. They had proactively engaged with the local fire and rescue service and arranged for them to conduct an audit on the service.
- The registered manager and staff proactively worked with other agencies to promote good outcomes for people. A variety of professionals including social workers, GPs and district nurses had been involved to provide advice and enabled staff to support and understand people's needs. The registered manager had recently signed up to a forum to network with other managers with the intention of sharing ideas and mutual support.
- A social care professional told us, "[Registered manager] is always available whenever I have called, if I leave a message they will call back on the next day, they are very approachable. Leadership seems to be good, in the morning they have their staff meetings about what they are doing, being with the people and talking to them rather than sitting in their rooms or in the lounge." A health care professional said, "Everything is running very smooth, good communication."