

Genesis Residential Homes Ltd

Dothan House

Inspection report

458 Upper Brentwood Road
Gidea Park
Romford
Essex
RM2 6JB

Tel: 01708761647

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26 November 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dothan House is a residential care home providing personal care to older people some of whom may have dementia, mental health needs or physical disabilities. The service can support up to 19 people and at the time of the inspection, 18 people were living in the home.

Dothan House is a purpose built, two floor building. Each floor or unit has separate adapted facilities.

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

The provider had made improvements to the home following our last inspection in October 2018. Premises and equipment safety was maintained to ensure the environment was safe for people. There were suitable evacuation procedures in place in the event of a fire and there was regular maintenance of gas appliances and the lift service. Arrangements for the ordering, storage and administration of medicines was safe. However, we found some recording errors that had yet to be identified, which could put people at risk. We have made a recommendation to ensure medicine records and audits are more robust to identify errors.

There were procedures to protect people from abuse and staff understood how to report abuse. Staff were recruited safely and their backgrounds checked before they started working in the home. Risks associated with people's needs were assessed and staff understood how to reduce these risks. Staff followed infection control procedures to maintain the hygiene and cleanliness of the home. Accidents and incidents that had taken place in the home were reviewed to identify trends and learn lessons to help prevent them re-occurring. Staffing levels in the home were assessed and the home had suitable numbers of staff available at all times to provide support.

Staff were provided with suitable training to ensure their skills and knowledge were up to date. Staff felt supported by the registered manager and received regular supervision and assessments to monitor their performance and discuss any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported with maintaining their health and nutrition. The service worked in collaboration with health care professionals, such as GPs, nurses and speech and language therapists to ensure their health needs were met. People were encouraged to maintain their independence as much as they could.

Staff were respectful and caring towards people. Staff knew how to communicate with people who had difficulty speaking. Staff understood the importance of promoting equality and diversity.

Activities took place in the home and people were encouraged to participate in them if they wished. Staff interacted and engaged with people throughout the day and were not made to feel isolated.

People and their relatives were supported to make complaints about the home. There were quality assurance systems to monitor the safety of the home through audits, checks and obtaining feedback from people and relatives.

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

Rating at last inspection

The last rating for this service was requires improvement (published 6 December 2018) and there were breaches of regulation. 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.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

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 

Dothan House

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Dothan House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was unannounced and took place on 26 November 2019.

What we did before the inspection

Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety of people. A notification is information about important events, which the provider is required to tell us about by law. We also checked the last inspection report, the provider's action plan and requested feedback from social care professionals.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the registered manager, the administration manager, five care staff, a chef and a consultant working for the provider. We also spoke with three people living in the home and with two relatives.

We reviewed documents and records that related to people's care and the management of the service. We reviewed eight people's care plans and five staff recruitment files. We also looked at staff training records, quality audits, rotas, complaint and incident records.

After the inspection

We continued to seek further evidence and clarification from the provider, which we have included in the report.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At our last inspection in October 2018, the provider had failed to adequately maintain the safety of the premises because work had not been carried out to repair electrical faults in the home that were potentially dangerous. This was a breach of Regulation 15 (premises and equipment) 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 15.

- The provider had taken action to ensure the safety of the home was established following our last inspection. The faults identified by an electrical safety inspection were followed up and repaired. An electrician professional had assessed the home as having satisfactory installations in place.
- Other repairs and renovations had been carried out in the home such as new paintwork and furniture. People had personal evacuation plans in the event of an emergency or fire. An assessment of fire safety was undertaken and the provider ensured recommendations to mitigate the risk of fire spreading were followed.
- The testing and servicing of equipment and appliances in the home were carried out, as well as safety checks of gas and water systems. This meant the premises and environment was suitably maintained to ensure the safety of people in the home. People and relatives told us they felt the environment was safe. A relative commented, "It [premises] is safe yes. Some areas could always do with a coat of paint but I don't see any problems."

At our last inspection we made a recommendation for assessments of risk regarding people's needs were more robust and consistent. At this inspection, we saw that improvements had been made.

- Risks to people were assessed in a more consistent way. These included risks around people's mobility, nutrition, personal care, skin integrity and incontinence.
- Risk assessments also included strategies and guidance to monitor and manage people's specific health conditions. For example, for people who were diabetic, had difficulties swallowing food or could experience epileptic seizures. Assessments also included the triggers for staff to look out for that related to each condition, which could lead to a person becoming unwell. One person's seizure risk assessment stated, "In the event of a seizure, clear away hard or sharp objects. Place [person] on their side to keep their airway clear." This showed how people were protected from harm because there were effective systems in place to minimise risks

Using medicines safely

- People were supported to take their medicines. Senior staff who were responsible for administering and recording medicines, completed medicine administration records (MARs) to evidence that people's prescribed medicines had been given to them. However, we noticed gaps where staff had not recorded they had administered medicines. One person's afternoon dose of one medicine had not been recorded for the previous two days and another person's medicine had not been recorded as given from the morning of the inspection. This meant there was risk of a person taking more than the prescribed dose of medicine because staff had not recorded they had already been administered.
- We spoke with the senior staff who administered the medicines about these missing entries and with the registered manager. The staff member told us these were an oversight as people had received these medicines at the prescribed times. They immediately corrected the errors and signed the MAR sheets.
- The registered manager said they would remind staff about completing MAR sheets more thoroughly. We did not see other gaps or errors in MAR sheets and saw that most were up to date and accurate, although we were concerned that the missing entries had not been identified during staff handovers.

We recommend the provider seeks best practice guidance on medicine administration, recording and auditing to ensure medicine errors are identified.

- Where people were prescribed 'as and when required' medicines, also known as PRNS, there were protocols for staff to understand when to administer such medicines.
- The registered manager told us they worked in partnership with the pharmacy that supplied medicines to the home and with the local GP to ensure people received their medicines when needed. The pharmacy conducted an audit and inspection of medicine arrangements in the home to ensure there was compliance with regulations.
- People and relatives told us staff provided medicines safely. One relative said, "My [family member] always gets their medicines on time. I am always here to visit, so I know."
- We saw that stock and balance checks of medicines were accurate. Medicine storage systems were safe, including those for controlled drugs, which are medicines that are at risk of being misused. Staff had received training in medicine administration and their competency was assessed by the registered manager.

Staffing and recruitment

- Staffing rotas were developed to ensure there were always enough staff working in the home. Four staff and a team leader were required during the day and we saw them on duty during our inspection. Staff told us they did not have issues with staffing levels. We observed that people were not left isolated or alone and there was always staff present.
- People and relatives told us there were enough staff. One person said, "Yes, they are busy but I think there's enough. The staff are good." A relative told us, "There are enough staff. Sometimes they need agency staff though but it is not that common."
- Records showed agency staff were recruited when required and the registered manager ensured agency staff were familiar with the people in the home. The registered manager said, "If we need agency staff, I try to make sure we have staff who know the home so that the residents become familiar with them." An agency staff member said, "I have worked here several times and the residents know me. They recognise me. I feel comfortable here and the staff and manager treat me like I am one of them. We work very well together."
- There were safe recruitment procedures in place. Records showed criminal record checks were carried out for new staff. Applicants completed application forms and provided references and proof of their identity. This ensured the provider could determine if staff were suitable to provide care and support to people.

Learning lessons when things go wrong

- There was a procedure for reporting any accidents or incidents in the home. We saw that action was taken following incidents to ensure people were safe.
- Incidents were reviewed and analysed to identify 'frequencies and patterns' and learn lessons so that any re-occurrence could be prevented. Records showed that these took place monthly. For example, if a person had repeated falls or a person presented with behaviour that challenged the service on a number of occasions.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to protect people from abuse. People told us they felt safe. One person said, "Yes I am safe." A relative said, "My [family member] is very safe and well looked after."
- Staff understood how to raise safeguarding alerts should they have concerns about abuse and people's safety. They had received training in safeguarding adults and told us they understood different forms of abuse, such as neglect and financial abuse. Staff told us if they suspected abuse of a person had taken place, they would report it to local safeguarding teams or other agencies such as the police.
- Records showed that safeguarding concerns were reported to local safeguarding teams and investigated.

Preventing and controlling infection

- The home had procedures to prevent and control infections. There were hand washing facilities available throughout the home. Staff used personal protective equipment such as disposable gloves, aprons and anti-bacterial hand gels when providing personal care to people.
- Staff told us they washed their hands thoroughly before and after providing personal care to help contain the spread of infection.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, we made a recommendation for the registered manager to consider exploring training programmes that were in line with current care standards. Improvements in this area had been made.

- Staff received training from accredited training providers to ensure their skills and knowledge were up to date. Training included practical and theoretical sessions for staff that included subjects such as safeguarding adults, Mental Capacity Act (2005), infection control, fire safety and medicines. Training was also provided in specialised topics such as end of life care, epilepsy awareness and pressure area care.
- People and relatives told us staff were professional in their approach. One relative said, "Staff are very good and know all the things to look out for when caring for [family member]."
- We viewed a training matrix and a training programme which covered training that was completed and planned. There was an induction process for new staff to receive essential training before they started working. Records showed that training for all staff was mostly up to date and where refresher training was due, the registered manager arranged this for staff that required it. This helped staff maintain their skills and add to their learning.
- Staff received regular supervision from the registered manager to discuss their performance and any concerns they may have. Staff competency was also assessed through observations by senior staff of their work and interaction with people to ensure they were providing safe care.

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 live healthier lives and had access to health services. People's care plans included contact details of health professionals such as doctors, district nurses, speech and language therapists and chiropodists. Staff told us they contacted them if they had concerns about a person's health.
- The service worked well with other agencies to provide timely care to people to ensure they were in the best of health. Records showed people were referred to services and attended appointments. People's oral health needs were also checked to ensure they maintained healthy teeth and gums. Where doctors recommended changes to people's medicines, these were recorded and followed up.

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

- People were supported to maintain a balanced diet. They were provided with options for their meals and we observed lunch being provided to people during our inspection. Staff assisted some people to eat their

meals while other people were able to eat independently.

- The registered manager had appointed a new chef following our last inspection to help make improvements to the quality of meals and to cater for people's preferences. They told us they were happy with the new chef and the way they operated the kitchen. People and relatives told us they were satisfied with the food. One person said, "Oh yes, it's quite nice." A relative told us, "My [family member] eats well. They get regular meals with good nutritional benefits."
- People's food and drink preferences were recorded in care plans. This included specific dietary or nutritional requirements they had. Some people required their food to be cut into small pieces due to difficulties they had swallowing. The chef told us they knew who this applied to and ensured their meals were suitably prepared. People's weights were monitored and recorded. If there were concerns about their weight, they were referred to nutritionists or dieticians.

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 Act 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people in the home were assessed as requiring a DoLS to be in place. The registered manager ensured DoLS applications were completed and renewed when required.
- Staff understood the principles of the MCA and told us they sought consent before providing personal care to people. A staff member said, "I always ask people's consent before giving personal care. We also act in people's best interest when they can't make a decision."
- Where people in the home lacked capacity they were supported to make decisions about their care that were in their best interests by family members or representatives. We saw records of assessments and best interest decisions.

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

- Before people moved into the home, an assessment of their needs was carried out to determine if the home was a suitable place for them to be supported. Assessments of their physical disabilities, healthcare, medicine requirements, oral health and nutritional needs were undertaken.
- If people had specific health care needs, the registered manager ensured these were assessed in order for risks to be managed. These were set out in people's care plans to ensure care was delivered in line with care standards and guidance.

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

- The layout of the home was suitable for people. There were aids and adaptations to suit people's needs such as pressure relieving mattresses, assisted baths and hoisting equipment.
- There was adequate wheelchair access to and from the home. People's rooms were personalised with personal photographs and items. There was an outdoor garden area for people to use, which had recently

been redesigned. The home was decorated with items and famous people from the past to help people feel at home.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; equality and diversity

- People and relatives told us staff were respectful, caring and compassionate. One person told us, "Very nice. Yes, caring and friendly." A relative told us, "I think the carers are excellent. They do such a nice job here. They are very good and very respectful."
- Equal opportunities and diversity policies were in place. Staff understood that all people had equal rights to good care. One member of staff told us, "Yes we must respect people as individuals and treat them equally and not depending on their religion or culture." Staff were aware of people's protected characteristics such as age, race, disability, gender and sexual orientation. A relative told us, "The staff respect [family member's] heritage and background."

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

- People and relatives were involved in the development of people's care plans and consented to the care. People's choices and preferences were acknowledged to ensure staff met them.
- People retained choice and control over how their care and support was delivered. One relative said, "I am quite involved with it all here. I come every day to see [family member] so know what is going on."
- We observed staff asking people politely about their choices and respecting their wishes. For example, a hairdresser attended the home and we saw how they and staff supported people to make requests for how they wanted their hair to be washed and cut.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting the privacy and dignity of people. One member of staff told us, "I knock on their door, say good morning and ask how they are. I ask permission before starting personal care and make sure they have privacy by covering them with a towel and closing the door." People and relatives told us staff were respectful and treated people with dignity. A relative said, "Very respectful and dignified care at this home. The staff know how to treat people." Another relative told us, "Staff respect [family member's] personal space and know their habits and routines."
- Staff supported people to maintain their independence as much as possible. People's level of independence was included in their care plans, such as their ability to walk unaided or tend to their own personal care needs.
- People's personal information was protected and staff told us they understood the importance of confidentiality. They knew of their responsibility not to share confidential information with unauthorised persons. A staff member said, "No, I don't talk about residents in front of other people."

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection we made a recommendation for the provider to follow best practice on responding to complaints. We found improvements in how the provider responded to complaints at this inspection.

- There was a complaints procedure for people or their relatives to use if they were not happy about aspects of the home. There was an easy read version for people. Complaints were received, logged and acknowledged by the registered manager. They responded to people within the timescales set out in the provider's complaints procedure.
- People and relatives told us they knew how to make a complaint and that if they had concerns, they were confident the registered manager would attempt to resolve their complaint. A relative told us, "If I am not happy with how [family member] is being cared for, I would speak to [registered manager]. She is very accommodating and will sort things out."

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

- People received person-centred care, which meant the care that was provided to them was according to their individual needs and wishes. Personalised care plans were developed, which included details of how they liked to spend their day, their life histories, interests, preferences, likes and dislikes. They also included details of people's cultural or religious beliefs. One person's care plan stated, "I love chatting to staff and residents. I have a good sense of humour and like to have a laugh and a joke. I enjoy arts and crafts, singing, dancing and having my nails painted by staff." This type of information enabled people to have choice and control of their preferences and helped staff get to know people.
- People and relatives told us staff were responsive, listened to them and understood them, which helped meet their needs. One person told us, "The staff look after me and know me well." A relative said, "[Family member's] life has improved so much since being here. They have cared for them so well and made sure [family member] got better."
- Staff completed daily notes and communication records about each person to share important information during shift handovers that required attention or following up. These included any changes to their needs, how they were feeling and appointments that had been booked.

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

- During our inspection, we noted how people and staff mingled together in the communal areas of the home. People were suitably dressed and prepared for the day. We did not see people alone in their

bedrooms, as all people in the home were encouraged to spend time with each other. This helped people to develop and maintain relationships. A relative said, "There is a lot of stimulation here. People are never left alone."

- There was a programme of meaningful activities for people to participate in that were relevant to people's needs and interests. These included music therapy, pet therapy, dolls and soft toy mornings for comfort, touch and sensory; arts and crafts, reminiscence afternoons, puzzles, memory games and church services. When the weather was suitable people could spend time in the garden area, which had been recently redesigned or taken on outings, such as to the theatre or local farm. This meant people were supported to avoid social isolation and engage in activities that meant something to them.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received easy read versions of information about the service if needed. For example, details about activities or menu meal choices. Their communication needs were described in their care plans. For example, one person's communication plan stated, "Due to my dementia, I can get confused. Staff need to use yes/no questions and refrain from using jargon, speak to me at my eye level and always speak clearly." This provided staff with detailed guidance on how to communicate with people.
- Staff told us they also communicated with people who had difficulty speaking by using gestures, signals and reading body language. This ensured there was effective communication and understanding between staff and people in the home.

End of life care and support

- The home provided end of life care support to people who had reached that stage. Systems were in place for people's end of life wishes to be recorded and acted upon.
- The provider was working with an end of life care professional to help prepare people and relatives and ensure their wishes were explored and respected. Staff had received training in this area and knew how to provide support with respect and sensitivity.
- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were in place in people's care plans if these had been agreed and were signed by relevant health professionals.

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 the last inspection, this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant the service was consistently managed and well-led.

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

At our last inspection the provider had failed to display CQC's rating of the home or a link to the rating on their website. This was a breach of Regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had now displayed their rating from our last inspection in October 2018 on a redesigned website and the provider was no longer in breach of Regulation 20A.

- There was a registered manager in place who had been in their post for 18 months. They were supported by an external consultant employed by the owner of the home. They had made improvements to the home following our last two inspections. We were assured that adequate systems were now in place to assess and monitor risks and improve the service over time.
- The registered manager understood their responsibility to provide a safe service and maintain the quality of care.
- People and relatives knew who the registered manager was and told us they were friendly and approachable. A relative said, "[Registered manager] is lovely. She is very good with residents and staff." Another relative told us, "She works very hard and has done a really good job here. The other senior staff are good as well."
- The registered manager told us they felt well supported by the consultant, who met with them on a regular basis and by the owner and provider. The registered manager said, "I have learned a lot from [consultant] and we have really improved how we do things. There has been a lot of investment; new furniture, more training and more activities. The rooms are all full for the first time in a long time."
- The registered manager carried out internal audits and quality assurance checks to ensure the home was safe and provided care to a high standard. These included audits of medicine records, care plans, incidents and staff training. Audits of medicines took place weekly which meant they had yet to identify some of the errors we found during our inspection. The registered manager told us they would look into reviewing the frequency of audits to ensure errors are identified at an earlier stage.
- Staff told us they felt supported by the management team and understood their roles and responsibilities.

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

- There was a positive culture in the home. People, relatives and staff had confidence that the management

team could provide a good service. One person said, "I like it here, yes. I am happy, yes." A relative told us, "It might not be a posh home but it is very good. I am very happy with the service."

- Compliments about the home were received. One relative had written, "[Family member] has settled in really well and is so much happier. [Family member] is more at peace and not so frustrated." A staff member commented, "It is a very nice place to work." We received similar comments from other staff we spoke with and another staff member said, "It's the best home I have worked in. The managers are approachable and [senior carer] is fantastic."

- People were supported by staff to achieve good outcomes. For example, improving their health and wellbeing.

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; Continuous learning and improving care

- The registered manager acknowledged when things had gone wrong and they were open and honest with people and relatives. For example, following an investigation the registered manager found that one person was not provided with care to the standard expected. They apologised to the person and their relatives and drew lessons to learn from. This ensured there was continuous learning and improvement to prevent similar incidents happening again.

- The registered manager understood their responsibility to notify the Care Quality Commission of incidents or safeguarding concerns in the service.

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

- People and relatives had participated in surveys and questionnaires to provide their feedback about the service. We saw that feedback was mostly positive and that summaries of survey responses were on display in the home.

- People and relatives told us they felt engaged with how the home was run. They told us their views were respected and taken seriously.

- Staff attended meetings with the management team to discuss matters about the home and the people in the home. Important information was shared and distributed.

Working in partnership with others

- The management team and staff worked well with health and social care professionals to help maintain people's care and support needs.

- The home had links in the local community such as local schools and places of worship. School children visited at various times of the year, such as at Christmas to sing carols, which helped entertain people.

- The registered manager worked well with the local authority to help make continuous improvements to the home. The local authority told us they were satisfied with how the registered manager had improved the service. We did not receive concerns from other professionals we contacted.