

Oaklands Residential Care Limited

Oaklands Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

Oaklands Care Home is a residential care home providing personal care to 28 people aged 65 and over at the time of the inspection. The service can support up to 31 people.

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

Quality assurance systems and processes did not always identify concerns we found during the inspection. Care plans and risk assessments were in place however, some required more detail to guide staff how to support people safely.

People's medicines were managed safely however, not all 'as required' topical medicines had a PRN protocol available at the time of the inspection. PRN protocols did not always include enough guidance to enable staff to administer the medication safely.

Staff were recruited safely but some improvements were required.

People could be confident they were supported by staff who had access to guidance and understood how to keep them safe. Staff's knowledge of the people they supported was good and they were able to tell us about the risks associated with people's care and how to minimise these.

People were protected from the risk of infection because staff used protective equipment however, on inspection the providers safe entry processes were not followed when the inspectors arrived. Incidents were used to identify improvements that could be made to people's care and support.

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 knew how to raise concerns. They had confidence in the registered manager. Incidents and accidents were monitored by the registered manager. Where accidents and incidents occurred in the home the registered manager ensured appropriate action was taken for people to reduce the likelihood of injury or reoccurrence.

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 the service under the previous provider was Requires Improvement, published on 26 June 2019.

Why we inspected

This was a planned inspection based on the previous rating.

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 see what action we have asked the provider to take at the end of this full report.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Oaklands 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 Care Act 2014.

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

This inspection was carried out by two inspectors.

Service and service type

Oaklands Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

During the inspection process the registered manager went on planned extended leave. The provider had an acting manager in place for this period. We refer to the acting manager as the manager throughout this report.

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. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, manager, care workers, activity coordinator and the cook.

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

After the inspection

We spoke to four relatives of people who used the service about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found. We looked at training data, mental capacity assessments and best interest decisions.

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 under the previous provider 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 the last inspection the provider failed to ensure risks for people were appropriately assessed, plans developed to mitigate risks and guidance was followed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made and the provider was no longer in breach of this regulation. However, further work was needed to embed into practice the improvements being made.

- Staff understood where people required support to reduce the risk of avoidable harm however, not all care plans and risk assessments contained sufficiently detailed explanations of the control measures for staff to follow to keep people safe. For example, one person's care plan stated, 'Sensor mat to be in situ and working when unsupervised in their room.' There was no detail to say where the sensor mat should be placed. There was a risk new or unfamiliar staff would not know how to support this person safely.
- One person had a medical device, there was not a risk assessment in place for this. We spoke to staff who knew the person well and they could describe the process. The registered manager said they would send us a copy of the risk assessment however; this was not received.
- People's records were checked to monitor the information was up to date and accurate on a monthly basis. However, these checks had not picked up the concerns we found on inspection.
- The provider was responsive to our concerns and made some immediate improvements and sent evidence of further improvements made following the inspection.

Using medicines safely

- People received their medicines as prescribed although improvements were needed with medicine records.
- People's medicines were managed safely however, not all 'as required' topical medicines had a PRN protocol available at the time of the inspection. PRN protocols did not always include enough guidance to enable staff to administer the medication safely. This meant staff did not have appropriate guidance as to when people may need these medicines. However, only staff who knew people well administered these medicines which mitigated the risk of people not receiving them in the most effective way.
- Some people were prescribed creams to alleviate skin conditions. From talking with staff and people, it was clear that staff applied creams for people appropriately. However, some topical medicine administration charts lacked guidance for staff. We discussed our concerns with the registered manager who told us of their plans to ensure clear guidance was available in future.

- Following the inspection, the provider sent us PRN protocols for topical creams which were dated prior to this inspection. These were not made available or accessible when we requested them during inspection. This meant we could not always be assured topical medicines PRN protocols were in place. The PRN protocols provided included generic information to guide staff when to contact a GP. For example, 'Refer to the GP when requesting medication too often' however, there was no guidance to say how often is too often. It further stated to refer to the GP, 'if side effects are experienced' however, does not state what side effects staff should be looking out for.'

Staffing and recruitment

- Staff were recruited safely but some improvements were required. Most of the required checks were carried out to protect people from the employment of unsuitable staff. For example, disclosure and barring service (DBS) checks and obtaining up to date references. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. However, the provider had not always investigated all gaps in candidate's employment history. Two of the five staff records we checked had gaps in their employment history and a third detailed employment months without the actual date. This meant the provider did not know what the applicant had been doing during these times and was unable to make an informed decision on recruitment. Following the inspection, the acting manager told us they had updated recruitment files to contain this information and had put a new process in place to ensure this does not get missed again.
- One staff members application form and dates of employment did not match the reference which had a two-year difference to the employment length of service. There was no evidence this discrepancy had been checked. The acting manager told us they would follow this up and confirmed this by email.
- New staff were introduced to people prior to providing any support and worked alongside more experienced staff to learn about people's needs for an induction period of 12 weeks.
- People and their relatives told us there were enough staff, one relative told us this had improved recently but, in the past, there were not always enough. One relative told us, "There is always enough staff when I go there." Two of the relatives we spoke to told us they didn't know if there were enough staff. We reviewed the rota and made observations during the inspection. There were enough staff to support people safely and to ensure people's needs could be met. This included staff support for participating in activities. Staffing levels were calculated according to people's needs using a recognised dependency tool.
- The acting manager told us staff shortfalls were always covered by their own staff doing overtime or through the managers and office staff coming in to cover, all managers and office staff had received the appropriate training.

Preventing and controlling infection

- The provider was not always working in the best way to prevent and control infection. On arrival for the inspection we were asked to show evidence of our LFD test, hand gel was available at the entrance. We were wearing masks however; our temperatures were not taken on entry and a visiting questionnaire was not completed to screen for symptoms prior to entry. When the registered manager arrived, we informed her of this, and she took our temperature.
- On entry into the home there was a malodour which continued into the lounge. We also noticed malodour in one person's bedroom. Following the inspection, the provider told us they do not agree there was a malodour in the home.
- During a recent outbreak visiting restrictions were in place, these included putting alternative measures in place such as window visits, patio visits, video calls, emails and letters which were utilised to update and maintain contact with family and friends. At the time of the inspection visiting restrictions had been removed and visitors were able to book time to visit their family members within the home.
- We observed clear procedures regarding isolation when people were re-admitted back to the home from

hospital settings and staff were trained on how to keep people safe from the risk of infection. Between the inspection and the writing of this report the guidance regarding COVID restrictions has changed.

- The layout of the lounge area had been changed to support social distancing.
- Personal protective equipment (PPE) was used effectively to safeguard staff and people using the service and national guidance was implemented.
- Staff had received training and guidance regarding infection control, and how to respond to the Covid 19 pandemic.
- We observed the home looked generally clean. We observed high touch areas such as handles, and switches received additional cleaning daily. Robust environmental, coronavirus and infection control policies, procedures were in place.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People and relatives consistently told us they felt safe. One relative told us, "Yes, they are safe, there are certainly no signs of anything untoward," and another relative told us, "They don't let [person] wander off and all of the doors have alarms."
- The provider had safe, effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm. The acting manager told us, "Any safeguarding concern has a full investigation and the report sent to the safeguarding team and to CQC." Documents showed that the home liaised with the local authority if safeguarding concerns were raised.
- Staff demonstrated a good level of awareness about protecting people from poor practice or abuse and could say who they would inform if no action was taken by senior management. Staff had confidence their concerns would be listened and responded to. One staff member told us, "Personally, I have not seen anything but would go straight to management and they would deal with it properly."
- Staff told us, and records confirmed that they had safeguarding training, this was repeated yearly.

Learning lessons when things go wrong

- At the last inspection the provider failed to effectively evaluate the safety and wellbeing of service users and use this information to improve practice. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had made improvements and were no longer in breach of this regulation.

- The registered manager had a system in place to check incidents and understood how to use them as a learning opportunity to prevent future occurrences. Risk assessments and care plans were reviewed following incidents to prevent reoccurrence.
- Incidents, accidents and near misses were clearly recorded, acted upon and analysed. The acting manager told us when lessons are learned the information is shared via a communication book, staff meetings and handovers which always have a manager present. They told us they make further investigations to try and reduce levels of incidents and report to the relevant authorities.

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 under the previous provider 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.

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

- At the last inspection the provider failed to ensure risks for people were appropriately assessed, plans developed to mitigate the risks and professional guidance was followed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was longer in breach of this regulation.

- People's needs were assessed before they moved into the home. Once this information was gathered, it was used to develop people's support plans and risk assessments with the support of people and their relatives.
- Staff completed regular assessments of people's ongoing needs using recognised tools for areas such as nutrition and skin integrity.
- Care was planned and delivered in line with people's individual assessments, which were reviewed monthly or when needs changed.

Staff support: induction, training, skills and experience

- Staff received regular supervisions in line with the providers policy. Staff told us they felt supported by the management team and felt able to gain support from them at any time.
- Staff received a variety of training including, MCA and DoLS, fire safety and safeguarding. Staff had received training specific to people's needs. For example, dementia awareness, epilepsy and end of life care.
- Staff had completed a comprehensive induction which included the completion of the Care Certificate where required. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in the care sector. People and their relatives told us staff were skilled and experienced. One relative told us, "I believe they are skilled and experienced from what I have seen, and they are all helpful and friendly."

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

- People's dietary needs were met. People were provided with a nutritious and balanced diet and a choice of meals and drink.
- People were positive about the food on offer. One relative told us, "My mum says the food is lovely, the chef cooks her something different if she doesn't like what is on offer." We observed one person being offered a different meal by the chef when they didn't fancy what was on the menu.

- We observed the lunchtime experience and found that people enjoyed their meals and were supported in a positive and appropriate way. People were offered a choice of where to eat.
- The kitchen staff were aware of people's speech and language therapist (SaLT) guidelines and people's likes, dislikes and preferences which were detailed in the kitchen.

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

- The service was warm and welcoming.
- People were able to personalise their rooms as they wished. We saw rooms were individual to people's tastes and contained items personal to them.
- Efforts had been made to make the home dementia friendly. We observed memory boxes outside people's rooms to help orientate them to their room. There were some dementia friendly signs on toilet and bathroom doors. We spoke to the registered manager about how people found their way around, they told us different areas are painted in different colours to help people navigate.

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 services to maintain and improve their health. A relative told us, "She has all her medicines, they always contact me if there are ever any issues."
- Any changes in people's health were recognised promptly and support was sought by external healthcare workers when necessary.
- Staff told us they worked well as a team and took part in daily handovers and communicated well with each other to ensure good outcomes for people.
- The acting manager told us they work with other agencies and have, "a close relationship with GP, dieticians, District Nurses, we have good communication with CQC, I have a port of call with everyone to keep up to date."

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.

- The principles of the mental capacity act had been followed and best interest meetings had taken place where relevant. DoLS authorisations had been applied for where people required them.
- Staff told us they always sought consent from people prior to supporting them with any aspect of their care and people confirmed this.
- Observations in communal areas of the home confirmed people were offered choices and staff respected these.
- The acting manager was able to talk confidently about the MCA and what it meant for people living at

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 under the previous provider this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- People told us they were treated with kindness and were positive about the staff's caring attitude. One person told us they have a nice bed, nice food and are involved in developing their care plans in moderation. A relative told us, "I have noticed a huge improvement in my mum since she has been in there [Oaklands Care Home]. They are managing to keep her out of hospital."
- We observed staff interactions with people which showed people were treated with kindness, compassion, dignity and respect. Staff knew people well and understood their likes, dislikes and preferences.
- The acting manager and staff told us they aimed to ensure people's equality, diversity and human rights needs were supported and respected. People were asked questions about protected characteristics during the initial assessment stage, the acting manager told us they ensured they looked at individual needs during care planning.

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

- Records demonstrated, and the registered manager confirmed people were initially involved in the implementation of their care plans and ongoing reviews. People and their relatives told us they were involved in decisions about their care. One relative told us, "Mum is able to express her views, but it is in her nature to never complain about anything."
- People told us they had some choice and control over their care and daily lives. We observed people being given choices throughout the inspection. Some people expressed they would rather be living at home but understood they needed additional support.
- People and their relatives were invited to complete a questionnaire about the service they were receiving, this was analysed and responded to by the management team.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. For example, we observed staff consistently knocking on doors and waiting for a response before entering people's rooms. One person told us, "Staff treat me with respect."
- Staff respected and promoted people's independence. For example, we observed a staff member asking someone if they could manage to feed themselves, they received verbal support and encouragement when required." Some people requested female only carers, and this was respected.
- Staff had a good understanding and were keen to ensure people were supported to maintain their dignity and independence.

Is the service responsive?

Our findings

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

At the last inspection under the previous provider this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- At the last inspection the provider failed to ensure people received person centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Care plans were reviewed monthly, or when people's needs changed although some needed some updates. Documents demonstrated that people had been involved in this process. Staff were able to demonstrate that they had good knowledge and awareness of people's needs and could explain how they supported them in line with this knowledge.

Improving care quality in response to complaints or concerns

- At the last inspection the provider failed to ensure complaints were appropriately investigated and responded to. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives told us they did not have cause to complain. Only one relative we spoke to had "raised a niggles" and they told us it was put right. Relatives told us the management team were always accessible and they would raise any issues with them. They were confident it would be taken seriously and acted on. One relative told us, "I think they would deal with complaints. They accommodated [person] into another room because she complained it was too hot, anything we have raised has been dealt with appropriately."

- The complaints policy was accessible to people, their relatives and staff. The staff members we spoke with knew their responsibilities when receiving complaints or concerns. Documents demonstrated that complaints were managed in line with the providers policy.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The acting manager had good knowledge about the AIS and had cascaded this to all staff.
- The provider ensured information was available in an accessible format for people. For example, some information was available in large print and photographs or pictures were used in the service. We saw leaflets were available in an accessible format informing people what support is available for them. The acting manager told us, "A visiting reverend brings in some large text quotes from the bible and one person has a large text bible."

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 provided with a range of activities within the home. Activities available to people included social events, where children came in (pre-COVID) with their school, during COVID people and the children exchanged Christmas cards. The acting manager told us, "We are currently building relationships with churches, the rotary club and we have a relationship and provide support to the local soup kitchen. Residents are included in the decisions we make. We also supported people to knit blankets for maternity wards."
- The acting manager told us they would like more external activities and said, "We are improving that every day, we are in talks with movers and exercise classes." Some activities take place at the weekend with external providers coming into the service as well as activities provided by the staff.
- Relatives and friends were welcomed into the service and were always made to feel welcome. One relative told us, "I have to book but that has never been a problem." Another relative told us, "We have to phone and make an appointment, but I have never been told that time isn't available. I have also turned up if mum needs me, she has her own phone."

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Care records demonstrated that discussions had taken place with people and their relatives and their wishes were clearly recorded.
- We saw some people had completed 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms and plans for end of life care, which showed people's wishes had been discussed with them and their relatives.
- Care staff understood people's needs and were aware of good practice and guidance around how to deliver safe and compassionate end of life care. They respected people's religious beliefs and preferences and had received end of life training.
- The acting manager told us, "We have our own end of life assessment and care plan, we ask people how they want things to be done and our quality assurance manager is working to the gold standard framework for end of life care." The National Gold Standard Framework is a framework to help deliver a 'Gold Standard of Care' to all people in the last year 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.

At the last inspection under the previous provider this key question was rated as requires improvement. At this inspection this key question has remained the same. 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 the last inspection the provider failed to ensure governance systems were effective at driving improvement was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made and the provider was no longer in breach of this regulation. However, further time was required to embed recent improvement into practice.

- Quality assurance systems were in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. However, completed actions were not always recorded to evidence improvements required as a result of IPC audits and quality checks carried out by the provider. This meant the provider was unable to evidence action had been taken following this audit. We spoke to the acting manager about this who told us they would ensure actions were signed as completed for IPC audits in future to show what action was taken in response to findings and to monitor for completion.
- Systems and processes in place to monitor and identify shortfalls had not identified the concerns we found during this inspection. For example, the provider had not picked up the lack of detail in some care plans and risk assessments and PRN protocols not always being in place. Although the provider was responsive throughout the inspection further work was needed to identify shortfalls through their systems and processes.

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

- People's relatives told us people received personalised care and were happy with the service. One relative told us, "[Registered manager] is there during the week, I ring up and speak to her." Another relative told us, "From what I know of the manager, she is quite helpful." The culture of the home was positive. A third relative told us, "We can contact them [registered manager] by phone, they are fairly easy to get hold of. They do respond appropriately most of the time. They have improved over the last couple of months."
- Staff said they enjoyed working at Oaklands Care Home and felt supported by the home manager and the registered manager. Staff comments included, "Could go to [registered manager] and [Manager] with ideas, they say it's a good idea, we will try it", "[Registered Manager] has worked her way up. She's accommodating and caring, not afraid to get her hands dirty" and "[Registered manager] is an amazing manager."

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 had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. CQC were notified of all significant events.

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

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf. We found that the feedback gathered was predominantly positive. We saw where people had made suggestions, these were acted on.
- Staff were encouraged to contribute to the development of the service through meetings and surveys. Staff told us they felt valued and listened to. The acting manager told us there was a comments box outside of the office where staff could contribute anonymously.
- Appropriate and up to date policies were in place to ensure people's diverse needs were considered and supported.
- We observed people and staff were treated fairly and individually respected. People and staff confirmed this.
- The staff team worked closely with other professionals to ensure people received effective, joined up care, clearly recorded documents demonstrated this.

Continuous learning and improving care

- The acting manager told us they kept themselves up to date with developments by attending training and reading CQC updates. They told us, "I have links and am checking them daily, we also get updates from CQC, and head office share current changes with us." They also received information from the local authority.
- The registered manager and acting manager were very responsive to feedback given during the inspection.
- Concerns found from feedback and raised during this inspection were acted on immediately. The acting manager told us they will be devising an action plan following audits to evidence continuous improvement following our inspection feedback.