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Baker

# Oak House Care Home

## Inspection report

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Axminster  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Oak House Care Home is a grade two listed building situated in the town of Axminster. The service is registered to provide care and accommodation for up to 17 people. They provide care and support for frail older people and people living with dementia. There were nine people living at the service when we visited.

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

People were receiving safe care. The provider had made improvements at the home with the support of the local authority Quality Assurance and Improvement team and a specialist nurse and occupational therapist. They had produced a service improvement plan (SIP) which they were working through. At the time of the inspection not enough time had passed for the changes made by the provider to have become embedded at the home.

There were improvements to the systems they had in place to measure and monitor the quality and safety of the service. Audits had been completed regularly, were meaningful and action had been taken if required. However, we could not be assured if the systems would become embedded, remain effective and identify concerns.

Since the last inspection, risk management had improved. People had appropriate individual risk assessments in place which were regularly reviewed to ensure they reflected their current level of risk.

Staff understood how to recognise and respond to concerns of abuse and supported people to keep safe. Staff had received training and were confident action would be taken by the management team if they raised a concern.

There were enough staff to support people and new staff were recruited safely.

Medicines were managed in a safe way.

People had their dietary needs met. Staff had clear information to guide them about people's required consistency of diet and fluids.

There was on the whole an effective infection prevention control measures in place. However, under some people's beds we found dust. The provider did not have a deep cleaning schedule in place, to ensure all areas were regularly cleaned.

Relatives told us the home had followed the Government guidelines regarding Covid 19. One relative said, "I think it has been safe during Covid. We test, have masks and protective clothing once we arrive and we book visits."

People had their needs assessed and planned for and were supported by staff who were suitably trained to

meet people's needs.

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.

Staff worked alongside other agencies and professionals to ensure people had access to healthcare as required.

The registered manager and management team had improved systems and practices, demonstrating they were able to learn lessons when things went wrong and improve care for people living at Oak House Care Home.

Fire management at the home had improved and the management team had an oversight of the fire monitoring system.

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

#### Rating at last inspection and update

The last rating for this service was inadequate (published 25 December 2021). The provider completed an action plan and a service improvement plan (SIP) 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.

This service has been in Special Measures since 25 December 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced responsive inspection of this service on 28 October 2021 and 1 November 2021. Seven breaches of legal requirements were found. These were, Person-centred care, Safe care and treatment, Safeguarding service users from abuse and improper treatment, Good governance, Fit and proper persons employed, Staffing and Notifications of other incidents.

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

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oak House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Oak House 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

Two inspectors carried out this inspection. An Expert by Experience contacted relatives by telephone to ask for their views about the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Oak House Care Home is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. One of the provider's is the registered manager. A new manager had started working at the service six weeks before our inspection and will be applying to CQC to be the dual registered manager with the provider. A registered manager is a person who has registered with the CQC to manage the service. 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

This inspection was unannounced.

### What we did before the inspection

Following the last inspection, Oak House Care Home was placed in a local authority whole service safeguarding process. They received support from the local authority Quality Assurance and Improvement team and a specialist nurse and occupational therapist. CQC received all of the minutes and reports from this process and attended the local authority whole service safeguarding meetings, which were also attended by the provider. Oak House Care Home came out of the whole service safeguarding process on 23 March 2022 and are now receiving ongoing support from local authority, Quality Assurance and Improvement team in a Provider Quality Support Process (PQSP).

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. The provider did implement a service improvement plan which they regularly reviewed and sent to CQC to demonstrate the improvements being put in place.

We used all this information to plan our inspection.

### During the inspection

During our visit to the home we observed the care and support people received. We met most of the people who lived at the home. Only one person was able to express their views about the service, so we spoke with them about their experience of the care provided. We also spoke with the registered manager who is also one of the provider's, the provider's area manager, the new manager, the deputy manager, an activity person, two care workers, the cook and the housekeeper. We also spoke with one of the providers.

We reviewed two staff files in relation to recruitment and staff supervision, five people's care records, medicines end to end process. A variety of records relating to the management of the service, including policies and procedures, maintenance records, staff rota's, fire documents and external servicing records, training matrix and meeting minutes were reviewed. We also looked at the provider's service improvement plan and their personal quality assurance process they had completed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to requires improvement. 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.

The provider had implemented improvements since our last inspection. These improvements had been undertaken with the support of the local authority Quality Assurance and Improvement team and a specialist nurse and occupational therapist. The Care Quality Commission (CQC) need to be assured going forward that the changes made ensures consistent good practice over time.

Systems and processes to safeguard people from the risk of abuse

At the inspection in October 2021 the provider had failed to protect people from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from potential abuse and avoidable harm because systems and processes were effective. Staff had received training to protect people from harm and knew how to recognise potential signs of abuse.
- Staff told us they would report any concerns to the management team and were confident action would be taken. Staff knew about external organisations they could contact if they felt concerns were not being acted on by the management team.
- One person told us, "Yes I am safe...staff do not rush me... they are never rough... I am left to my own devices and that's how I like it." Relatives said, "I am happy with the care...she is absolutely safe" and "He has been very safe, and they looked after him well." One relative said they felt their relative was safe because, "They have a very stable staff team and they have a very clear understanding of Mum's needs."
- The registered manager had appropriately reported potential safeguarding incidents to the local authority and the Care Quality Commission (CQC). They had worked closely with the local safeguarding authority, to investigate allegations of abuse and to put in place measures to help keep people safe from the risk of abuse.

Assessing risk, safety monitoring and management

At the inspection in October 2021 we found the provider had failed to adequately assess and monitor the risks relating to the health safety and welfare of people and had failed to mitigate the risk of infection transmission and had not implemented guidance to manage COVID-19. People were also not protected



from emerging and ongoing risks due to failures to identify and monitor relevant risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Fire management at the home had improved. The management team had an oversight of the fire monitoring system. Fire records demonstrated fire tests were being carried out regularly, fire doors were closing, and fire exit routes were being checked.
- People's personal emergency evacuation procedures (PEEPs) were recorded on a quick access reference sheet in the main entrance. This detailed the support individuals needed in the event of an emergency to keep them safe. The reference sheet reflected the people staying at the home and the number of the room they were using. This meant that in the event of an emergency the emergency services would have a clear plan of who was in the home and where they were.
- People's individual risk assessments for their health and safety, which included the risk of falls, nutrition, bedrails, choking and skin care had been assessed and regularly reviewed to ensure they reflected people's current level of risk.
- The registered manager had put in place a more robust system to ensure pressure relieving mattresses were set at the correct setting for the individual using them. This included a daily check by senior staff and a management check. All pressure mattresses we looked at were set at the correct setting for the people using them.
- Staff had clear information to guide them about people's required consistency of diet and fluids. This meant that people were protected from the risk of choking.
- The management team had a clear oversight of people's weights. Staff had recorded people's weights on the providers computerised care system. These were regularly monitored by the management team along with people's nutritional assessment. Actions were taken if concerns about weight loss were identified. For example, a referral to the GP and/or fortified drinks and food were started.

#### 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 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 somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. This was because under some people's beds, we found they were dusty and had not recently been cleaned. There was not a deep cleaning schedule to ensure all areas of people's bedrooms had a program of cleaning.
- 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.

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

#### Visiting in care homes

The service was following current government guidelines on allowing visitors into the service. During a recent outbreak at the home the management team had kept relatives informed and discussed the option

of being an essential care giver, but they had all declined. We were told alternative arrangements were put into place for people to keep in touch, for example, video calls.

### Staffing and recruitment

At the inspection in October 2021 we found the provider had not ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's care and treatment needs. This was a breach of regulation 18 (Staffing) 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 18.

- People received support from staff in sufficient numbers to meet their care and support needs safely. The management team had ensured there were enough staff on duty at all times to meet people's needs. Relatives told us, "When we are visiting they are very quick to answer the call bell if we use it and there are always members of staff around" and "The staff are lovely and kind...there is always someone around to help."
- On the day of the inspection we saw people received support promptly. We observed that people were engaged in activities and looked relaxed with staff. Staff were not rushing around and had time to interact with people. A person told us, "When I call, they are here within five minutes ...don't wait long...staff are all very nice...polite and pleasant to me...staff are one of us." One staff member said, "Everything is better here, staffing, atmosphere, care of residents, more time for baths and activities."
- The provider had recruited to fill their staff vacancies. Staff confirmed things had improved and they had enough staff to meet people's needs. They said staff had stepped in when needed to cover unexpected staff sickness absences, so they had not been short staffed.

At the inspection in October 2021 we found the provider did not have robust recruitment procedures in place to ensure staff employed were 'fit and proper'. This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

- More robust processes were put in place during the inspection to ensure staff were recruited safely in line with the providers policy. This included a new starter checklist, a new induction and the provider's completing a regular audit of newly recruited staff files.
- Recruitment records had all been reviewed to ensure all employment gaps had been explored and that they contained the required information to demonstrate safe recruitment practices to ensure prospective staff were suitable to work at the service.

### Using medicines safely

- People received their prescribed medicines safely and on time from staff who had received training and had their competency assessed. Medicines were administered in an unhurried manner and people were given the support they needed.
- An electronic system was used to record all medicines administered. This enabled the management team to identify any errors immediately and take action.
- Medicines were stored safely, including medicines requiring extra security. There were suitable

arrangements for ordering, receiving, and disposal of medicines.

- Regular medicine audits had been completed.
- Fridge temperatures were monitored to check medicines were stored at recommended temperatures.

Learning lessons when things go wrong

- The registered manager said it had been a difficult time since the last inspection. They said, "We have learnt, we took our eye off the ball...we won't let this happen again... Not blaming anyone for the past shortfalls, we accept them and are moving forward..."
- In order to identify and prioritise improvements the management team had been working with the local authority quality assurance team to put in place a service improvement plan. This included putting in place more robust monitoring processes to identify emerging risks.
- Since our last inspection, action had been taken to make sure improvements were implemented in the kitchen in relation to the Environmental Health Technical officer's inspection where they gave the service a one-star rating. For example, new worktops had been fitted, records were completed, and the kitchen and storeroom looked clean and tidy. The registered manager said they were waiting for another inspection and were hopeful of a better rating.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

The provider had implemented improvements since our last inspection. These improvements had been undertaken with the support of the local authority Quality Assurance and Improvement team and a specialist nurse and occupational therapist. The Care Quality Commission (CQC) need to be assured going forward that the changes made ensures consistent good practice over time.

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

At the inspection in October 2021 we found the provider had failed to carry out thorough assessments of care needs or to reassess the impact of people returning to the home. This was a breach of regulation 9 (Person-centred Care) 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 9.

- People were receiving person centred care. A lot of work had taken place at the home to change the culture, since our last inspection. This included the registered manager and management team working alongside staff to improve practice.
- People were receiving personalised care to meet their needs and they had a choice about how they spent their day. For example, people chose where they ate their meals, when they wanted to get up and go to bed and if they required the toilet.
- People's care plans had been re written and risk assessments re-assessed and were being regularly reviewed to ensure they reflected peoples individual and changing needs.
- The provider had put in place a pre-admission document on the provider computerised care system for new people. This meant there was a system to ensure all the correct risk assessments and checks would be undertaken for new people coming into Oak House Care home and staff could support them safely. We could not assess if this document had been implemented successfully because since our last inspection, nobody had been admitted to the service.
- Staff had received training how to add information to the provider's computerised care plan system. Staff used a handheld electronic device to record support they had carried out.
- Previously tasks for each person had been pre-populated on the care system and would alert if staff had not completed the designated task, for example, oral care. We discussed with the management team that tasks were no longer being added to the care system to guide staff about people's individual requirements. This meant the management team did not have a clear oversight that people's care needs were being met,

especially when monitoring when away from the service. The management team said they would review adding some tasks back on to the care system.

#### Staff support: induction, training, skills and experience

At the inspection in October 2021 we found the provider had failed to give staff appropriate support, training, supervision and appraisal as is necessary to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) 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 18.

- The management team had worked with staff to ensure they had completed all of their required training. One person who was able to share their views said, "As far as I know, they know what they are doing, and I trust them..." A relative commented, "I think the staff are well trained in dementia... (person) had a day when she was very upset and (staff member) sat with her for two hours and calmed her down...very good."
- The provider had put in place a more comprehensive induction for new staff when they started working at the home. Staff worked alongside a more experienced care worker when they started work at the home and did not work alone until they felt safe to do so.
- Staff had received supervisions, giving them the opportunity to discuss their work, receive feedback, and identify further training and development needs.
- The new manager said they had met with all of the staff to ask for their ideas and get to know them.

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

- People were supported to receive food and drink to maintain a sufficient dietary intake. We observed people enjoying their meals throughout the day and staff supporting them appropriately.
- One person said when the lunchtime meal arrived, "Oh that does look nice!" another said, "It's good but we get too much... they know what I like." Relatives were positive about the food, comments included, "I've seen the food and the menus and they are good and more importantly (person) is eating well" and "if she doesn't like her lunch they will give her another choice something like cheese on toast. One day they even went and got her fish and chips."
- Where people had specific dietary requirements, they received support in line with their assessed need. Advice and guidance from specific professionals was sought and records showed people were monitored through the use of food and fluid charts and were being weighed regularly.
- Staff had a good knowledge of people's nutritional needs and dietary choices.

#### Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health and well-being and had access to health care as required.
- Records showed health professionals had been consulted to ensure people were supported in the most appropriate way. These included community nurses, occupational therapists and speech and language therapists.
- The registered manager and management team had developed a good working relationship with the GP and community nurses. This ensured people's health concerns were addressed and the medical professionals had an oversight and knowledge of people's needs.

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

- The maintenance team were working through a decorating program at the home.

- Improvements were ongoing at the home although there had been delays due to the pandemic. For example, work on the passenger lift had been delayed.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health care professionals. For example, opticians and chiropodists
- Relatives told us their family members received medical input when needed and they were kept informed. Comments included, "They always phone me about everything for example they said, we are a bit worried, would you mind if we call the doctor in" and "They always keep us informed if she is unwell."

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.

- One person who could tell us their views said staff sought consent before providing them with any care or support.
- People had their decision-making ability assessed where appropriate. Where people did not have the capacity to make decisions, staff consulted with relatives, advocates and other professionals to ensure care and support was provided in the person's best interests.
- Where people were deprived of their liberty, the relevant applications and authorisations had been sought to ensure this was done legally and in line with best practice.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the inspection in October 2021 the provider's systems and processes were not established and operated effectively. They had failed to consistently assess, monitor and mitigate risks to people's health, safety and welfare. had failed to protect people from abuse and improper treatment. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Although we saw that the provider had implemented improvements since our last inspection. These improvements had been undertaken with the support of the local authority Quality Assurance and Improvement team and a specialist nurse and occupational therapist. The Care Quality Commission (CQC) need to be assured going forward that the provider's quality monitoring systems and oversight would continue and effectively identify concerns. We also feel not enough time had passed for the changes to be embedded at the home.
- Since our last inspection, the provider had made improvements and told us they had further ongoing improvements planned. The provider had produced a service improvement plan (SIP) which they were working through. For example, developing a redecoration program and completing electrics for a new laundry room which had been built. The providers had also completed their own 'personal quality assurance process' linked to CQC's key lines of enquiries (kloes) to help inform future changes planned.
- The registered manager was also one of the providers. They had appointed a new manager to work with them, who had started working at the service six weeks before our inspection. They would be applying to the Care Quality Commission (CQC) to be the joint registered manager at the service. The manager told us they had been supported well since arriving at the service. They said they had received a supervision and "Could ask anything and check things out."
- The provider's regional manager and a second provider representative visited Oak House a couple of times each week to support and undertake quality monitoring processes. On a day to day basis the registered manager and manager were supported by a deputy manager, a care manager and senior carers.
- The providers quality monitoring systems had improved since our last inspection and identified concerns to ensure the safe running of the service. Audits about the safety and quality of the service had been completed regularly and actions had been taken where issues had been identified.

- The provider had a better oversight of the service and had ensured people were receiving safe care. This included improved monitoring of people's weights, dietary requirements and consistencies and the care provision provided. They had ensured people's care needs and individual risks were regularly reviewed and monitored to keep them safe.
- They had taken action to improve staff training to ensure staff had the required skills to support people safely and had recruited enough staff to ensure staff levels were safely maintained.
- The provider had appropriately raised safeguarding issues with the local authority and submitted statutory notifications to the CQC.

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

- The registered manager had improved communication with people, their relatives and staff and sought feedback about the service. People's relatives told us the communication with the home was very good and they felt very involved in their loved one's care and support.
- A monthly newsletter for people and relatives detailed what was happening at the home. For example, birthdays, celebrations and up to date Covid-19 information.
- Meetings were held with people who used the service, and this gave them an opportunity to share any issues they might have or anything they would like to discuss.
- Relatives and professionals were given the opportunity to give feedback on the service, through surveys, so the providers could drive improvements.
- The registered manager was positive about the staff team and how they had developed. They said, "We have a better calibre of staff...working as a team; better communication with the team; better structures now..."
- Staff were positive about the management team and the changes that had been put in place. They said they had been kept informed and felt supported and worked well as a team.
- Staff confirmed they had received supervisions and the opportunity to feedback to the management team.
- The registered manager and management team worked closely with health care professionals and advocates to make sure people were involved with their care and support.

Working in partnership with others

- Staff worked with health care professionals, such as the speech and language therapists, GP and community nursing teams, to ensure there was effective joined up care and support.
- The registered manager and management team had worked closely with the local authority quality officer to develop a service improvement plan. They had received visits from the safeguarding specialist nurse and occupational therapist and had acted upon their concerns and guidance.

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 management team understood the requirements of the duty of candour, that is, their duty to be honest and open about any incident or accident that had caused or placed a person at risk of harm.
- Throughout the inspection we found the registered manager and management team to be open and transparent and wanting that to be the culture at the home.
- Relatives said they felt they were kept fully informed about everything. Relatives comments included, "I feel the staff know (person) well. They can always answer any questions I ask when I phone" and "They always phone us immediately to let us know even if it is late at night, they always phone."
- The registered manager and management team understood their responsibilities to notify CQC of certain



events such as serious incidents and applications to deprive a person of their liberty.