Coast Care Homes Ltd

The Whitebeach

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Whitebeach is a residential care home providing regulated activities to up to 39 people. The service provides support to older people living with a range of health care needs for example, dementia, mobility support needs, diabetes and mental health issues. The service is split over three floors and had large communal areas for people to use. At the time of our inspection there were 33 people using the service.

People's experience of using this service and what we found
People lived safely at the service and were protected from harm. Risk assessments were in place and staff knew people well and were able to identify any changes to people's care and support needs. Medicines were administered by trained staff, recording and storage had been completed safely. The service was clean, and people were protected from infection by staff who wore personal protective equipment (PPE) appropriately.

Managers carried out thorough pre-assessments for people before they moved into the service. Managers would ensure that people's needs could be met by appropriately trained staff. Staff supported people and their loved ones to make and keep health and social care appointments and to liaise with other health and social care professionals when needed. The service had been adapted to meet the needs of people who lived with dementia and those needing support with their mobility. People's nutrition and hydration needs were met.

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 were treated kindly and with respect and dignity. People's privacy was respected, and their independence promoted without compromising their safety.

People's care plans were person centred and provided personal histories and details about what was important to them as well as important details about their medical histories and current support needs. People were able to communicate freely with staff with support provided if needed. There were a range of activities for people to engage with, both in small groups and one to one. People had choice about their daily schedules. People and their relatives knew how to raise concerns and complaints and were confident that issues raised would be addressed. People's end of life wishes were recorded and respected.

People spoke highly of the registered manager and the wider management team. People and their loved ones had opportunities to provide feedback about the service and told us they felt listened to. Auditing processes were in place, overseen by managers which provided learning and further safeguarding for people.

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 good (published 5 October 2018)

Why we inspected
This inspection was prompted by a review of the information we held about this service and the age of the last 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.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

The Whitebeach

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

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

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

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spent time looking around the service and talking with people and staff. We spoke with 6 people who lived at the service and 12 staff. Staff included the operations manager, the registered manager, manager and deputy, 2 kitchen staff, the housekeeper, the maintenance lead and 4 carers. We spoke with 2 relatives and a professional visiting the service.

We looked at a range of documents including 6 care plans and associated documents relating to risk management. We spent time looking at medicine procedures and examined 4 medication administration records (MAR). We looked at documents relating to safeguarding, complaints, auditing processes and quality assurance. Following the inspection new spoke with a further 3 relatives and 3 professionals

Good

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 good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from the risk of harm. Staff had received safeguarding training and were able to tell us situations that might amount to a safeguarding incident and the steps they would take if they had concerns. A staff member told us, "I'd ensure safety of the resident and approach my manager. I'd record what had happened noting what I'd seen, the time and date."
- People and their relatives told us they felt they were safe. A person said, "I feel very safe here and that's important." Comments from relatives included, "I have no doubt they are safe" and "Absolutely safe, staff are very attentive."
- The service had safeguarding and whistleblowing policies that were accessible and staff told us they were confident to raise concerns anonymously via the whistleblowing process if they felt people were at risk. People, relatives and staff all told us they knew that managers would take action if concerns were raised.

- Managers at the service had raised safeguarding issues with the local authority and CQC where appropriate and had taken steps to ensure people's safety.

Assessing risk, safety monitoring and management

- Known and potential risks to people had been identified and assessed. We looked at 6 care plans in detail and each contained risk assessments relevant to the person concerned and were specific to their individual needs. Risk assessments were in place for example, for people living with diabetes, dementia and for people at risk of falls.
- Body maps were in place which documented if people had any areas of soreness, clearly indicating to staff where creams should be applied. Recognised assessment tools were used for example, the Waterlow assessment which measured risks to people's skin integrity and any vulnerabilities.
- Staff knew people well and were aware of individual risks to people. For example, some people received a soft or mashed diet due to living with swallowing difficulties. We observed staff supporting people with their food and drink, providing one to one attention and remaining with people during their mealtimes. This minimised the risk of choking.
- Personal emergency evacuation plans (PEEPs) were in place and were easily accessible in the event of an emergency. PEEPs described the support people needed if for example, it was necessary to evacuate the service. A recent fire service report was in place and any recommended actions had been completed. Checks were routinely carried out on all fire safety equipment and fire alarm tests took place weekly. Safety certificates relating to legionella, electrical equipment and gas fittings and supply were all in place.

Staffing and recruitment

● People were supported by trained staff and there were enough staff on every shift to manage people's needs. Agency staff were sometimes used to cover unexpected sickness or leave but all agency staff had an induction to the service and had to produce a profile sheet which confirmed all employment safety checks had been completed.
● We were shown staff rotas that confirmed staffing levels for every shift were slightly over the minimum number that had been calculated as needed to safely support people.
● Staff were attentive to people and their needs. No one was kept waiting if they called either using the call bell system or if just asking for assistance in a communal area.
● Staff had been recruited safely. We looked at staff files and each contained the documentation required to establish safe recruitment processes. These documents included, references, photographic identification, interview notes and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● Medicines were safely administered. Staff had been trained in medicines and had regular competency checks from managers to ensure their knowledge remained up to date. We observed a medicine round, and the staff member wore a tabard indicating to people and staff that they were currently working with medicines and were not to be distracted from that task.
● During the medicine round we saw each person's medicines placed in a pot in the medicine room. Staff would then find the person, administer their medicines, ensuring that they had been safely taken and then return to the medicine room which was locked in-between each administration. A record was then made on the Medication Administration Record (MAR) which showed date, time and name of the staff member and a running count of medicines that remained.
● The medicine room was maintained at the correct temperature with daily checks being recorded. Controlled drugs were kept in a safe in a locked cupboard within the medicine room. Administration of controlled drugs had been completed correctly with all entries being counter signed by a second staff member.
● As required, PRN medicines were administered according to the service protocol and were recorded with a separate code on the MAR chart. Staff knew the steps to take when administering PRN medicines, one told us, "All recorded on the MAR and we note whether they have been effective or not. If not (pain relief for example) after a couple of days we would call the GP and follow their advice."

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Throughout the recent pandemic, managers had followed government guidelines about visitors to the service. As the guidelines changed relatives were kept informed about any new rules that had to be

followed. At the time of our inspection there were no visiting restrictions in place.

Learning lessons when things go wrong

● Accidents and incidents were recorded, and any actions taken discussed with all staff. Records were attached to people's care plans and a summary of all accidents and incidents was also available and accessible from the home page of the service computer.

● Reports included full details of the incident, causes where known and immediate steps taken to make people safe. Regular staff handovers took place between shifts and any accidents or incidents were discussed so incoming staff had the latest information available to support people.

● We were shown a 'lessons learned' folder which included learning from accidents and incidents and where appropriate what steps had been taken to minimise recurrence. The service had 4 sister services and in the folder learning from across all services was shared.

Good

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 good. The rating for this key question has remained 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

- Managers carried out a thorough pre-assessment process with people, their relatives and professionals before inviting new people to live at the service. A needs assessment was completed to make sure that the service had the right staff with the right skills and training to be able to support people's care and support needs.
- A relative told us, "I was impressed that the manager travelled a long way, in person to meet my mother and me. I was very much involved as she has dementia and needed my support." A professional said, "The communication is always excellent. Information is shared to ensure the best outcomes."
- People's support needs were subject of regular reviews each month or more often if the person had an unexpected illness or accident or following any time spent in hospital. Each aspect of a person's care plan was reviewed and each review was overseen by managers at the service.
- Staff told us they had time after returning from days off to catch up and read care plans and note any changes to people's needs.

Staff support: induction, training, skills and experience

- New staff completed an induction period that included opportunities to shadow experienced staff and had enough time to get to know people and their individual support needs. A staff member said, "I had 3 practical days and 3 days training followed by 2 shadow shifts." Another added, "We were shown the health and safety bits, like where the fire equipment is kept and where the fire exits were and what to do with people."
- Ongoing support was provided to staff through quarterly supervision meetings and annual appraisals. Staff told us these were formal meetings where their performance was assessed but also gave them an opportunity to discuss issues.
- Staff training was up to date and a clear itinerary for refresher training was held electronically and prompts would appear when refreshers were due. Staff were trained in all areas that enabled them to safely meet people's needs. Examples of training included, dementia, diabetes, catheter care and manual handling. A staff member told us, "I've definitely been given all the training and skills I need."

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

- People's nutrition and hydration was monitored and people were supported to meet their individual needs. People were given a choice each mealtime of meals and drinks and further alternatives were prepared if people did not want either of the main choices.
- The kitchen staff covered three main meals seven days a week and provided drinks and snacks in between

meals if requested. A three weekly rotational and season menu was offered. Kitchen staff knew people and had a clear chart on the kitchen wall indicating those who lived with diet controlled diabetes, people that required a soft or mashed diet and any known allergies. It was clear from interactions we saw that kitchen staff knew people well. A staff member said, "We'll always bake a cake and ask them if there is anything special they want for their birthdays."

● The kitchen was well equipped and clean having been awarded a recent top hygiene rating. Temperature checks of equipment and food were conducted daily. Care plans recorded food and fluid intake and any concerns were reported to people's GP or where needed, specialist nutritionists.

● People told us they enjoyed the food. A person said, "Food here is good, always a choice." A relative added, "We have no complaints about the food. He has lost a little weight recently, but it's expected at his age and they monitor it all the time."

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

● Managers at the service worked with relatives and health and social care professionals to ensure that all aspects of people's care and support needs were met. District nurse and chiropodists regularly visited people to support with specialist care and occupational health and speech and language professionals also attended to support and advise when needed.

● Relatives told us about the support their loved ones received at the service, comments included, "She sees the GP weekly if needed, as a family we feel completely reassured," "There was a problem with their feet. They called a chiropodist and kept me up to date" and "They take care of all of their appointments."

● Care plans had details on the front page of key contacts both relatives or advocates and professionals for example, GP's and district nurses. Important health needs and medical histories were summarised for immediate reference in an emergency or if people needed to attend hospital.

● A professional told us of the positive impact the service had on people and how people's lives had improved since moving to the service. They said, "Some are complex cases. I've seen improvement in people's nutrition and mobility and they are now taking regular medication."

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

● The service had been adapted and was accessible, meeting people's needs. The service is set over three floors and had ramps and a lift to enable people to move safely around the building. A large garden was available for people to use at the rear of the premises.

● There were several communal areas within the service including a dining area and a large lounge where we saw people engaged in activities or sitting in friendship groups talking with people and staff. We observed lunch and people came and went according to their wishes and sat with friends or alone if they wanted to.

● We were shown several bedrooms, with the consent of people, and all had been decorated according to people's wishes and contained a variety of personal effects including photos, pictures and furniture. A relative told us, "My (relative) lives with dementia. Before they moved in, staff had put all their clothes in their wardrobe and had hung photos and arranged all of their belongings. For (relative) it was so nice when they arrived, it was like walking into their own room at home."

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.

● Where appropriate, people had mental capacity assessments that were decision specific and were designed to support them. Assessments had been carried out with the person, their relatives or loved ones, staff from the service and with professionals where needed. Staff supported people to make daily decisions relating to personal care and what food and drink they wanted.
● Staff had been trained in mental capacity and how best to support people living with dementia and understood the importance of gaining consent from people and acting in their best interests. A staff member told us, "I always look at the care plan and check people's preferences and family wishes. Important to always give choices." Another staff member said, "If they don't consent I look at the task and ask if it can wait."
● Most people living at the service had DoLs in place. We were shown a DoLs folder which contained all applications that had been made to the local authority and a summary sheet showed the status of the application. Monthly reviews checked on this status and reviewed people to make sure the safeguards imposed were still relevant.

Good

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 our last inspection we rated this key question good. The rating for this key question has remained 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 were treated with kindness and respect. During our inspection we saw numerous interactions between staff and people. Staff took the time to speak with people and spend time with them. Comments between staff and people included, "You ok? What did you have for lunch," I'm glad it was nice," "Anything at all I can help you with" and "See you later in the lounge." A person said, "It's so lovely here, I have no complaints."
- Staff had a good understanding about people and how they deserved to be treated. A staff member said, "I treat them how I would want my family treated. We work with them not for them." This view was confirmed by relatives who told us, "They (staff) are the gentlest, kindest people. She (relative) told me, 'I feel like I have family around me.'"
- We saw staff in support roles for example the maintenance lead, the housekeeper, and the chef, all interact with people, and it was clear they knew people well. This added to the welcoming, homely feel to the service. A relative told us, "I sit in the day room and observe. They are so kind. I saw one lady who was distressed and they came over and spoke and stroked her face."
- People's differences and preferences relating to culture, faith, diet and preferred lifestyles were recorded within care plans and celebrated according to people's wishes.

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

- People's likes, dislikes and preferences as to how they wanted to spend their day, were respected. These details were recorded in care plans and were regularly reviewed. The front page of care plans had a section called, 'social information.' This contained these personal details which enabled staff to understand people's preferences.
- People were encouraged to make day to day choices and decisions about their lives and how they wanted to be supported. People could choose for example, what to wear, whether to bathe or shower and what food they would like each day. People also were supported to join in group activities each day or if they preferred, to spend a quieter day in their bedrooms.
- In addition to the regular reviews of care plans there was a daily timeline on the front page of each care plan. These detailed any actions or interventions for example, when medicines were given how much fluid had been consumed and how people were presenting each day. This included whether people were feeling unwell so that staff were immediately alerted to any changes.

Respecting and promoting people's privacy, dignity and independence

● Staff knew the importance of respecting people's privacy. A staff member told us, "I always knock on people's door, tell who I am and wait for a response." All personal information relating to people was held either on password protected computers or contained in locked offices.
● People were supported in a dignified way and were spoken to in a respectful way. A staff member said, "I'll always make sure doors and curtains are closed during personal care. I'll cover up the part of them that isn't being washed to reassure them and make them feel comfortable." A professional added, "I have witnessed the staff having respectful conversations with the residents and ensuring personal care is completed before I enter the room."
● People were encouraged to be as independent as possible without compromising their safety. A staff member said, "During personal care I'll always say, 'you do the areas you can reach.'" A relative added, "They have dementia but are still encouraged to do things for themselves. The staff are very accommodating." A professional told us, "When they (person) first moved to the home they were bed bound. Working with us and other professionals and the staff at the home, the person is now able to walk."

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Care plans were person-centred. Each plan contained a detailed personal history of people which included details of their family members or people that were important to them, their past employment, and details of their care journey before arriving at the service. Care plans also provided detail about how they enjoyed spending their time at the service.
- Staff knew people well and at the hand over meeting everyone joined and contributed to the updates being given. A staff member said, "The care plans are a good system, a good source of information. I'm confident that I have all the information I need about people." A relative told us, "Even the night staff know them well. Staff knowledge is very important."
- Staff were kept up to date with any actions or activities through the day notes recorded on people's daily time line on the computer system. There were also 3 team handover / update, meetings each day. We observed one of these meetings which was attended by all staff on duty including managers. Every person was discussed and any points of concern were passed on for all staff to be aware. For example, whether people had had breakfast or in some case had declined.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Some people lived with dementia and required more time with staff to make their choices and wishes known. Staff were patient and spent one to one time with people to make sure that their daily needs were met.
- The activities lead had developed one to one flash cards which helped staff to understand the things people liked to do. Staff employed on one to one time with people wore a lanyard so other staff knew not to disturb them.
- Staff had completed training modules that helped them to understand the most appropriate way to support people with their communication needs. There were communications aids available for example, flash cards and picture boards if needed.

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 had a daily choice and selection of activities to be involved with. During our inspection the large communal area was busy with small group activities for example, singing, crafts and quizzes. There were also people not wishing to join in but happy to sit and chat with people and staff. A relative said, "On Sunday we were singing as they we replaying all the old songs that my husband and I loved."

● People who chose to spend time in their bedrooms had the option of having one to one time with staff. A relative said, "(Relative) spends most of their time in their room now. Staff will come and sit and talk with her. When I visit there are always staff popping in."

● People were encouraged to get involved. The activities lead told us that some people had been encouraged to apply for 'jobs' at the service, to help with activities. They said they had conducted interviews with people, given them roles and drawn up mini contracts. A relative said, "They used to have a busy work life but now lives with dementia. They have given her a job here and she loves it, she thinks she's back at work."

● Birthdays and significant days throughout the year were celebrated. The chef made special birthday cakes according to people's dietary needs including a cake made of soft mousse that appeared like a cake but was actually suitable for people needing a soft or a mashed diet.

Improving care quality in response to complaints or concerns

● People and their loved ones told us they knew how to raise issues and complaints and that they had confidence that matters would be resolved in a timely way. A person said, "I have no complaints but I'd always speak to the managers." A relative added, "I did raise an issue once re medicines. They immediately got in contact with the chemist and it was sorted."

● There was a complaints folder containing completed and one ongoing complaint about the service. Very few complaints had been made but, in each case, we saw e-mails and other points of contact made in a timely way with explanations and where appropriate, apologies offered.

● A complaints policy was in place and was subject to regular reviews. The policy was readily available to people either online or in a written format. Despite low numbers, complaints were still subject to regular auditing to ensure any trends were picked up.

End of life care and support

● Part of the pre-assessment process for new people involved discussing end of life care and these details were then recorded as part of people's care plans. Relatives and loved ones were involved in these discussions which only took place with the consent of the people concerned.

● Staff had received end of life training. Staff were able to discuss the important aspects of end of life care and knew what was important.

● A staff member told us, "I've done the training and we can request a further course if we want. It's important to get as much information about the person as possible." Another added, "It's about making people comfortable and respecting advance decisions and family involvement. We can liaise with the GP or the hospice if we need to." Another staff member said, "It's important someone is there at the end but it doesn't stop there, we respect their wishes and plans they had made."

● Respect forms were in place for most people. These documents had details of advance decisions that had been agreed with the person and their loved ones.

Good

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 good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and wider management team had created a positive culture at the service where staff supported each other and worked to bring the best outcomes for people. The service was homely and people and their family members all told us that living at the service felt like living at home. A person said, "I only wish I'd moved here sooner." A relative told us, "I can't tell you how fantastic it is. (Relative) has now accepted their illness (dementia) and they are as well as I've seen them in the past 3 years."
- The registered manager was a visible presence at the service and everyone spoke well of them. A person said, "The manager is very good." A relative added, "I'm very happy with the way things are run." Comments from staff included, "They are not afraid to get their hands dirty. There is an open door policy and they are always quick to praise staff" and "Can approach them at any time. Good working opportunities for us."
- Care plans were reviewed every month and relatives and loved ones were updated. Professional advice would be sought if needed. A professional told us, "(Manager) contacts me regularly for reviews and involves an advocate. I'm very happy with their progress."

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 wider management team were open and honest with us throughout the inspection process and were aware of their responsibilities under the duty of candour.
- Services are legally bound to report certain incidents and events to the local authority and CQC. These responsibilities had been met with statutory notifications being submitted appropriately and in a timely way.
- A link to the most recent CQC report was accessible from the service website home page and a copy of the report was displayed in a communal area of the service.

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

- The registered manager had established effective auditing processes at the service. All key areas were audited monthly, and any gaps or errors identified were addressed and any learning shared with all staff. Areas audited included, medicines, staff training, care plans and risk assessments.
- Daily notes completed by staff were entered onto the front page of people's care plans. This meant that the latest information about people and their daily needs and any changes, were shared with their

colleagues and that managers were able to have an instant oversight of people's care and support. Managers could see for example, if a medicine administration had been missed or refused and then immediately investigate any issues or concerns.

● The registered manager told us about the progress some people had made since moving into the service. These areas included managing people's nutrition and establishing healthy diets for people, encouraging people to be mobile and supporting people to engage in activities of their choice. The manger told us, "People have come to us with poor mental health histories. They have settled well, and we are proud of the progress so many people have made."

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

● People had opportunities to provide their feedback about the service. People spoke with staff and managers daily and told us they felt confident to raise concerns or suggestions. The activities lead had created a 'want to do board' where people could suggest things they wanted to do. A 'you said we did' board provided feedback and staff as well as people made comments. A comments and suggestion box had also been introduced.

● Relatives told us they felt able to contribute to the service and were asked for their feedback. Comments from relatives included, "There was an e-mail survey recently," "I've been asked for feedback, there was a recent online survey too" and "There are surveys but they always ask every time I visit, 'is there anything we could do better.'" We were shown the results of a recent survey carried out with relatives and every category had received a star rating or either 4 or 5 out of 5.

● Similarly, staff told us that they had several different ways in which they were asked and could provide feedback. A member of staff told us, "I have a supervision meeting every 6 to 8 weeks but I can ask for a meeting anytime. I can raise issues and I feel listened to by supervisors." There were regular staff meetings for night and day staff where there were further opportunities to provide feedback. Daily handover meetings picked up on immediate feedback and we heard a discussion about improving a person's diet by introducing a particular food which was then introduced.

● Care plans were person centred and consideration had been given to people's personal preferences and any religious, cultural, or personal differences. For example, the registered manager told us that some people were supported to attend church each week and this was documented in daily notes and care plans.

Continuous learning and improving care. Working in partnership with others

● Business continuity and contingency plans were in place and the registered manager was committed to continuous improvement of the service. Learning was shared across other services under the same provider which provided a broader understanding of issues. The management team had visited other services and had developed new working practices as a result for example, having development projects centred around CQC's key lines of enquiry.

● The registered manager had kept up to date with new information and bulletins provided by the local authority and CQC and had followed the guidance produced by the UK Health Security Agency during the recent pandemic.

● The registered manager had established positive working relationships with statutory health and social care partners. Comments from professionals included, "There has been good liaison between us, occupational therapists and dieticians and the manager is so happy with the progress made" and "The communication is always excellent between the managers and myself."