

R S Property Investments Limited

# Gresley House Residential Home

## Inspection report

Gresley House  
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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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Gresley House Residential Home is a residential care home providing personal care to up to 37 people. The service provides support to older people, younger adults, people living with dementia and people with physical disabilities. At the time of this inspection there were 25 people using the service. Accommodation is provided in one adapted building. There are a range of communal facilities including space to eat and socialise both inside and outdoors.

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

The inspection identified refurbishments in the home had been completed to a good standard. The home was clean throughout and had a homely atmosphere.

Staff were available to support people to meet their needs, including in activities of their choosing. Areas of risk in people's lives were identified and managed effectively. People's care records contained up to date and consistent information.

People received care that was person centred to meet their needs. Staff knew people well and how best to support them in line with their individual preferences.

People and their relatives were very complimentary about the home. One relative told us, "When I'm walking through the home everyone looks happy, I feel the staff are there for their love of the residents, it's not just a job to them."

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 were engaged and involved in the service and supported by the registered manager. People, their relatives and staff gave consistently positive feedback about the registered manager. Staff told us they were proud to work at the home.

The provider had implemented systems and processes to improve the oversight at the service. More time was required to provide assurance that recent changes to systems were effective and fully embedded.

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 18 January 2023. Another inspection took place on 6 February 2023, published 21 April 2023. This inspection was not rated.

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 the inspection in November 2022, report published 18 January 2023. 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

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to good based on the findings of this inspection.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Gresley House Residential 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.

### Inspection team

This inspection was carried out by 2 inspectors at the location and 1 Expert by Experience who made calls to people's relatives. 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

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

### Registered Manager

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

### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from commissioners who are involved 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 spoke with 3 people who used the service and 7 relatives of people who used the service about their experiences of care at the home. We spoke with 9 members of staff including members of the provider management team, the nominated individual, members of the housekeeping and kitchen teams and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records; this included 4 care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed. After the inspection we looked at a variety of records relating to the management of the service, training data and quality assurance records.

# Is the service safe?

## Our findings

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

At our inspection on the 22 and 30 November 2022 we rated this key question inadequate. We did not rate this key question in February 2023. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; preventing and controlling infection

At our inspection on the 22 and 30 November 2022 the provider continued to not have systems established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. They had not improved enough at our targeted unrated inspection in February 2023. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Systems had been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.

Assessing risk, safety monitoring and management

- People were protected from risk. Information regarding assessed risks were up to date and accurate. Following concerns raised at previous inspections, the registered manager and staff team had taken action to improve the record keeping and ensure people were supported safely. Guidance was in place in care plans to support staff to keep people safe.
- Staff implemented guidance on how to support people when they were displaying feelings of anxiety and agitation. Staff demonstrated their understanding of positive behaviour support and offered meaningful interventions in a sensitive way. Staff implemented distraction and diversion techniques appropriately.
- Referrals were made to external health professionals as needed to manage people's assessed risk. For example, the district nurse, speech and language therapist and dietitian had been contacted appropriately for advice on treatment and assessment.
- People were supported to maintain good skin integrity; detailed guidance was in place to support staff. People's skin condition was monitored on an ongoing basis. Where people were unable to move independently records were maintained to demonstrate staff had supported them to reposition in accordance with their care plan.
- There were sufficient staff deployed to keep people safe. We saw staff available within communal areas and people were supported as needed to maintain their safety.
- People's relatives consistently told us they thought Gresley House was a safe place for their family member to live.

- Improvements to fire safety had been made by the provider. Staff attended regular fire drills and were able to explain to us how to safely evacuate people from the building when necessary. The provider took immediate action during the inspection to update the personal emergency evacuation plans (PEEPs) for 2 people who would require support using equipment to safely leave the home in an emergency.

#### Preventing and controlling infection

- We were assured that the improvements to effective infection control measures identified during the unrated targeted inspection on 6 February 2023 had continued.
- The provider had maintained the actions previously taken to improve the infection control practices at the home. Housekeeping staff were able to explain to us their responsibilities to implement a schedule of cleaning and record keeping evidenced the tasks completed to maintain the cleanliness of the home.
- People's relatives consistently told us they thought the home was clean. One relative told us, "It is clean and tidy and the en suite is immaculate."
- All staff were observed wearing the correct personal protective equipment (PPE) where necessary.

#### Visiting in care homes

- People received visitors in the home without restriction, in line with current government guidance.

#### Using medicines safely

At the inspection on the 22 and 30 November 2022 it was identified the provider had failed to ensure medicines were administered as prescribed and records reflected people's needs. This was a continued breach of regulation 12 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.

- Improvements to systems to ensure effective medicines management were identified during the unrated, targeted inspection on 6 February 2023. At this inspection these improvements had been maintained.
- People were supported to take their medicines safely by trained staff. Processes were in place for the timely ordering, recording and supply of medicines.
- We saw people were given time to take their medicine and this was done in their preferred way.
- Protocols were in place for people who were prescribed 'as required' medicines. These provided sufficient guidance for staff on when this medicine should be given and what this medicine was used for. We identified one person's 'as required' paracetamol had some contradictory information regarding the dose to be given. This was due to the person being underweight when this was prescribed. They had since, gained weight and could be given the adult dose recommended but the protocol had not been changed to reflect this. However, staff were aware that this person could be given the adult dose if this medicine was needed. The provider amended the protocol immediately after this inspection.
- Records were in place for controlled drugs and for medicines requiring refrigeration. These demonstrated the correct checks were undertaken to ensure these medicines were stored safely and in accordance with manufacturer's instructions. Room temperature checks were also completed each day to ensure the room was within the required range to store medicine.
- The provider had taken action to ensure topical administration of prescribed medicines was consistently recorded. Topical medicine is a medication that is applied to a particular place on the body, usually on the skin. Staff utilised electronic devices to record topical medicine administration. This was monitored twice daily by senior staff.



Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At the inspection on the 22 and 30 November 2022 the provider had failed to ensure effective systems were in place to protect people from the risk of neglect and abuse. The provider failed to effectively carry out investigations. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 13(1).

There were effective systems in place to ensure protect people from the risk of neglect and abuse. Lessons were learnt when incidents occurred.

- People were protected from the risk of neglect and abuse.
- People were supported by staff who understood how to safeguard people from harm. Staff confirmed and we saw from records they had received training about how to protect people from abuse. Staff understood the signs to look for and who to report to both internally and externally if needed. Staff told us they felt comfortable to raise concerns with the management team and were confident any issues would be dealt with.
- People's relatives told us they knew who to speak to if they had any concerns and felt happy to do so if necessary.
- Safeguarding records were made effectively, accessible and reviewed as part of the system implemented by the provider to reduce the risk of harm to people.
- Lessons had been learnt since the last inspection. For example, improvements to records, such as care records, ensured staff were clear on the support people needed to keep safe. Staff told us they received a handover with everyone starting shift, This ensured they were aware of any changes to people's care. They told us, "The senior in charge allocates who does what after the handover, so we are clear on our responsibilities.
- Partner agencies had shared areas for improvement with the provider who had taken action to bring about the necessary changes.
- Regular checks and audits were in place to monitor improvements. This ensured any future actions could be identified and addressed promptly. For example, where people were at risk of weight loss or dehydration, records were maintained to monitor food and fluid intake. Staff had a clear understanding of the reason for maintaining records and the importance of monitoring, to ensure actions could be taken. We saw the management had a clear oversight of this, to ensure any identified actions were addressed promptly.
- The provider engaged openly and honestly with the inspection team and shared their learning from making improvements.

#### Staffing and recruitment

- Staffing levels were sufficient to meet people's needs in a safe and effective way. Staff were available throughout the day in communal areas and supported people promptly when needed.
- Staff told us staffing levels at Gresley House were really good and they had time to spend with people and not focus solely on personal care tasks.
- The provider followed safe recruitment practices to ensure staff suitability for the role. Pre-employment checks had been made before staff worked with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Successful staff recruitment by the provider had increased the number of staff available to support people

and had reduced the number of agency staff deployed. Permanently employed staff now worked on all shifts to provide consistency of care for people.

# 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 inspection published on the 3 November 2022 we rated this key question good. This key question was not inspected in November 2022 nor February 2023. The rating for this key question remains good at this inspection. This meant people's outcomes were good, and people's feedback confirmed this.

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

- A holistic assessment of people's needs was completed prior to them moving into the service. People or their representatives were involved in the assessment process.
- Nationally recognised tools were used to monitor people's health and well-being. This included tools to assess people's nutritional needs and people's pressure sore risk. These were used consistently to ensure people's needs were met.
- Staff were aware of changes to people's care and support needs. All staff participated in a handover meeting at the beginning of their shift so were aware of updates and clear regarding their responsibilities.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent to carry out their roles.
- Staff were provided with support and training to be able to meet people's needs effectively. Staff confirmed and records showed they received the training required to support people safely.
- New staff completed an induction where they worked with experienced staff to understand and gain knowledge about the job role.
- Staff participated in planned supervision with a senior staff member. Their performance was monitored, and professional development opportunities discussed.

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

- People assessed as being at risk of malnutrition and dehydration were monitored and encouraged to eat and drink sufficient amounts to keep well.
- Food and fluid records were in place for those identified at risk of malnutrition, or dehydration and referrals to the appropriate health care professionals were made when needed.
- The cook had a good understanding of people's dietary needs and preferences. We observed people being offered and encouraged with drinks and snacks throughout the day. There were enough staff to offer support where required.
- People were able to choose what, when and where they ate. One relative told us, "[Relative] chooses to go to the dining room for lunch but mainly likes their tea in their room."
- People gave consistently positive feedback about their food and drink experiences. One relative told us, "I've seen the meals and they look appetising. I saw the puddings laid out in the kitchen one day and they looked wonderful."

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

- The provider implemented clear systems and processes for making referrals to external professionals for advice and support.
- Records were in place to monitor people's health and well-being and enable the management team to follow up on any concerns.
- Staff worked with a range of visiting healthcare professionals. We saw actions left by partner agencies, such as the local authority had been met. Staff had the relevant information to help support people's health and well-being.
- People were supported to access health care professionals such as chiropodists, opticians, and dentists. Everyone was registered with a local GP and had access to support from their surgery as needed. One relative told us, "[Relative] has the same Doctor come in who they had at home, the staff let me know if the Doctor has seen them."

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

- A refurbishment programme was in place and several areas of the home, such as communal areas and some bedrooms and bathrooms had been refurbished to a good standard. Work remained ongoing to ensure all areas of the home were renovated . The provider monitored the progress of the service improvement plan and identified where further improvements could be made.
- A secure enclosed garden area with seating was available for people to use. Some people chose to sit out enjoying the warm weather.
- We saw people and their relatives were able to access all communal areas and no restrictions were placed on them.

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.

- We found the service was working within the principles of the MCA and if needed appropriate legal authorisations, or the applications for, were in place to deprive a person of their liberty.
- People were supported to make their own decisions and helped to do so when needed.
- Staff had received training in the MCA and understood the principles of the act. Staff had a good understanding of the support people needed to make decisions about their care, and this was reflected in their care plans.

# 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 inspection published on the 3 November 2022 we rated this key question good. This key question was not inspected in November 2022 nor February 2023. The rating for this key question remains good at this inspection. 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 well treated and supported by staff who respected people's individuality and differences.
- Staff had a good understanding of the support people needed, their diverse needs and their preferences on how they were supported.
- People gave consistently positive feedback about the care staff. One relative told us, "The staff have a good bond with [relative]. I get to see the interaction between them and the staff, [relative] has a beaming face and are happy."
- Respectful, friendly interactions were observed between people and the staff supporting them. We saw that staff had time to spend with people and people were supported at their own pace. One relative told us, "The staff are lovely, it's a home, it is warm and friendly."

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

- People were supported to make day to day decisions about what care they received. One relative told us, "[Relative] is not able to communicate clearly verbally but uses facial expressions and the staff understand them."
- People and their representatives were involved in reviews of their care package.
- People were involved in regular meetings where they had the opportunity to give feedback and share their ideas with the provider.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected their privacy and dignity.
- Staff understood the importance of confidentiality and we saw information regarding people was kept securely on mobile devices. Staff confirmed they did not discuss people's care in front of other people or relatives.
- People were supported to be as independent as they wanted to be. Staff understood people's preferences and supported them in the way they chose. One relative told us, "Staff know [relative] and encourage them to potter about, which makes them happy."
- One person went out independently each day and told us they liked living at the home and felt the staff were respectful towards them and maintained their privacy.

# Is the service responsive?

## Our findings

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

At our inspection on 22 and 30 November 2022 we rated this key question requires improvement. We did not review this key question in February 2023. At this inspection the rating has changed 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

- People were supported by staff who knew them well and information in their care plans reflected the support we observed. People's care plans contained individualised information. This included details regarding their protected characteristics, for example their race, religion and beliefs.
- Support plans were person centred around each person's holistic needs, this included not only their health care needs but also their interests and faith needs and individual preferences.
- Care plans were regularly reviewed to ensure they remained relevant and up to date. People and their representatives were involved in care planning.

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

- Opportunities were available for people to participate in a range of activities. Two members of the staff team were allocated the task of coordinating activities. In house activities were displayed on an accessible board in the home.
- We saw that people and staff were having a laugh and a joke with each other throughout the day. Staff were available to support people to engage in activities. We saw a range of activities took place on the day of the inspection. For example, some table top games, such as dominoes and art and crafts.
- People were supported by staff who understood their individual interests. Care records included information about people's lives, their family and their interests and hobbies. This enabled staff to provide personalised support to people.
- People were supported to maintain relationships. We saw people were supported to see their visitors throughout the day.

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.

- The provider complied with the Accessible Information Standard. We saw that information was available in an accessible format to aid people's understanding. For example, signage was in place around the home to support people to orientate themselves and information was available in different languages.

- People's method of communication had been assessed and was documented in their care records. Staff understood how to effectively communicate with people.

#### Improving care quality in response to complaints or concerns

- The provider implemented systems to process any concerns and complaints and learned from these.
- People, their relatives and staff understood how to raise concerns and were comfortable to do so if necessary. One relative told us, "I did speak to the [registered] manager about one thing and they sorted it."
- We reviewed the complaints received and saw the provider had addressed these appropriately.

#### End of life care and support

- No one was receiving end of life care at the time of the inspection. Information was seen in people's care records regarding their preferences on how and where they would like to be cared for, at the end of their life.
- Information was recorded regarding people's religious beliefs and if they had a ReSPECT form in place. This is a Recommended Summary Plan for Emergency Care and Treatment and provides a summary of a person's clinical care in a future emergency.
- Staff received training on how to support people at the end of their lives to ensure support was offered in the best way to meet the needs of people and their families.

# 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 inspection on the 22 and 30 November 2022 we rated this key question inadequate. We did not rate this key question in February 2023. 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 our last inspection the provider had failed to effectively operate systems to ensure the quality and safety of people's care. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Systems were in place and had been used effectively to ensure the quality and safety of people's care.

- The few areas for improvement identified during the inspection were taken on board by the provider and management team and immediately addressed. Such as the improvement to the records for two people's PEEP's. The fire safety zone map, which had not identified fire escapes. The provider submitted assurance of the reviews and changes made to these fire safety documents the day after the inspection took place. One person's medicine record for 'as required' paracetamol had contradictory information; however, staff were clear on the dose this person should have. Action was taken immediately after this inspection to ensure records were accurate. The provider acknowledged ongoing opportunities to improve detail in documents and care records to ensure consistent care provision for people.
- Action plans showed that the provider had acted to bring about the necessary improvements to medicines management, infection control practices, risk managements, record keeping and audits. Systems were in place to manage and monitor improvements going forward. However, due to this locations rating history since 2016 and the lack of effective governance in the past, we need assurances that these changes, which at the time of the inspection had only been in place for 6 months, are fully embedded to ensure they can be maintained. This can only be achieved over a period of time.
- The registered manager had a positive attitude towards learning and making improvements to achieve good outcomes for people.
- The management team completed statutory notifications regarding incidents such as safeguarding concerns to CQC and other agencies. This meant external oversight and monitoring was maintained.
- Staff were clear about their roles and responsibilities. One said, "We know what our responsibilities are."



Every day we are allocated our work for the day, although we do all work together, it means we know who we are responsible for each day." Another staff member said, "I think our views are listened to and I do feel supported in my work."

- The information we requested from the provider was sent password protected, ensuring security of people's information.

#### Working in partnership with others

- The provider and registered manager worked in partnership with health and social care professionals to achieve good outcomes for people.
- The registered manager had met with local healthcare professionals and agreed positive ways of working. This included planned contact at the home and improved communication to support better admissions and discharges.

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

- The provider had taken action to bring about the necessary changes identified at the last inspection. This meant staff understood the key risks and priorities for the service, which enabled them to support people to achieve good outcomes.
- Staff were positive about working at Gresley House. One staff member told us, "I really like it here. There is good teamwork and it's a happy place to work." Another staff member said, "There is more than enough staff, which is great because that gives us time to sit and chat with people."
- Feedback from people's relatives was consistent in recommending the home. One relative told us, "I think it is excellent here, I'd definitely recommend it to other people." Another relative told us, "I have recommended the home to others. It is clean and tidy and smells nice, [relative] is so happy there. I'd give it a score of 200%."

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

- The provider implemented systems to gain feedback from people, their relatives and others.
- The registered manager facilitated meetings for people and their relatives and staff to attend. People felt listened to. One relative told us, "There was a meeting held at the home to introduce us all to the new [registered] manager. They asked if there were any issues. We asked if [relative's] room could be painted to complement their new bedding. They have done this."
- The registered manager had introduced a suggestions box, available in the foyer of the home, for feedback.
- Suggestions and feedback had been responded to by the provider. For example, daily newspapers were purchased and some change of use of communal areas had been made in response to requests from people and their relatives.

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 was aware of, and there were systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.