

Belvoir Vale Care Homes Limited

Belvoir Vale Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Belvoir Vale Care Home is a residential care home providing personal care to up to 62 people. The service provides support to older adults some of whom were living with dementia. At the time of our inspection there were 52 people using the service.

People's experience of the service and what we found:

People were protected from the risk of abuse and neglect. Risk assessments relating to health conditions were detailed and clearly directed staff what action they should take in order to support people safely. Staff were recruited safely and there were enough staff deployed to meet people's needs. Medicines were managed safely. The home was exceptionally clean, and people were protected from the risk of infections. Lessons were learnt when things went wrong.

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 and their relatives told us; they were exceptionally happy with the care provided and described staff as 'Angels'. Staff sought information about each person's individuality, skills, cultures, and lifestyle choices which allowed staff to celebrate and focus on areas which were important to people. Staff encouraged, empowered, and supported people to share their views. People were always treated with the highest level of respect and with their dignity preserved.

Personalised care was at the heart of the service. Activities were truly person centred. Staff supported people to socialise, and take part in activities which were significant to them. People's concerns and complaints were exceptionally well listened to, responded to, and used to improve the quality of care. People were exceptionally well supported at the end of their life to have a comfortable, dignified and pain free death. People's communication needs were well understood and supported.

People were undoubtedly at the heart of everything at Belvoir Vale. People, relatives, staff, and professionals told us the management team and the environment they had created was exceptionally supportive. The registered manager was passionate, motivated, and determined to achieve the best possible outcomes for people. People and staff were fully engaged in the running of the service. Feedback from both people and staff was excellent. The provider worked exceptionally well in partnership with others.

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 4 April 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe, caring, responsive and well-led only. For the key question not inspected, we used the rating awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Belvoir Vale Care Home on our website at 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 safe.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Belvoir Vale 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.

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. 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

Belvoir Vale Care 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. Belvoir Vale Care 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. We sought feedback from the local authority who commission care 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 visited the service on 17 October 2023 and 25 October 2023. We spoke with 9 staff members including the registered manager, home manager, deputy manager, senior care staff, care staff and kitchen staff. We spoke with 6 people who used the service and 7 people's relatives. We spoke with 2 professionals about their experience of the care provided. Not everyone living at the service was able to or wanted to speak with us, therefore we spent time observing interactions between staff and people. We reviewed a range of records. This included 4 people's care records and multiple medicine records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including incident and maintenance records were reviewed.

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. At this inspection 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 protected from the risk of abuse and neglect.
- People and their relatives told us the service and staff made them feel safe. For example, a relative we spoke with told us, "Absolutely, my [relative] is safe, the staff are very attentive."
- Staff we spoke with told us any safeguarding concerns were acted upon immediately by the registered manager and home manager. Safeguarding concerns were reported to the safeguarding authority and CQC without delay.
- Safeguarding concerns were investigated by the management team and lessons learnt shared with the staff team. This meant people were protected from the risk of reoccurrence of safeguarding incidents.

Assessing risk, safety monitoring and management

- Risks were assessed, managed, and monitored which meant people were protected from the risk of avoidable harm.
- Risk assessments relating to health conditions were detailed and clearly directed staff what action they should take to support people safely. For example, a person who was at risk of becoming distressed because of living with a mental health condition, had a detailed risk assessment instructing staff how they should safely support the person and what risk reduction measures were in place.
- Environmental risks were managed through regular checks and actions to minimise risk. Individual plans were in place to ensure all people could evacuate safely in case of an emergency.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff were recruited safely and there were enough staff deployed to meet people's needs.
- People received care from kind and experienced staff who knew them well. People told us, "The staff are very good here, they know just what I need and when I need it."
- Staffing levels were determined by assessing people's individual needs, staff rota's we reviewed demonstrated there were always enough staff on duty.
- Recruitment processes were robust and followed to ensure only suitable staff were appointed. Checks including, interviews, references and Disclosure and Barring Service (DBS) checks were conducted before staff started working at the 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.

Using medicines safely

- Medicines were managed safely.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff received training in medicines and had their competency assessed.
- People told us they received their medicines safely. For example, a person we spoke with said, "The staff are just brilliant here, they do look after me very well, they make sure I have my tablets when I'm supposed to."
- The management team reviewed a medicines exception report daily to identify any errors or poor practice. This meant any errors or learning opportunities were identified in a timely manner.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. The home was exceptionally clean and people were protected from the risk of 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.

Visiting in care homes

- There were no restrictions on visiting. Relatives told us they were welcomed by the management team and staff at any time. Where relatives and friends were unable to visit staff supported people to use technology to maintain relationships.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- The management team investigated all incidents and made changes if needed. For example, following analysis of incidents a trend was identified relating to mealtimes, changes were made and there had been a clear reduction in incidents. This protected people from the risk of harm.

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. At this inspection the rating has changed to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People were exceptionally well supported and treated. People's diverse needs and experiences were equally respected.
- The homes' philosophy of "Family" was truly embedded in the culture of the home. People and staff told us they felt like family. Staff in every role displayed highly motivated and compassionate attitudes. Patience and kindness were shown at every opportunity. We observed a member of housekeeping staff carrying out their duties with exemplary kindness, enquiring about each person's well-being and ensuring they were happy before leaving each room. This included ensuring they were at the same level maintaining eye contact and using appropriate communication to ensure they were empowered to voice their needs.
- People and their relatives told us they were exceptionally happy with the care provided and described staff as 'Angels'. A person told us, "The staff all have halos above their heads, there is no other way I could describe them," and a relative told us, "Staff are brilliant. We were worried my [relative] wouldn't settle but they have been brilliant from day one. I don't think they could have gone anywhere else where they would be happier. The care is brilliant."
- There was a strong embedded person-centred culture at the home. Care planning fully incorporated the way people wished to live their lives. The management team and all staff were entirely motivated and committed to putting people at the heart of the service. All people were supported to lead their lives in their chosen way. The protected characteristics of the Equality Act 2010, such as age, sexual orientation and gender, were embraced and people lead their lives in their preferred way. Care plans included a document named, 'What Makes Me, Me', these were completed with people, their relatives, and advocates where needed, and detailed what was especially important to them.
- Staff sought information about each person's individuality, skills, cultures and lifestyle choices which allowed staff to celebrate and focus on areas which were important to people. For example, a person's spirituality was fundamental to maintaining their health and well-being. Staff delivered care according to their spiritual beliefs with kindness and compassion. This was just one of many examples of the exceptional support people living at Belvoir Vale received.
- Staff we spoke with spoke about their roles with passion and showed exceptional commitment to ensuring people and their needs were at the heart of the service. The registered manager told us, "I am so proud of my team, they are brilliant, we are a family. We work incredibly hard to make sure everyone gets not just what they need but what they want." Another staff member told us, "I love my job, the best thing about it, is ultimately our residents, they all have their own unique personalities, it's a real privilege to be able to care for them."

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

- People were supported exceptionally well to express their views and make decisions about their care.
- Staff encouraged, empowered and supported people to share their views. People told us they felt respected and listened to. We spoke with a member of the residents' committee who told us, "The staff are just fantastic, I feedback what changes we want, we recently changed things to do with food, I didn't really want to leave my home, but I am so glad I found here, I wouldn't live anywhere else."
- The exceptional inclusive approach embedded within the service meant people and their relatives were valued and fully included. Staff spoke with passion about teamwork, staff said, "We are a team, staff, people and relatives, we have built relationships, so people know no subject is off limits." A relative we spoke with told us, "I am fully involved in everything. I go to the home, and we sit with staff and my [relative]. They balance things really well. I am confident and the staff are confident in what they do."
- People's wishes and choices were always respected and people who were unable to express their own views and make decisions about their care and everyday choices, were supported to do so. Staff worked collaboratively with health and social professionals and relatives to ensure they knew everything about each person living at the home. For example, a person living with a complex mental health condition had a detailed and specific plan in place which was developed with the person and their relative. The care plan detailed exactly what staff needed to do to minimise any distressing side effects as result of their condition. Development and embedding of this care plan resulted in a significant decrease in periods of distress and anxiety for the person.
- People were supported with advocacy services when needed. An advocate is an independent person who can assist people to make decisions about their health and well-being. A person who was unable to make informed decisions was supported by an advocate to make their wishes known, these were then documented within care and support plans which staff followed consistently. People were offered a private space to discuss all areas of care with an advocate.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were exceptionally well respected and promoted.
- People were always treated with the highest level of respect and with their dignity preserved. Promoting people's right to privacy and independence was at the heart of the service, and all staff carried out their roles in line with this attitude.
- Staff were committed to make reasonable adjustments to promote people's independence and dignity. For example, a person living at the service was previously using incontinence pads which impacted their independence and well-being. Staff created a person-centred routine to manage the persons continence needs which resulted in them no longer requiring the use of continence products. This resulted in the person becoming less distressed and regaining independence in this area. Additionally, another person living at the service was reluctant to take a medicine to resolve the symptoms of constipation due to having a bad experience in the past and fear of being left in an undignified situation. Care plans sensitively documented staff had reassured and educated the person in the importance of symptom management and the support staff would offer them in retaining their dignity. This resulted in the person managing their symptoms and maintaining their dignity which was extremely important to them.
- People were cared for by kind and compassionate staff who understood what was important to them. The registered manager, manger or deputy manager completed daily walk rounds of the home and met with every person to ensure the care they received was dignified, respectful and kind. We viewed many examples of the exceptional care people received. One of these examples included a person who was at risk of self-neglect due to a mental health condition therefore risking their dignity becoming compromised. The person would only wear certain clothes, staff ensured these were washed, dried and ironed every single night and ready for the person upon them waking. This prevented them becoming disorientated and their health and well-being had improved as a result. A relative told us, "The staff are absolutely wonderful, they know

everything about my [relative] and are so caring not just to my [relative] but to the rest of the family when they visit too."

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. At this inspection the rating has remained Good. This meant people's needs were met.

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

- People were exceptionally well supported as individuals, in line with their needs and preferences.
- Personalised care was at the heart of the service. People and their relatives were empowered, listened to and consulted with when planning and creating care plans.
- People's care plans were consistently and comprehensively reviewed; health and social care professionals were proactively contacted for timely advice which was implemented in to care and support plans. For example, a person who was admitted to the home and significantly underweight was referred immediately to the dietitian for review. Individualised treatment of nutritional supplements was prescribed. Staff also completed further work with the person such as finding out dietary preferences and altering timings of meals. Care plans evidenced this was successful and the person had put on enough weight, nutritional supplements were no longer required, and they were discharged from requiring specialist input.
- People and their relatives told us they felt staff knew them exceptionally well and were fully involved in planning care. A relative we spoke said, "They know my [relative] very well, know what is important to them and respect them, I couldn't ask for more really."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported exceptionally well to maintain relationships, follow their interests and take part in activities that were relevant to them.
- Activities were truly person centred. Staff supported all people to socialise and take part in activities which were important to them. For example, one person had a lifelong wish to visit their childhood home, staff approached the new owners of the house and made this happen for the person, this had a significant impact on their overall well-being. Another person had lost touch with life-long friends and had lost pets since becoming unwell. Staff researched and were successful in finding the friends and pets they had lost. They were all reunited at Belvoir Vale, the photos and feedback we reviewed was exceptional. Staff supported all people consistently to ensure they lived fulfilled lives with those that matter to them.
- The provider recognised the importance of maintaining family relationships and how they could support this. The provider bought a piece of woodland located on the grounds of the care home and created a garden for people and their relatives to enjoy. People, their relatives and staff had created a fairy garden for everyone to enjoy, people and their relatives were supported to personalise areas of the land. A person we spoke with told us, "I go outside when it's nice with family, it's lovely to have somewhere so peaceful and private."
- Staff found men at the home were less likely to participate in social activities and found men were at risk of becoming isolated. As a result, staff supported men at the home to visit a local male well-being group

named 'Men in Sheds', this group aims to ensure men to stay socially connected with other men who share similar interests. Staff spoke with passion of the exceptional impact this had on people.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were exceptionally well listened to, responded to and used to improve the quality of care.
- All people and their relatives were empowered to raise concerns or complaints. For example, we reviewed a complaint whereby a person felt another person living at the home was being targeted by other people living at the home. An investigation was undertaken, and all people involved sensitively approached to ensure all people felt safe living at the home. An outcome letter was sent to all people involved. Further feedback was obtained after the complaint to ensure all people remained happy. Furthermore, a relative told us, "I attend resident and relatives meeting and we are encouraged to speak out over anything." Records we reviewed supported this. For example, we reviewed a complaint about showers, within 4 weeks a new shower room had been fitted and a response sent to the person.
- Staff told us, complaints were used as a learning opportunities, "It's a learning opportunity, we brainstorm, we know we can't always get things perfect, but we must learn from any mistakes."
- The complaints policy was detailed in the service user handbook which was provided to all people using the service upon moving in. The complaints process was also displayed within the home in a format all people could understand.
- We reviewed many compliments from people, their relatives, and professionals. A visiting professional spoke with us during the inspection about the exceptional care staff provided at Belvoir Vale, "I have been coming here for years, I can honestly say I have never heard a bad word spoken, when it's my time, I've told them to reserve me a bed."

End of life care and support

- All people were exceptionally well supported at the end of their life to have a comfortable, dignified and pain free death. The service provided excellent end of life care. Religious, spiritual, and cultural needs were at the heart of end-of-life care planning.
- Every person was supported to create a bucket list of hopes, wishes, aspirations and of things they would like to achieve before they died. One persons' bucket list included a lifelong goal to ride in a helicopter, staff supported the person to achieve this goal prior to their death. Staff spoke with pride of the joy it brought the person. Another person wished to see the 'Full Monty' in real life whilst the person was not well enough to leave the home, staff brought the 'Half Monty' to Belvoir Vale. We viewed a video of the occasion and saw first-hand the genuine happiness it brought to the person and their friends at the service. These examples meant staff ensured peoples wishes were fulfilled.
- Care plans had very clear and detailed information relating to each persons end-of-life needs, including both spiritual and religious care. For example, care plans detailed who people wanted around them, where they wanted to be at the end of their life and if any religious input was needed. End of life care plans were written in a compassionate and sensitive way.
- We observed staff providing end of life care to a person, whilst also supporting their family. Care was compassionate and dignified. Every member of staff who walked past the bedroom spoke to the person and their family. There were no missed opportunities to provide care and support to the person and their family.
- Staff worked collaboratively with external healthcare professionals to ensure people received proactive support to ensure a pain free and dignified death was achieved.

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 well understood and supported.
- People's communication needs were assessed and documented within care plans. For example, one care plan we reviewed detailed how staff should communicate with and support a person who was hard of hearing.
- Throughout the home we observed easy read documentation and pictorial signs in appropriate places around the home. This did not detract from the homely environment, but aided people to be secure and comfortable within the home. For example, Staff photos were displayed to ensure people could recognise staff. Interactive information boards were also in use to display important information.

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. At this inspection the rating has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- There was an exceptionally positive, open and inclusive culture at the service. There was a consistent exceptional approach to ensure people received only the best possible outcomes. This was embedded within the culture of the home.
- People were undoubtedly at the heart of everything at Belvoir Vale. People, relatives, staff, and professionals told us the management team and the environment they had created was exceptionally supportive. People's outcomes in areas such as continence, falls and social well-being had improved in many areas because of the support they received.
- The management team embraced the opportunity to volunteer to be part of both local and national initiatives to improve the health and well-being of people they support. For example, they took part in a local steering group to seek early interventions to prevent hospital admissions. They also took part in an academic study to improve healthcare for older people living in care homes.
- People gave us positive feedback about the management and staff at the home. A person we spoke with told us, "It's wonderful, the staff, I know the manager [name] very well, they can have a laugh and a joke, but nothing is too much trouble, they are all just brilliant." A relative we spoke with said, "They do everything exceptionally well and have I no complaints. It is a welcoming place and for those people who move in they have made it seamless", another relative we spoke with told us, "I did a lot of research before my [relative] moved in and this was the nicest and it still is."
- Staff were empowered to raise concerns and share ideas. Staff told us without exception the registered manager, manager and deputy manager would act on any concerns raised immediately. Staff told us, "The management team are very supportive, they a million percent would act on anything big or small, it's just a lovely place to work, the managers make sure we are ok personally as well, they genuinely care." The management team spoke with pride about the team and the positive impact they had on people's lives.

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

- The registered manager was passionate, motivated and determined to achieve the best possible outcomes for people. The registered manager had excellent support from the provider, home manager and deputy manager. This meant they had the time and resources to develop the service which resulted in the exceptional care and support people received.
- The registered manager developed their leadership skills to continually improve the management of the home. The registered manager completed a specialist leadership course and had enrolled the home

manager in a future leader's course to develop their skills further. Staff were supported to develop their own skills with the support of the registered manager and provider. For example, staff were encouraged to complete specialist courses and National Vocational qualifications. This meant staff were equipped with greater knowledge to provide the best possible care and support.

- The provider had excellent systems and processes in place to continuously improve, develop and monitor the quality of care provided. All areas were audited to ensure people's needs were fully met and the excellent quality of care continued. For example, specific root cause analysis tools were used for different types of incidents, there was not a one form fits all approach. The falls analysis was exceptional with meaningful outcomes and risk reduction measures detailed. A root cause analysis of a person who had fallen uncovered it was not a mobility issue causing the falls but pain, the person was immediately referred for pain management and their falls stopped.
- The management team completed daily reviews of all accidents, incidents and near misses. All outcomes were immediately shared with the wider staff team. This meant people were protected from the risk of recurrence.

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

- People and staff were at the heart of the running and development of the service. The provider fully incorporated a diverse range of views that embraced people's protected characteristics.
- People and staff were fully engaged in running of the service. Feedback from both people and staff was excellent. Staff were supported to undertake enhanced inclusion training, wellness days and team building exercises such as a recent 'escape room' activity. Staff told us, "They listen to us, our team is strong, which makes it such a lovely place to work." People and their relatives echoed this feedback. For example, a person we spoke with told us, "We have meetings to discuss things, it's a great place," and a relative told us, "I feel very involved, there are residents and relatives' meetings, if something needs to change, it's sorted very quickly."
- People from varying backgrounds with different beliefs were encouraged, supported, and empowered to live life to the full in their chosen way. People were supported with their spiritual needs with visits to a specialist centre and the home had a specific member of staff who led in the management of spiritual needs. People who were unable to leave the home were supported to receive holy communion in the home in their preferred environment.
- People were fully supported and empowered to take active and meaningful roles within the community. Staff supported people to work with students at a local college. People were invited to judge the new menu as part of the student's business studies course. Staff told us, "It gave people a real purpose, they were supporting students and helping them." The provider also requested advice from people and staff about assisting the local community this resulted in the provider sponsoring a local football team on behalf of people living at the home.

Working in partnership with others

- The provider worked exceptionally well in partnership with others.
- The provider worked in partnership with many professional in order to improve the outcomes for people. For example, the home was selected to undertake a pilot with the urgent community response team which aimed to make accessing community healthcare support easier. This meant people received timely support to improve their health outcomes.
- A professional we spoke with gave very positive feedback about the home and care staff provided.
- Care plans were very detailed and included how staff worked with multiple health care professionals such as specialist dementia nurses, dieticians, GPs and physiotherapists. This systematic approach to partnership working and embedding recommendations into care plans had achieved and improved positive outcomes

for all people using the service.

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 fully embraced their responsibilities under duty of candour and had embedded the ethos at the service.
- The registered manager and management team understood their responsibility to be open and honest with people and had acted when things went wrong. All incidents and accidents had a specific duty of candour section which prompted all staff of their responsibility to be open and honest. All incidents were reviewed daily which meant there was never a delay in sharing information.
- People and their relatives told us the management team were open and honest when things went wrong. A relative told us, "My [relative] had a fall and they rang me immediately, they were brilliant and helpful, they told me what they had put in place so my [relative] was safe." Records we reviewed supported this.