

Bexhill Care Limited

# Earlsfield Court

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Earlsfield Court is registered to provide residential care to older people, including those people living with dementia and a physical disability. Accommodation was provided over three floors which were staffed as separate units. Two floors were currently in use, but the service was for up to 72 people. The ground floor provided care and support for people who lived with general frailty and a range of conditions such as Parkinson's disease and mobility problems. The top floor was a dedicated to people who lived with dementia. There were 23 people living at the home at the time of the inspection. Six people were on the top floor and 17 were on the ground floor.

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

A new management team had recently been appointed at the service. Communication and quality systems throughout the service needed to be developed further to support quality care. This included effective communication between staff and the use of information from complaints and accidents/incidents gathered to develop the service. These areas were identified as an area for improvement.

People's medicines were handled safely. There were suitable arrangements in place to assess and respond to any risk to people. The service was clean and infection prevention control measures followed meant people were protected, as far as possible, from the risk of COVID-19. Visiting professionals told us, "They are adhering well to COVID-19 guidance for residents and visiting staff."

People were protected from the risks of harm, abuse or discrimination because staff knew how to recognise and respond to any possible abuse. There were enough staff working and available to ensure people's needs were met in a timely way. Staff were recruited safely.

People were supported to have maximum choice and control over their lives. Any restriction was kept to a minimum and took account of people's best interest. Policies and procedures were in place to support practice.

People received personalised care that was delivered by staff who had a good understanding of their needs and how they should be met. People had access to health professionals to promote their health and well-being. One relative told us, "You cannot beat the care provided here." Another said, "I would recommend this service to other people."

Staff received a varied training programme that ensured they had suitable skills to care for people. Staff were supported and had the opportunity to develop new skills. People's nutritional needs were assessed recorded and responded to, including specific health diets.

People and their relatives were treated with kindness and compassion. People were encouraged and supported to maintain their independence. People's privacy and dignity was protected.

People had choice and control over the activities and entertainment they wanted to participate in each day. Technology was used to keep families in contact by skype and email. Staff knew people's communication needs well and staff communicated with people in an effective way.

The provider was committed to supporting the new management team to develop structures and plans to deliver sustainable good care. Notifications had been completed to inform CQC and other outside organisations when events occurred.

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

This service was registered on the 6 February 2020 and this is the first inspection.

Why we inspected

This was a planned inspection to rate the service.

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 intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Earlsfield Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Earlsfield Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on annual leave at the time of the inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

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

During the inspection

We looked around the service and met with the people who lived there.

We spoke with five people to understand their views and experiences of the service and we observed how staff supported people. We spoke with the deputy manager, the operations consultant, a quality manager and seven further staff members. This included care staff, housekeeping, administrative, catering staff and maintenance staff. We were able to speak with two visitors and a visiting professional during the inspection.

We reviewed the care records of four people and a range of other documents. For example, medicine records, three staff recruitment files; staff training records and records relating to the management of the service. We also looked at staff rotas, and records relating to health and safety.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four relatives and a visiting health care professional and completed these discussions on 27 August 2021.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were confident about reporting any concern relating to possible abuse. They had received training on safeguarding people from all types of abuse. Staff told us, "I know to report any concerns at all to senior staff and they will pick it up and deal with it."
- People told us they felt safe. Comments included, "looked after well here." Relatives were confident that people were safe and well cared for and told us, "We are happy now, we worried when they were in their flat. We now know she is safe and well cared for and the staff are nice," and "We would be worrying so much if they were at home."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. These were available to staff on their hand-held smart phones.
- The organisation had systems to ensure any abuse was followed up appropriately and robustly to keep people safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were individual risk assessment in place to manage risks around people's health, welfare and safety. This included, risks such as skin integrity, weight management, nutrition and falls.
- Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, people with fragile skin had guidance on how to prevent pressure damage using air flow mattresses and regular movement.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. For example, risks associated with legionnaires had been assessed and responded to.
- Regular fire alarm checks had been recorded, and people's ability to evacuate the building in the event of a fire had been considered and recorded within a personal emergency evacuation plan (PEEP).
- Regular health and safety checks were completed and included the management of utilities and equipment. There was a business continuity plan which supported staff in what action to take in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.
- Staff documented and recorded all accidents and incidents. These records included actions taken to make people safe. For example, people at risk of falling had sensor mats. This meant staff could support the person safely, whilst not restricting them from walking independently.
- Serious incidents/ accidents were escalated to other organisations including the local authority and CQC.

Staffing and recruitment

- There were enough staff working each shift to ensure people's needs were met. There had been some

changes to staff due to staff leaving and recruitment was on-going. The management had taken steps to reduce the impact of staff changes on the care delivery. Staff had undertaken additional shifts to cover staff changes and staff sickness, so the use of agency staff was avoided.

- Comments from people and relatives about staffing included, "The staff are fantastic and available to provide the best care." "Staff are good, but I like to do things for myself. They are here if you need them."
- Rota's confirmed staffing levels were consistent, and the skill mix appropriate. There was always a team leader or senior carer on duty who took the lead on each of the floors.
- A thorough recruitment procedure was followed before people worked in the service. This included criminal record checks (DBS), references and employment history. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

#### Using medicines safely

- Systems were in place to support the safe handling of medicines. Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- We asked people if they had any concerns regarding their medicines. One person said, "I get my pills and have no worries." Another said, "I speak to the staff if I need a pain killer and get it when I need it, the Doctor keeps an eye on my medicines."
- The service used an E MAR system and were supported by the pharmacy provider who undertook regular audits.
  - Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
  - We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
  - Protocols for 'as required' (PRN) medicines such as pain relief medicines described the circumstances and symptoms when the person may require this medicine.
  - Medication audits were completed on a daily and monthly basis to check safe practice was followed by staff.
  - Although staff had completed training on medicine administration competency assessments had not been completed on all staff. This was addressed by the management team immediately.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Staff followed clear guidelines to ensure anyone visiting the service had completed a relevant COVID-19 test.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were fully assessed before they moved to Earlsfield Court. This was to ensure their individual needs could be met and to facilitate a smooth transition into the service. One relative told us, "The assessment before admission included everything, they even asked what flowers my relative liked, so a bunch was in their room when they arrived."
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity.
- Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices. For example, specialist nurses were used to support any nursing needs people had.
- Peoples needs were reviewed and when peoples' needs changed, a review was held to ensure staff could still meet their needs.
- People's protected characteristics under the Equalities Act 2010 were identified. For example, around people's heritage, cultural requirements and gender preferences of their staff. Peoples preference of staff gender was recorded within their care documentation.

Staff support: induction, training, skills and experience

- The organisation has a structured training and support programme that included induction and on-going staff development.
- New staff told us their induction was full and comprehensive and prepared them well to work within the service. One staff member said, "The induction was full and covered everything."
- Regular on-going training was completed by staff in a variety of subjects and was mainly completed online. There had been a number of staff changes over the past couple of months and has led to some gaps on the training records identifying non completion. The operations consultant was aware and was taking action to address.
- Our observations during the inspection and discussion with staff and relatives confirmed staff understood their roles and responsibilities. One relative said, "Staff are skilled in providing the care they need."
- Staff are scheduled to have regular supervision and the registered manager had an identified action point to ensure staff receive this in a planned way.

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

- Most people ate in the dining rooms and these promoted a pleasant dining experience. Meals were served by the kitchen staff and people's choices were responded to.

- Staff knew people's preferences and these along with specific dietary requirements were recorded within the care plans and documentation used by catering staff. For example, one person had lost a small amount of weight and a fortified diet was used to support weight stability.
- Feedback received about the food was mixed. On the day of the inspection the food was not well received, and complaints were made. The operations consultant addressed this matter immediately and ensured the menu was changed. Relatives contacted after the inspection day told us the food was good and had improved with a new chef. One told us, "My relative is fussy with food, but has said that it is good now and improved greatly."
- People on both floors were offered and shown choices of food and drink and this ensured variety choice and availability. Snacks and drinks were available throughout the day. Staff offered these and people who were able, could help themselves to them as they wanted them.
- Nutritional assessments were completed, and professional advice was sought to support good nutrition for people. Nutrition and hydration were given a high priority with staff monitoring people's intake. Staff meetings also reinforced who needed closer monitoring and support with their diet.

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

- Staff worked with a wide variety of professionals and promoted a multi-disciplinary approach to care. A visiting professional told us, "All staff want to work closely with me to promote the best care possible. Staff are happy to listen to advise and respond to it."
- The care plans were used and reviewed by visiting professionals. For example, advanced care planning was in place and developed by the care staff, hospice staff and the paramedic.
- Staff worked closely with the local GP surgery and a paramedic employed by the surgery visited on a weekly basis and as requested to review care and work with staff to support effective and timely care. We were told, "The staff do not ignore anything they raise everything, so nothing gets missed."
- One relative described how the health of their loved one had been improved with the support of staff. "They have attended to their health care needs so well."

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

- Earlsfield Court was purpose-built and provided a welcoming and comfortable environment for people. The building was designed to take account of people living with disabilities and dementia. For example, corridors and doorways were very wide to accommodate people who wanted to walk, and any equipment required.
- The facilities included a variety of pleasant seating areas and communal space that gives plenty of choice and space for people to use and enjoy. This included a cinema room and safe garden. The garden was suitable for people who used walking aids or wheelchairs and was secure.
- People's bedrooms were attractive and well decorated. They were spacious and personalised with people able to bring in their own possessions, such as pictures, photos and small bits of furniture.
- All floors were accessible, and everyone had full use of the garden, and other communal areas that included the cinema room and hairdressing room.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had undertaken training on the MCA and understood the importance of upholding its principles.
- People were asked for their consent and were involved in day to day choices and decisions. Staff demonstrated that people's choice and involvement was central to the care provided. We saw people making choices about who supported them, how they spent their time, and what they ate and drank.
- There was a file kept that recorded the DoLS submitted and their status. The documentation supported that each DoLS application was decision specific for that person. For example, regarding restricted practices such as locked doors. We saw that the conditions of the DoLS had been met. For example, each person's care plan reflected how the decision had been made and what actions staff needed to take.
- The registered and deputy manager had made DoLS applications to the local authority when necessary and kept them under review until a response had been received.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff.
- Staff received training on equality and diversity. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred way, this was reflected within the care plans.
- Feedback from people and relatives described staff as kind and caring. Comments included, "The staff are all very nice to me, "All the staff are so friendly and kind and nothing is too much trouble." One relative reflected on how staff showed their caring approach to them as well. "Staff make you feel part of the Earlsfield Court family, staff are supportive thoughtful and sensitive."
- The kindness of the staff team was commented on by a visiting health care professional who told us, "Staff go above and beyond for example, they arranged for a relative to stay overnight in another room when their relative was very ill."

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

- People and their relatives confirmed they were involved in the planning and delivery of individual care. Comments included, "We can do as we want," "I like to lay in, in the morning and this is what I do." A relative told us, "I was included in the care plan review with my relative. We went through everything and everything was open so that we could all discuss what was needed and wanted."
- People's views and decisions were reflected in their care records. This included how staff can encourage and support people to make their own decisions. Where people needed support when making decisions appropriate representatives were involved.
- Staff supported people to have their views heard. One person had chosen not to use a walking frame as they preferred a walking stick despite the staff view believing the walking frame was safer.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff understood how they could provide support without diminishing people's dignity. For example, staff offered napkins to people to protect their clothing when dining.
- Staff knocked on people's doors to seek consent before entering. Discussions about people's needs were discreet and conducted in private, personal care was delivered behind closed doors and staff understood

people's right to privacy.

- People were supported by staff to dress as they wanted and to maintain their personal hygiene through baths and showers when they wanted them. There was an in-house hair salon for people to use.
- People told us they liked to be independent and a relative told us staff promoted people's independence. They gave an example, "Staff encouraged them to mobilise and they are now able to use the en-suite toilet on their own. Which is great for them."
- Staff supported people to keep in touch with their family and friends. Visitors were always made welcome and offered privacy to talk. We saw staff facilitate a skype call between a husband and wife who was in hospital.
- Confidential information was held securely in locked staff offices. Staff undertook training on data protection.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 received care and support that met their individual needs and reflected their choices and preferences. People and relatives told us staff knew them well and supported people an individual way. One relative said, "The care is individual." Another said, "You couldn't ask for better care."
- Staff understood people's individual needs and personalities. A visiting health care professional told us, "The staff know people well and have the information I need to discuss and review their care."
- People had a full assessment before admission this ensured their needs could be met and tailored for, before they came to live at Earlsfield Court. These assessments were reviewed and developed into plans of care to guide staff in how to support people. One relative reflected on the admission process and how it included conversations about what the person liked to do and eat.
- The care plans were individual and reflected a person-centred approach to care. For example, people's choices on personal hygiene were recorded and included when people would like a shower or a bath and what support they needed to maintain oral hygiene. One person preferred to clean their teeth after breakfast and needed support to apply toothpaste to the toothbrush.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff responded to people's communication needs. These were assessed and recorded within individual communication care plans. These included specific information on how people's communication needs could be met and what aided their communication. For example, one person liked to use a note pad to record information and questions.
- Consideration was given to environmental factors that may impact on communication. For example, the use of face masks had been reflected within care plans and how the impact of these could be reduced. This included ensuring hearing aides were in good working order.
- Systems to support people to communicate with staff, relatives and friends had been assessed and promoted. For example, staff had ensured one person with poor sight had easy speed dial numbers on their telephone.

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's recreational needs were recognised as an important part of their lives. Care plans were used to identify any interests, hobbies or activities that would interest people. A relative said, "They recorded that they liked football and they enjoyed watching the European cup with other people in the service."
- There was dedicated activity person working in the service. There was a full activities programme that was varied to suit people's individual needs. People and relatives told us there was a good level of activity and entertainment provided within the service. One relative told us, "My relative has enjoyed some special times here when joining in with the activities. Another relative told us, "They soon settled in and began to enjoy the numerous activities especially scrabble which they have always loved playing," and "Mum has taken up painting knitting and even started playing the piano which she has not done since I was a child."
- People were supported to maintain social contacts and relationships. Visitors were made to feel welcome and were encouraged to visit in line with the Government guidelines. One relative told us, "We have been very lucky and able to visit my relative regularly in the garden." Technology was also used to maintain these links one person enjoyed regular facetime sessions with family members.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain, and a copy of the complaints policy was available. Relatives told us, they would make a complaint if they needed to.
- A record of complaints was held in the service. These included the information on the complaint and how this was responded to. However, there was little evidence to demonstrate how any learning was shared or used to improve the service. This is reflected further under the well-led section of the report.

End of life care and support

- When people needed end of life care, staff worked closely with other health care professionals to provide the best care for people in a compassionate way. A visiting health professional told us, "Staff go above and beyond to support people and their families when people are at the end of their lives."
- Staff delivered care that took account of people's wishes and supported their comfort. One relative told us, "The care is fantastic, other professionals have been impressed with the care, including the skin care, they have no sores and that is down to the staff care."
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans contained information and guidance in respect of people's religious and resuscitation wishes.
- Relatives and friends were supported with compassion through this difficult time. For example, visiting for those people at the end of their lives was extended, with the facility to stay overnight if wanted.

# 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.

This is the first inspection for this newly registered service. This key question has been 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

- There was a new management team at Earlsfield Court this included a registered manager and deputy manager who had taken up post approximately two months ago. The structure needed time to establish clear leadership and quality systems. The operations consultant had identified this issue and was providing additional support.
- Communication systems throughout the service were not fully established and needed improvement. Staff told us, "Information is not always passed on, this causes problems and has led to people missing appointments." Relatives also commented negatively on the communication with the management team. The operations consultant had started improvements with changes in the frequency and content of meetings.
- A new quality system was being introduced and needed to be embedded to ensure effectiveness. For example, although accident and incidents were recorded and responded to, there was no evidence that information generated from these was used to identify themes or trends.
- Complaints were recorded and dealt with. However, there was no evidence that they were used to review and improve the service. These areas were identified as areas for improvement.
- Other quality systems were in place and were used effectively to improve the service. For example, audits had been completed on medicines and infection control and generated clear action points to be addressed.

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

- A daily meeting with key staff members led by the deputy manager on the day of the inspection, confirmed staff were thanked for the work they completed.
- One staff member told us, "All staff are treated the same, there is no hierarchy where some staff are seen as more important."
- People and relatives told us they found all staff to be approachable, and helpful. Interactions between people, relatives and staff, were warm and positive and they clearly knew each other well.
- Engagement with staff, people and relatives was very important and the operations consultant has already set goals on this for the registered manager to achieve.

- Relatives told us, "My relative is extremely happy here. She is well looked after, could not wish to live in a better place."

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; Working in partnership with others

- The registered manager and management team were aware of their responsibilities including those under duty of candour. Relevant statutory notifications had been submitted to the CQC promptly.
- The management team acted in an open, honest and transparent way. This was demonstrated through the response to findings during the inspection visit which were responded to in a positive proactive way.
- Staff worked closely with local healthcare providers such as the GP surgery, district nurses and the local pharmacy. The local pharmacy has recently completed an audit.
- Health care professionals were positive about the relationship formed between them, and the staff. One told us, "I complete a weekly round at the home, staff are very helpful and knowledgeable and happy to listen to advice and guidance."