Acer Healthcare Operations Limited

Abingdon Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Abingdon Court on 23 October 2018. This was an unannounced inspection.

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

The care home accommodates up to 64 people in an adapted building. At the time of the inspection there were 63 people living at the service.

At our last inspection on 17 and 25 October 2017, the overall rating was requiring improvement. Two breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. Following the inspection, we received an action plan which set out what actions were being taken to bring the service up to standard. At this inspection we found improvements in the service. We could see that action had been taken to improve staff support without breaching people's rights. Actions had also been put in place to ensure consistent recording in care plans as well as putting in place effective quality assurance systems.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were safe living at Abingdon Court. There were enough staff to meet people's needs. Staff demonstrated they understood how to keep people safe and we saw that risks to people's safety and well-being were managed through a risk management process. There were systems in place to manage safe administration and storage of medicines. People received their medicines as prescribed.

People had their needs assessed prior to living at Abingdon Court to ensure staff were able to meet people's needs. Staff worked with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner.

People were supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management team. Staff support was through regular supervisions (one to one meetings with their line manager), appraisals and team meetings to help them meet the needs of the people they cared for.

People living at Abingdon Court were supported to meet their nutritional needs and maintain an enjoyable and varied diet. Meal times were considered social events. We observed a pleasant dining experience during our inspection. However, we saw staff language barrier affected how they interacted with people.

People told us they were treated with respect and their dignity was maintained. People were supported to maintain their independency. The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights. The provider had processes in place to maintain confidentiality.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. The registered manager and staff had a good understanding of the MCA and applied its principles in their work. We saw people were supported without breaching their rights.

People knew how to complain and complaints were dealt with in line with the provider's complaints policy. People's input was valued and they were encouraged to feedback on the quality of the service and make suggestions for improvements. Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible. People had access to meaningful activities.

People, their relatives and staff told us they felt Abingdon was well run. The registered manager and management team promoted a positive, transparent and open culture. Staff told us they worked well as a team. The provider had effective quality assurance systems in place which were used to drive improvement. The registered manager had a clear plan to develop and further improve the home. The home had established links with the local communities which allowed people to maintain their relationships.

We have made a recommendation about support for staff for whom English is not their first language as part of induction to ensure effective communication with people.

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.

Staff had a good understanding of safeguarding procedures.

Risks to people were assessed and risk management plans were in place to keep people safe.

There were enough staff to keep people safe.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to meet people's needs. However, staff language barrier affected how they interacted with people.

The MCA principles were followed and people were cared for in the least restrictive way.

People were supported to access healthcare support when needed.

Is the service caring?

Good

The service was caring.

People were involved in their care.

People were treated with dignity and respect and supported to maintain their independence.

Staff knew how to maintain confidentiality.

Is the service responsive?

Good

The service was responsive.

Staff understood people's needs and preferences. Staff were

knowledgeable about the support people needed.

People had access to activities.

People and their relatives knew how to raise concerns.

Is the service well-led?

Good

The service was well led.

The provider had made significant improvements within the service.

The leadership created a culture of openness that made people and staff feel included and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

Abingdon Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 October 2018 and was unannounced. The inspection team consisted of three inspectors and two Experts 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.

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We received feedback from two social and health care professionals who regularly visited people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was being managed. We reviewed previous inspection reports as well as the action plans the provider had told us they would be taking. We also obtained feedback from commissioners of the service.

We spoke with 14 people and 10 relatives. We looked at 11 people's care records and seven medicine administration records (MAR). The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the home and getting their views on their care. During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the registered manager, the quality manager, the deputy manager and 14 staff which included, care staff, domestic staff and catering staff. We reviewed a range of records relating to the management of the home. These included six staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

Good

Is the service safe?

Our findings

People told us they felt safe living at Abingdon Court. People's comments included, "I am very safe, staff are nice and help around. My family come in, I enjoy living here", "There's always staff around and I have an alarm bell can press", "I have been here several years, well run and safe place" and "There are people at the end of a bell, makes you feel safer than living by yourself". One person's relative told us, "Confident [Person] is safe and well looked after. They have gained weight since been here and any problems, the manager is on it straight away".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding vulnerable people and had good knowledge of the service's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff said, "I would always go straight to talk to the manager. She would be able to sort anything out".

Risks to people were identified and risk management plans were in place to minimise and manage the risks and keep people safe. Some people had restricted mobility and information was provided to staff about how to support them when moving them around the home. Risk assessments included areas such as nutrition, falls, fire and moving and handling. Risk assessments were reviewed and updated promptly when people's needs changed. For example, one person had developed a pressure sore in hospital. The person's risk assessment and management plans had been reviewed. A tissue viability nurse had been consulted and the person had pressure relieving equipment in place. People had Personal Evacuation Emergency Plans in place (PEEPs). These contained detailed information on people's mobility needs and additional support required in the event of a fire.

On the day of the inspection we saw staffing levels had improved. Throughout our inspection we saw people were attended to without unnecessary delay. Call bells were answered in a timely way and staff took time to engage with people. Staff rotas showed there were enough staff on duty to meet people's needs and confirmed that planned staffing levels were consistently maintained. The home had staff vacancies and the registered manager told us they were continuously recruiting. The home used regular agency to cover staff shortages and this allowed continuity of care.

We asked people if there were enough staff and they told us, "Never a long wait if I call them in. Seems to be plenty of staff but they work so hard -overworked", "When I need help, I press this [call button] and someone comes, usually almost straight away" and "There are enough staff for my needs".

Staff told us they were enough staff to meet people's needs. Comments included, "Staffing levels have been up and down for a while but I think some of the new carers are settling in and will stay", "Things have got easier in the last few weeks. There are now more staff" and "It's getting better now. They have recruited more staff".

The provider followed safe recruitment practices. Staff files included application forms, records of

identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable potential employees from working with vulnerable people. Staff holding professional qualifications had their registration checked regularly to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the Nursing and Midwifery Council (NMC).

During our inspection we found records relating to the application of topical medicines were not always complete. Some topical medicine administration records (TMAR) seen indicated that people did not always receive these at the required frequency and there were several gaps on TMARs. However, we could also see improvements in the previous weeks. Records of staff meeting minutes showed these shortfalls had been discussed during staff meetings.

Records relating to administration of other medicines showed people received their medicines as prescribed. We observed staff administering medicines to people in line with their prescriptions. The home had safe medicine storage systems in place. The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents.

The service learned from mistakes. Staff told us and records showed shortfalls were discussed with the aim of learning from them. For example, staff told us a lot of learning and changes had been implemented following our last inspection and the appointment of the new registered manager.

The environment looked clean and equipment used to support people's care, for example, weight scales, wheelchairs, hoists and standing aids were clean and had been serviced in line with national recommendations. People's bedrooms and communal areas were clean. Staff were aware of the providers infection control polices and adhered to them. One person commented, "If there's any spillages, the cleaner comes and cleans the carpet straight away".

Good

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At our last inspection on 17 and 25 October 2017, we found the registered manager and staff did not always follow the MCA code of practice. Where people were thought to lack capacity, no mental capacity assessments had been completed. These concerns were a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 23 October 2018, we found improvements had been made.

The registered manager and staff ensured that the rights of people who may lack mental capacity to make particular decisions were protected. Where people were thought not to have capacity to make certain decisions, we saw mental capacity assessments had been completed and there was evidence of decisions being made on their behalf by those that were legally authorised to do so and were in a person's best interests.

Where people received medicines covertly, mental capacity assessments had been completed. Covert allows for administering of medicine when people are either resistant to take them or they refuse and the medicine needs to be given to them in their best interest. We saw, evidence of the pharmacist having been consulted to ensure that it was safe to administer the medicines in this way.

Staff told us they understood the MCA. One member of staff said, "It is about people's ability to make decisions on a day to day basis". Another member of staff told us, "If we make decisions for residents then they have to be in their best interest".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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. We found the home met the requirements of DoLS. People who had DoLS in place were being supported in the least restrictive way.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Staff sought verbal consent whenever they offered care interventions. Throughout the inspection we saw and heard staff seeking permission and explaining care to

be given. For example, when people were supported with personal care.

People told us and records confirmed that people's needs were assessed before they came to live at Abingdon Court. This allowed gathering of the necessary information that formed the base of care planning process and ensure the home was appropriate to meet people's needs and expectations.

People received care from knowledgeable staff who had the right skills. Records showed staff had the right competencies and qualifications to enable them to provide support and meet people's needs effectively.

Records showed new staff went through an induction training which was linked to the Care Certificate standards. The Care Certificate is a set of nationally recognized standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. This included training for the role and shadowing an experienced member of staff. One member of staff commented, "The induction helped me to see how a care home works. I was introduced to residents so I could learn quickly about how to help them. I feel fairly confident already".

Staff told us and records showed staff received the provider's mandatory training before they started working at the service. They were also supported to attend refresher sessions regularly. Mandatory training included; dementia awareness, safeguarding, infection control and general data protection regulation (GDPR).

Records showed staff received regular supervision sessions which was confirmed by staff. Supervision sessions enabled staff to discuss their personal development objectives and goals. The provider had also introduced a performance, learning and development portfolio. This aimed at maximising staff strengths by identifying and delivering learning and development of staff.

Where needed, people were encouraged to drink fluids and staff recorded on food and fluid charts. People told us they enjoyed the food and were able to make choices about what they had to eat. Comments included; "Food brilliant with good choices and well cooked. They bring out two specimen plates with the meals on. If I don't like it, I can have something else", "I'm a bit fussy with food. If I don't like something they will do me an alternative" and "They always bring me a choice of meals for lunch and show me them. They ask me what I would like for breakfast and bring it in to me".

During the inspection we observed the midday meal experience on all three floors. On the ground and first floor, this was an enjoyable, social event. There was conversation and chattering throughout. A two-course meal was served hot from the kitchen and looked appetising. People were offered a choice of drinks throughout their meal and, where required, received appropriate support. People were encouraged to eat and extra portions were available. We observed staff sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience where ever they chose to eat their meal.

However, on the second floor, we observed staff sitting and supporting people with their meals with hardly any interactions. We spoke to staff and it was clear there was a language barrier as these members of staff's first language was not English. One member of staff told us, "I cannot understand all". Another member of staff said, "My English is limited somethings I have to be shown". We observed that some people who for example, lived with limited hearing or dementia could not always understand what staff were saying to them. On one occasion the staff member repeated what they had asked the person [what they wished to eat]. The person still did not understand.

Some staff told us they had already enrolled in English language classes. However, others found this costly. We spoke to the registered manager about our findings and they told us they would bring this to the provider's attention.

We recommended the provider sought support for staff for whom English was not their first language as part of induction to ensure effective communication with people.

People's care records showed relevant health and social care professionals were involved with their care. People were supported to stay healthy and their care records described the support they needed. Where referrals were needed, this was done I a timely manner.

People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. The general outlook of the home allowed free access to people who used equipment like wheelchairs. There were several sitting areas where people could spend their time. People could move around freely in the communal areas of the building and the gardens. However, the interior of the home was not always dementia friendly. The registered manager told us there was already a plan in progress to refurbish the home.

Good

Is the service caring?

Our findings

People told us staff were caring. People's comments included; "Great staff-perfect. They are actually nice and polite", "Staff are very good but overworked. Nice kind people, some better than others. Lately I see the same people. I am never neglected" and "They are kind carers. They laugh and talk to me. This is a nice place". One person's relative told us, "Well looked after. Staff are definitely happy, caring and compassionate. Residents get used to certain faces-caring people".

We observed staff talking to people in a polite and respectful manner. They interacted with people as they went about their daily work stopping to talk to people as they passed by. People were given options and the time to consider decisions about their care. Throughout our inspection, we observed many caring interactions between staff and the people they were supporting. It was clear people were comfortable in the company of staff. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. The atmosphere was calm and pleasant.

People told us staff treated them respectfully and maintained their privacy. One person said, "Always knock on the door when they come in. Personal care is ok, they respect us". People received care in private. We saw staff knocking on people's doors and asking if they could go in. Staff told us how they protected people's dignity when giving personal care by making sure doors were closed, covering people appropriately and explaining what they were doing. People's relatives also complimented the care people received from staff. One person's relative said, "Staff are wonderful. They treat [Person] with dignity and respect".

People's care plans contained information and guidance on how best to communicate with people who had limitations to their communication. For example, one person's care plan encouraged staff to speak slowly to person whilst looking at them. We saw staff taking their time to make sure the person understood them. Staff knew people's individual communication skills, abilities and preferences. Where people used hearing aids, we saw staff ensure these were in place and put on.

Staff spoke with us about promoting people's independence. One member of staff said, "We try to encourage people to do things for themselves. Even small things like brushing their hair. It is good". Throughout the inspection we heard staff encouraging people to eat their meals independently. Records showed people's independence was promoted. For example, one person's record emphasised on allowing enough time for the person to try and move with minimal support.

Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on confidentiality. One member of staff told us, "We do not talk about people outside work". Throughout the inspection we saw staff were discreet and respected people's confidentiality. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. People knew where their information was and they were able to access it with the assistance of staff. Some personal information was stored within a password protected computer. The registered manager was well aware of the implementation of the General Data Protection Regulation (GDPR). From

May 2018, GDPR is the primary law regulating how companies protect information.

The provider's equality and diversity policy was available in the home. This stated the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation. Staff spoke to us about how they supported people. One member of staff told us, "Everyone is entitled to good service despite your culture. It's a right to be treated equally. I want that".

Good

Is the service responsive?

Our findings

The provider used electronic records. People's care records contained detailed information about their health and social care needs. The provider had introduced a 'Me and My Life' document which captured people's life histories including past work, social life, likes and dislikes. This would enable staff to provide more person-centred care and respect people's preferences and interests. Records showed the home was continuously contacting families and friends to assist in the completion of this information.

The care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat. People's abilities and hobbies were considered.

People's care plans covered areas such as personal care, eating and drinking, mobility, elimination and communication needs. These care records were regularly reviewed. We saw daily records were maintained to monitor people's progress on each shift. However, we saw some of the records lacked detail. Records of the last electronic records audit had identified the same concerns and staff were still working through the action plan.

The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress. Staff shared information about any changes to care needs and generally how people had spent their day. This meant staff received up to date information before providing care, maintaining consistency.

Records showed people and their relatives were involved in the planning of people's care. One person told us, "Staff talk about my care, especially if it needs changing". Relative's comments included; "They [staff] go through care plan updates. I have been shown the care plan" and "We talked through the care plan".

We saw the service worked towards improving people's lives. For example, the home had worked with one person who had regained capacity and involved healthcare professionals to enable the person to be as independent as possible. The person was waiting to be discharged back home.

People's access to activities had significantly improved. People had access to a full programme of activities which included twice weekly music courses designed to offer a range of musical activities such as singing, listening to music and playing percussion instruments. Professional musicians, including a guitarist and male voice choir visited on a regular basis. GFitness (a fitness program for all fitness levels) offered music and movement activities. The home also offered Chair Tai-chi which was led by a qualified practitioner. Various animals visited Abingdon Court including, owls, small creatures, a Pat dog, and a pony. Cookery, quizzes, board games and films were also offered individually or in a group.

People told us they enjoyed the activities. People's comments included; "I join in with most things, lots going on", "I like my own company but I go to some things like the music and movement. I Love books. A

volunteer goes to the library van and brings me four books every fortnight" and "They [staff] come around and sit and chat to me. I like playing scrabble".

The provider employed an activities coordinator and people had activities during weekends. They had the support of a person on work experience through Oxfordshire programme which was designed to enable people with learning difficulties to get in to employment. Additional support was provided by work experience and volunteer pupils from local schools.

Abingdon Court had developed strong links with the local community. Pupils from a number of local schools had the opportunity to do work experience and the Duke of Edinburgh awards. Links had been established with two local playgroups and a mother and toddler group all of which visited Abingdon Court. The was a plan to take residents to visit one of the groups. There was also a plan for people be able to visit a Dementia café in the community.

The home celebrated people's special occasions, such as birthdays with them. These were made to be special, social occasions and people told us they loved them. Staff understood the needs of people and delivered care in a way that promoted equality and diversity. People's spiritual needs were respected and people were supported to practice their religion.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. The complaints policy was also available in easy read format. People told us they knew who to complain to if they had any concerns. One person said, "Any complaints they pay attention to it". Records showed there had been a few formal complaints raised since our last inspection and had all been dealt with in line with the provider's policy.

People's preferences relating to end of life were recorded. This included funeral arrangements and preferences relating to support. People and their relatives, where appropriate, were involved in advanced decisions about their end of life care and this was recorded in their care plans. For example, one person had an advance end of life care (a plan of their wishes at the end of life) and a do not attempt cardio pulmonary resuscitation (DNACPR) order document in place. We saw the person and their family were involved in this decision. Staff described the importance of keeping people as comfortable as possible as they approached the end of their life. They talked about how they would maintain people's dignity and comfort.

Good

Is the service well-led?

Our findings

At our last inspection on 17 and 25 October 2017, we found there was inconsistent recording in people's care plans. We also found, the provider's quality assurance systems were not always effective. These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 23 October 2018, we found improvements had been made.

People's care records were complete and updated whenever there were any changes. The provider was using mainly electronic records which allowed staff to record promptly.

The provider had effective quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including medicine safety, meal time and nutrition, health and safety as well as care plans. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, the provider's audits had identified shortfalls in people's records. As a result, staff meetings agendas had included discussions on best recording practice and team work. Records showed recording had improved.

Following the last inspection, the then registered manager left the service. The provider recruited a new registered manager who was making positive changes. At the time of our inspection, the registered manager had only been in post for 10 months. We saw significant changes had been made since the new registered manager's appointment. They were passionate about their role and had a clear vision to develop and improve the quality of the service.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and respectful manner.

There was a clear management structure in place, with staff being aware of their roles and responsibilities. Staff felt that they could approach the registered manager and senior staff with any concerns and told us that management were supportive and made themselves available. Staff told us the registered manager had an open-door policy and were always visible around the home and staff appreciated their hands-on approach. One member of staff said, "We have seen improvements in the service with the new manager and the introduction of electronic care records is an improvement".

People told us Abingdon Court was well run. People said, "Manager does a very good job", "Perfectly managed and good staff", "Manager comes in for a chat and is always around" and "Every single admiration for the manager". People's relatives told us the home was well managed. One person's relative said, "The home has improved in management. There is no comparison with before".

Staff were complimentary of the support they received from the registered manager and management team. They were appreciative of the changes and told us the current management made good changes. Staff

commented, "Manager is really good. They are making good changes" and "Manager is supportive and available. Feels like a different home".

The service encouraged open communication among the staff team. Staff described a culture that was open with good communication systems in place. Team meetings were regularly held where staff could raise concerns and discuss issues. Records showed discussions were around suggestions on how to improve care in relation to people's care plans and recording.

People's views and feedback was sought through residents' and relatives' meetings as well as surveys. Records of family meetings showed that some of the discussions were around what changes people wanted. For example, in one meeting there were discussions around activities and menu choices.

Records showed the service worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a timely manner which allowed continuity of care. The home was transparent and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood and complied with their responsibilities under duty of candour, which places a duty on staff, the registered managers and the provider to act in an open way when people came to harm.