

Anson Care Services Limited

St Mary's Haven

Inspection report

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Date of inspection visit:

22 July 2021

23 July 2021

Date of publication:

27 August 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Mary's Haven is a residential care home providing personal care. The service can support up to 46 people. At the time of this inspection there were 31 people living in the service. Some of these people living in St Mary's Haven are living with dementia.

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

People told us they were happy with the care they received and people said they felt safe living there. One person said; "Staff are good and come when I need them." Another said; "The care, devotion and empathy given by staff was outstanding." One professional said; "I go to a lot of homes and this is a nice one." People looked happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who completed an induction, training and were supervised. Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and activities with staff. Staff knew how to keep people safe from harm.

The environment was safe, with upgrades ongoing and people had access to equipment where needed. A recommendation, about pictorial signage to help support people who needed orientation to their surroundings, made at the last inspection is in the process of being actioned.

Improvements had been made to the way medicines were managed, and people received their medicines safely in the way prescribed for them. We made a recommendation about the way medicines were stored to make sure they were always kept at the correct temperature.

Staff received appropriate training and support to enable them to carry out their role safely, including fire safety and mental health training.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. People's communication needs were identified, and where they wanted, people had end of life wishes explored and recorded.

People were encouraged by staff to eat a well-balanced diet and make healthy eating choices. Special diets were catered for.

People were supported by a service that was well managed. Records were accessible and up to date. The management and staff knew people well and worked together to help ensure people received a good service.

Staff told us the registered manager of the service was approachable and listened when any concerns or ideas were raised. One staff member commented that the registered manager was 'very supportive'.

People and their families were provided with information about how to make a complaint and details of the complaint's procedure were displayed at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was requires improvement (published 29 February 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 16 January 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when they would have complied with Regulation 11, Need for consent, Regulation 12, Safe care and treatment, Regulation 17, Good governance and Regulation 18, Staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St. Mary's Haven on our website at www.cqc.org.uk.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-

inspection 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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

St Mary's Haven

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

This inspection was carried out by two inspectors and included a member of the CQC medicines team.

Service and service type

St Mary's Haven 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

The provider was not 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 of this information to plan our inspection.

During the inspection-

We met and spent some time with people living at the service. We spoke with four members of staff. We also spoke with the registered manager, operations manager and two visiting healthcare professionals.

We reviewed a range of records. This included four people's care records. We checked 11 people's medicines records and looked at arrangements for administering, storing and managing medicines. A variety of records relating to the management of the service, including finance and health records were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last two inspections the provider had failed to ensure that care plans for people with specific long-term conditions, contained sufficient guidance for staff on how to support the person. Also, where people's risk had been identified, risk assessments had not always been completed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Improvements had been made on how risks were identified, assessed, monitored and reviewed. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm. For example, when people were at risk of losing weight or at risk of falling.
- People were protected from risks associated with their health, safety and welfare. People's needs, and abilities were individually assessed prior to moving into the service. Risk assessments supported staff with how to support and protect people whilst minimising any restrictions placed upon them. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Where people were assessed as being at risk of pressure damage to their skin, skin integrity care plans were in place. Care plans gave clear instructions for staff as to how often people should be re-positioned to help prevent skin damage. Records showed these checks were being carried out in line with each individual's assessed needs and specialist advice was sought when needed.
- Where people experienced periods of distress or anxiety due to living with dementia staff knew how to respond effectively. Care plans documented information for staff on people's health needs, so they could respond quickly to prevent situations from escalating. One compliment card from a relative said; "Thank you for the exceptional care." While another person told us; "Staff are good and come when I need them."
- The environment was maintained with ongoing updates currently being carried out. Equipment and utilities were regularly checked to ensure they were safe to use.

Learning lessons when things go wrong

At our last inspection the provider failed to ensure learning from accidents and incidents to reduce them being repeated was not happening. Records showed accidents and incidents had been recorded. However, such events were not audited by the registered manager, or the provider to help ensure any themes or trends were identified and action was taken to reduce the risk of any such events reoccurring. Not all areas of concern found at the previous inspection had been address. For example, effective auditing processes

and this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, audits to identify themes and trends.

Preventing and controlling infection

At our last inspection we recommended the provider take advice and guidance from a reputable source to ensure robust infection control management processes are in place. This has now been actioned.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.

Using medicines safely

At our last two inspections the provider had failed to ensure medicines was managed in a safe way. Some people had not always received their medicines as prescribed due to a lack of stock. Handwritten entries on the medicine records had not been signed by two staff according to the medicines policy. Medicine audits were not effective. Identified errors requiring action were not addressed in a timely manner. Care plans did not always include protocols detailing the circumstances in which 'when required' medicines should be used.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The failure of the provider to ensure effective audit processes were in place for medicines management is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 and regulation 17. However, we have made a recommendation on medicine management.

- Records showed that people generally received their medicines safely and in the way prescribed for them. A new electronic system had recently been introduced along with changes to the supplying pharmacy, and

the GP surgery where people were registered. These changes had caused some initial problems with supplies and recording of medicines given, however this was being addressed and people's medicines were available at the time of our inspection. Staff were becoming familiar with the new system.

- There were suitable arrangements for ordering, storing, administration and disposal of medicines needing cold-storage and those needing extra security. However, the temperatures in one medicine storage room were being recorded as over the manufacturers recommended maximum temperature. Following the inspection, the registered manager informed us that new more accurate thermometers had been ordered.

We recommend that the provider continues to monitor the temperatures and takes action if they are reported as regularly being out of the recommended range.

- When medicines were prescribed to be given 'when required' we saw that person-centred information was available to guide staff on when it would be appropriate to give doses of these medicines.
- There had been improvements to the way creams and external items were recorded when applied, and how staff were guided to apply these correctly.
- Staff received training in safe medicines handling and were checked to make sure they gave medicines safely. The manager told us that competency checks were going to be renewed now that the new system had been introduced.
- There were reporting systems for any incidents or errors, to record actions taken and any measures to be put in place to try to prevent them happening again. Medicines audits were being changed to reflect the new system introduced, to make sure any issues were identified in a timely way.

Systems and processes to safeguard people from the risk of abuse.

- The service held some people's money in safe keeping so that they could access this for small purchases. We checked all the money held and it tallied with the records held. At the last inspection we found that these records had not been audited or overseen formally. This had now been actioned by the registered manager.
- The service was well managed which helped protect people from abuse.
- Staff had undertaken updated safeguarding training and knew about the different types of abuse and how to report it.
- The provider had safeguarding systems in place and staff understood what actions they needed to take to help ensure people were protected from harm or abuse. People and relatives confirmed people were safe. One visiting healthcare professional said they felt people were safe and well cared for. A staff member said; "I have no concerns at all." One person living in the service said; "I am just fine here."

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. Staff all agreed there were enough staff on duty to meet people's needs.
- The staff covered additional hours, so people had staff they knew and trusted. This was to support appointments or staff absences. Agency staff were used, however one spoken with confirmed they work at the service regularly and knew the service and people well.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people. A relative recorded onto a thank you card; "The care, devotion and empathy given by staff was outstanding."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received necessary training and support to meet the needs of people living at the service. Also, staff had not received regular supervision and staff meetings had not been arranged. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- There was a system in place to monitor training and ensure it was regularly refreshed and updated, so staff were kept up to date with best practice. Training sessions were currently online.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff received one to one meetings to enable them to raise any issues and share ideas. Staff told us they were well supported by the registered manager.
- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.

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

At our last inspection we found inaccurate information continued to be held and the system used to manage this legislation continued to be ineffective. records held relating to DoLS authorisations were not entirely accurate. This was addressed following the inspection. This contributed to the breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At our last inspection we also found no evidence that people had been harmed, some people were at risk of being unlawfully restricted. This is a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 11 and regulation 17.

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 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.

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.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made and received to deprive people of the liberty within the law.
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

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

At our last inspection we recommend the provider take advice and guidance from a reputable source regarding best practice in dementia environments. This had not currently been actioned.

- People with dementia were at risk of being disoriented and unsafe around parts of the home. At our last inspection we noted that the premises had been refurbished and extended. This included a new dementia unit having been completed, offering a variety of communal areas. We noted at our last inspection that there were slopes in some corridors which did not have any warning signs alerting people to this change in floor level. Toilets and bathrooms had only standard signage. No pictorial signage was in place in the dementia unit to help support people who needed orientation to their surroundings. After our last inspection we spoke to the dementia liaison nurse about the service. They completed a visit to the service. Since the last inspection the provider had sought guidance from a healthcare professional. They shared their action plan to put these recommendations in place. We did not find any impact on the people currently living in the service. The provider gave us reassurances that they were resourcing suitable signage for the service.

- The physical environment was continuously being reviewed, updated and improved.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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

- Management and staff worked with external healthcare professionals to deliver care in line with best practice. During the pandemic the registered manager said the local healthcare team had been very

supportive and had helped ensure people received the care required.

- People's individual needs had been assessed before they moved in. The person had to receive a negative COVID-19 test before admission and then was isolated within the service.
- Assessments of people's individual needs were detailed and expected outcomes were identified and their care and support regularly reviewed.

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

- Staff were aware of any specific dietary requirements for people, for example, if people needed a soft diet. People were involved in menu planning.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.
- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, through personal choice, had drinks provided and these were refreshed throughout the day.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Staff supported people to see external healthcare professionals regularly, such as GPs. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- People's care records highlighted where risks had been identified. For example, where people needed extra support when accessing the community, this was provided.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last two inspections the provider had failed to ensure that information held in some areas of care plans were up to date following a review. Guidance was not always provided for staff when required. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Care records were kept on an electronic care planning system. Care records were individualised, covered people's specific needs and held information about people's preferences and personalities. This guided staff to support people in the way they wished to be supported.
- Care records were in place covering a range of areas including mobility, nutrition and behaviours. These were regularly reviewed to ensure they were an accurate reflection of people's needs.
- Daily records provided a record of the care people had received, how they had spent their time and their health and emotional well-being.
- The service was responsive to any changes in people's needs. People's needs were reviewed on a regular basis and any changes were recorded accordingly. Handover meetings were people focused and provided staff with information about people's changing needs and how to meet them. A relative recorded onto a survey returned to the service; "She was well fed, clean clothes from the laundry in a spotless environment and well looked after."

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.

- People's care records outlined any communication needs and documents could be provided in other formats if required.
- Information had been provided to some people in an easy read format to help aid their understanding.

This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with the Accessible Information Standard.

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 to maintain relationships which were important to them, with friends and relatives. During the pandemic when people have not been able to receive visitors this was via telephone or video calls. A change in government legislation meant visits could now take place.
- Pictures displayed showed a variety of activities had taken place. This included organised trips out on a minibus. One person said; "I go out on the bus for a trip often."
- There was a programme of activities arranged based on people's preference and choice. Most people were not able to say what activities they wished to partake in. Activities were designed to be person centred. They encouraged social interaction, provided mental stimulation and promoted people's well-being.

Improving care quality in response to complaints or concerns

- Complaints were recorded and action taken to address them. There were no ongoing complaints at the time of the inspection.
- People's concerns and complaints were listened and responded to. Complaints received had been recorded with action and outcomes documented.

End of life care and support

- The service provided end of life care to people, supporting them to the end of their life while supporting family members and friends. During the pandemic arrangements had been made for relatives to visit people safely in the service with COVID testing and full PPE provided.
- People were supported to make decisions and plans about their preferences for end of life care. People's health was reviewed regularly to identify those people who were very poorly, so their advanced care plans could be implemented, and people received the care they wanted in their final days supported by staff who knew them well.
- Staff were skilled and experienced in end of life care and understood people's needs. There was positive links with external professionals, such as GPs and community nurses when needed.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The provider and registered manager have worked together and sought advice from other sources to address all the breaches of regulation. They have had an extended opportunity to embed new practices. We found all new process consistently embedded.

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

At our last inspection we found the provider continued to fail to have effective oversight and governance arrangements that helped improve the quality of the service. The provider had failed to ensure an effective system to help monitor aspects of the service. We found out of date guidance appearing in some care plans, and a lack of guidance for staff on when to check people's skin for pressure damage. Some records held were not always accurate and up to date. This was a repeated breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs. One professional said; "I have no concerns here at all."
- The registered manager had an oversight of what was happening in the service and was very visible in the service and took an active role in the running of the service.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention. Regular audits took place, and these were completed by the management team.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service.
- There was good communication between all the staff employed. Important information about changes in people's care needs was communicated to staff.
- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely. One staff member said; "It is really better here now, much more organised" and another said "I am really happy here, we are a good bunch"

Continuous learning and improving care

At the last inspection the provider had failed to effectively implement identified changes in people's needs that had not been responded to effectively. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- The service had a strong emphasis on teamwork and communication sharing. The registered manager and staff said this had been particularly important during the last year of the pandemic and the COVID outbreak they had at the service.
- Organisational audits were in place and used to develop the service by reflecting good practice.
- Policies and procedures held were designed to support staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the district nurse team and the local authority during their COVID outbreak.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals.

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

- We received positive feedback in relation to how the service was run, and our own observations supported this.
- People, staff and healthcare professionals were complimentary of the service and the registered manager. One relative's feedback documented; "They (the registered manager) is thoughtful, considerate and compassionate."
- There was a warm, friendly and family atmosphere in the service. One person said; "Staff are good and come when I need them."
- There was a person-centred culture which kept people at the heart of the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.
- Audits were carried out to monitor the quality of the service provided.

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

- Systems were in place to enable people, staff and relatives to give feedback.
- Communication between people, staff and families was good. The registered manager said they contacted family with any issues as soon as possible. They went on to say how this had been particularly important during the pandemic when relatives had not been able to visit.
- Staff told us the service was well managed and they felt valued. Staff told us the registered manager was very approachable and always available for advice and support. Staff confirmed they felt supported by the management of the service.

Working in partnership with others

- The registered manager told us how they had worked alongside the local GP surgery and the local authority during the pandemic, the lockdowns and during a COVID outbreak in the service. The registered manager worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide joined-up care and support.