

BishopshouseRCG LTD

Bishopsteignton House

Inspection report

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Ratings

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|---------------------------------|--------|
| 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

About the service

Bishopsteignton House is a residential care home that provides personal care for up to 27 people aged 65 and over. There were 27 people living there at the time of the inspection, although one person was admitted to hospital during the inspection. Bishopsteignton House is set in its own grounds with bright spacious communal areas.

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

Despite national staffing shortages, the management team had worked hard to ensure they recruited new staff. Newly recruited staff were positive about the supportive environment created by the registered manager and the good teamwork. For example, "There is a lovely atmosphere, a strong team and supporting management."

People generally received their medicines in the way prescribed for them. However, there were improvements needed to some aspects of the way people's medicines were managed.

Staff relationships with people were caring and supportive. People commented staff were busy and would like them to have more time to stop and talk but praised their kindness and attentiveness. One person summed up their experience, saying "Overall, we are blessed" and another said, "The staff are miraculous, can't do enough for me." Visitors were also positive, for example staff "genuinely so caring and gentle."

Recruitment checks helped ensure staff were suitable to support people. People received effective care and support from staff who were well trained and competent. Staff described their training as "comprehensive."

The service provided safe care to people. People were relaxed with one another and the staff group. People commented on the importance of companionship and their friendships within the home. Visitors said they were reassured by their relative's appearance and contentment. For example, "I would arrive unexpectedly and find mum clean, calm and well looked after."

Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes.

Care files were personalised to reflect people's personal preferences. People's views and suggestions were provided with the opportunity to feedback on their experience, which was taken into account to improve the service. People were supported to maintain a balanced diet with a weekly menu and choices. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Visitors and people living at the home commented on the cleanliness and the well-maintained environment. Staff followed current hygiene practice to reduce the risk of infections. Visitors to the service were given

information to help them reduce the risk of catching and spreading infection. Health and safety checks of the premises and equipment were carried out at regular intervals.

Staff spoke positively about good communication and how the management team worked well with them and encouraged their professional development.

People's equality, diversity and human rights were respected. During the inspection, work was undertaken to ensure processes and information were more person centred and easy to access. The registered manager and the staff team worked with a shared purpose putting people's well-being at the heart of their practice.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

During this inspection we carried out a separate thematic probe, which asked questions of the provider, people and their relatives, about the quality of oral health care support and access to dentists, for people living in the care home. This was to follow up on the findings and recommendations from our national report on oral healthcare in care homes that was published in 2019 called 'Smiling Matters'. We will publish a follow up report to the 2019 'Smiling Matters' report, with up to date findings and recommendations about oral health, in due course.

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

Rating at last inspection

This service was registered with us on 18 September 2019 and this is their first inspection.

Why we inspected

This was a planned 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 inspection, by selecting the 'all reports' link for Bishopsteignton House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service 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 well-led.

Details are in our well-Led findings below.

Good ●

Bishopsteignton House

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

An inspector and a medicines inspector visited on the first day. One inspector visited the home on the second and third day. Feedback was given on the fourth day of inspection.

An Expert by Experience called relatives to gather their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day. It was announced on the second and third day. On the fourth day, we gave feedback to the management team on a Teams call.

What we did before the inspection

The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the home had been registered. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with eight members of staff which included the registered manager and the regional director. Seven staff completed questionnaires sent out by CQC. We spoke with 13 people who lived at the service and observed interactions between people and staff. During our site visit we spoke with two visitors and spoke with four visitors on the phone.

We reviewed a range of records, including people's care records, staff recruitment files, records relating to safety checks including fire safety, complaints records, accident and incident records. We also reviewed medicines records and records relating to monitoring and quality assurance.

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 of 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

- The service provided safe care to people. People said they felt safe with staff; staff practice showed they knew them well. People were at ease and looked comfortable in the company of staff. People were also relaxed with one another. Visitors said they were reassured by their relative's appearance and contentment. For example, "I would arrive unexpectedly and find mum clean, calm and well looked after." Another relative told us, "We have peace of mind knowing he is safe, clean and well cared for by people who genuinely care for him."
- There were appropriate safeguarding policies in place and displayed information gave information to report safeguarding concerns.
- Staff had received training on how to safeguard people and were able to identify different types of abuse and explain both internal and external reporting processes.
- There were appropriate governance systems that monitored safeguarding reports and escalations by the service to the local safeguarding team. During the inspection, the registered manager demonstrated their safeguarding knowledge by the actions they had taken to safeguard an individual living at the home.

Assessing risk, safety monitoring and management

- Before people moved to Bishopsteignton House an assessment was completed to identify the level of support they needed. This assessment included risks to their health and well-being. For example, one person was at risk of skin damage. They showed us the pressure cushion they sat on and told us they slept on a specialist mattress. The mattress was set correctly to their current weight, the person assured us they had no sore areas on their skin.
- People's care needs were regularly reviewed, and where necessary updated to ensure they reflected the person's current needs. Where necessary, care records identified risks in relation to falls, nutrition and continence.
- Staff told us they were updated on each shift through verbal handovers and written records, if people's care needs had increased, which enabled them to provide appropriate monitoring and support. Staff were positive in their feedback on how they were updated and also took personal responsibility to ensure their practice reflected people's current needs.
- There were governance systems which ensured the environment and equipment were effectively maintained. Checks included, for example, hot water temperatures, equipment and wheelchairs.

Staffing and recruitment

- The staff team met people's care needs. People said they would like staff to have more time to talk with them and commented the staff team were busy. However, they said staff were kind and compassionate in their approach; we saw staff were attentive, for example checking on people's comfort and providing

reassurance.

- Visitors and relatives were complimentary about the skills of the staff team. For example, staff are "approachable, polite and friendly." Like people living at the home, they noted there was use of agency staff to supplement the permanent staff group to cover sickness and vacancies. However, where possible the same agency staff were used. One person commented on how this worked, they said, "The staff seem to get on good with each other, it has been better this last month than before as we are seeing more of the same staff." An agency member of staff said how much they enjoyed their shifts at the home.
- Despite the national staffing shortages, the management team had worked hard to ensure staffing levels were suitable to meet people's needs. Staff had covered shifts at short notice due to sickness and worked well as a team. One relative commented, "The impression is staff get on very well" which was echoed by people living at the home and other visitors.
- Relevant checks were completed to ensure staff were suitable to work in a care setting. Recently, the recruitment process had been centralised for all of the provider's care homes. During the inspection, work was started to ensure this ran alongside the quality assurance checks by the management team to make it more effective.

Using medicines safely

- People generally received their medicines in the way prescribed for them. However, there were improvements needed to some aspects of the way people's medicines were managed.
- There was an interim recording system at the time of our inspection, as a new electronic medicines system was about to be introduced. Currently staff recorded on medicines administration charts (MARs) when people received their medicines. These showed that people were given their medicines in the way prescribed for them.
- Separate records were kept for creams and external preparations. Staff signed when these had been applied. However, records for one person showed that one cream was not being applied as prescribed. The manager told us they would take action to make sure this was corrected.
- If people's medicines were prescribed 'when required' there were details to guide staff about when these should be given. However, these did not always include person-centred details, and some needed updating as people's prescribed medicines had changed. The manager told us that people were able to tell staff when they might need doses, for example 'When required' pain relief.
- When records needed to be changed, for example after a hospital stay, then the policy was for two trained staff to check and record these to make sure the details were accurate. We saw that this was usually completed.
- There were suitable arrangements for ordering, storing and disposal of medicines, including those requiring extra security. However, there was an unlocked medicines fridge kept in the kitchen which meant medicines would be accessible to unauthorised staff. This was addressed during the inspection as a new fridge was ordered.
- Temperatures were recorded in the refrigerator and medicines cupboard to ensure medicines were safe and effective for people. However, the maximum and minimum range was not being recorded for the refrigerator, which was not in line with the home's policy to provide extra assurance medicines were always stored correctly. These two issues had been addressed by the end of the inspection.
- Staff received training and were checked to make sure they gave medicines safely before they were authorised to administer medicines. More training was being arranged before the change to the electronic system. The manager said competency checks would be carried out again afterwards to make sure staff gave medicines safely with this new system.
- Medicines policies were in place to guide staff and there was a system for reporting any medicines errors or incidents. Monthly medicines audits were completed, and any actions needed were recorded. However, these audits had not picked up some of the areas for improvement that we identified.

Preventing and controlling infection

- 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. For example, people could describe the precautions in place when they first moved to the home.
- We were assured that the provider was using PPE effectively and safely. This was based on observations during the inspection and feedback from visitors.
- 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. People living and visiting the home praised the standard of the cleanliness and the lack of unpleasant odours. However, the laundry room was small and only had one entrance and exit. The provider said they would look at the plans for the service to see how to expand the area to ensure a one-way system for laundry.

We recommend the provider seek advice and guidance from a reputable source to promote good infection control practice in the laundry.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance. At the time of our inspection there were no restrictions on visiting. During our inspection there were a number of visitors to the home who were greeted by staff and supported with infection control measures, including having their temperature taken.
- Visitors were positive about how staff had supported their relatives during the pandemic; their feedback also showed they understood why restrictions had been put in place within the home. For example, "During the pandemic, we had to nominate visitors using pre-arranged visits. We took LFT tests and wore PPE (Personal protective Equipment), temperatures were taken and recorded. They followed the guideline set out."

Learning lessons when things go wrong

- There were systems in place that ensured accidents, incidents or near misses were reviewed by the service management and remedial action was taken to reduce any identified or emerging risk.
- Where necessary, the service had escalated concerns to professionals, including safeguarding, to help reduce the risk of recurrence.

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 care needs were assessed before they started to use the service. Due to the restrictions in place during the height of Covid 19 some practice had changed in the way people were assessed. During the inspection the management team began to review how previous good practice would be reinstated. We asked staff how they would welcome people moving to the home, their answers were thoughtful and showed compassion.

- Information from assessments were used in planning and delivering care in a way which met people's individual needs. Staff regularly reviewed people's assessments and ensured any changes in needs were recorded and catered for.

Staff support: induction, training, skills and experience

- Staff were supported to carry out their individual roles through on-line and face to face training, supervisions and competency checks. People were complimentary about the skills of the staff group, which we observed during our inspection.
- Staff said they had the level of training they needed, or there was training planned to ensure they could care for people safely. Staff said they were encouraged to learn new skills and roles to advance their knowledge and careers. A training company used by the provider had gone into sudden liquidation leading to the cancellation of key training. The manager had re-arranged moving and handling training with another company. At the time of the inspection, there was no one who needed moving and handling equipment to help them move.
- Staff gave positive feedback on their induction experience which showed they felt well supported and prepared for their role.

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

- People were supported to maintain a balanced diet. The majority of people living at the home were positive about the quality and range of food. Steps had been taken to address the concerns raised by the minority, including consultation with them by the two chefs. People said the food was "first rate" and "If you don't like it, ask, and they'll give you an alternative."
- Kitchen staff took time to get to know the people they cooked for. For example, they created clear information for each person connected to allergies, as well as their likes and dislikes, which was demonstrated through individualised breakfast plans. People, who chose the option, praised the quality of the daily cooked breakfasts and the twice weekly roast dinners.
- The dining room was a light, welcoming place to eat with views onto the open countryside through large windows. Each table was attractively set, and menus were clearly displayed.

- Throughout our inspection, we saw a range of drinks were readily available, which people and visitors confirmed. Staff knew people's preferences but still checked with individuals to ensure they had choice and their drink was prepared in their preferred way.

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

- People were promptly referred to health care professionals when their needs changed, for example dentists and GPs. This was confirmed by their care records, and our conversations with people, their families and staff.

- Staff worked with relevant health professionals to provide specialist support to people, for example to maintain their nutrition and hydration. People were weighed regularly, and their health monitored, with action being taken where necessary, for example fortified meals. One person who had moved from another care home was calm and relaxed in their mood; they had put on weight and were responding well to the range of food in contrast with their previous home where they had struggled to find something they liked to eat. We could see they benefited from effective and timely care, which reduced their anxieties. And saw how their mental health had improved in response to the welcoming atmosphere of the home created by the registered manager and their team of staff.

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

- People told us how much they appreciated their surroundings, including the size of their bedrooms and the quality of the furnishings and décor.

- There was a choice of communal spaces to spend time, including a large conservatory and a bright naturally lit foyer, as well as a large lounge and a separate dining room. Different groups of people met together in different places, while some said they preferred the peace and quiet of a seat by the window to watch the birds and look out onto the view.

- One of the bathrooms was being converted into a wet room to ensure all people, regardless of their level of mobility, could benefit from an accessible spacious shower.

- People said they enjoyed sitting out in the garden, while others walked in the adjoining park and used the café situated there.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were asked for their consent and staff acted in accordance with their wishes. Throughout our inspection, staff involved people in their care and allowed them time to make their wishes known. People's individual wishes were acted upon, including supporting them to access independent advocates.

- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the (MCA). People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, DoLS applications had been made to the relevant local authority where it had been identified as necessary. Actions by the registered manager showed their good practice and how they understood their role to ensure people's rights were protected.

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; Respecting and promoting people's privacy, dignity and independence

- Positive and caring relationships had formed between people, staff and relatives. People were complimentary about the staff group who they said worked closely as a team, which benefited them as their care was provided in a consistent manner with a focus on their dignity and individuality. For example, one person said, "I am very surprised how genuinely caring they are." Another person said living at Bishopsteignton House had "given me life." And a third said "Overall, we are blessed."
- People commented on the importance of companionship and their friendships within the home. We saw how staff facilitated these relationships and encouraged them, for example with seating arrangements at dinner time or small groups of chairs where people could meet up.
- People were interested in the experiences of others, and their life history, which showed they remained engaged with socialising and conversation.
- Visitors said the staff group were kind and accommodating, trying to meet people's individual care needs and interests. One written comment included 'Your willingness 'to go the extra mile' was much appreciated by us all.'
- The staff induction fostered a person-centred approach with the aim for staff to respect each person's individual experience of care. For example, the new area manager had shadowed care shifts, senior shifts and spent time with the registered manager. This helped them to understand other staff members' roles and the pressures they might experience. As well as enabling them to get to know the people using the service and hear feedback directly from them.
- Staff were respectful in their manner, including when discussing people's changing needs with each other or sharing information with us.
- Despite the computer and desk for staff use being based in the foyer, staff ensured no private information was shared inappropriately. People's confidential information was stored securely in locked rooms or held securely electronically, which could only be accessed by people who needed to see it.

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

- Two people were concerned others might not feel able to speak up if they were unhappy about aspects of the way the home was run. However, our conversations with others indicated they were happy to share their views or feedback with staff and us.
- Staff encouraged people and their relatives to be involved in making decisions about their care; people told us staff listened to them.
- There were regular care plan reviews where people and appropriate others could be involved, either face to face or virtually if needed.

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

- Staff knew the people they supported well. This was demonstrated through their approach and our conversations with them and people living at the home. People were pleased the staff team was beginning to stabilise with less reliance on agency staff. However, there were some agency staff who regularly worked at the home, and their friendly interactions with people showed their knowledge of people's preferences.
- Care files included personal information and identified the relevant professionals involved in people's care, such as their GP. Appropriate assessments were completed and up to date, from initial planning through to on-going reviews of care. This helped staff provide personalised care and support.
- People's care plans covered areas such as skin care, mobility, personal care and eating and drinking. People were involved in their care plans. For example, a person who had been assessed as being at risk of pressure damage was aware of the purpose of their pressure cushion and specialist bed. We checked the setting of their bed corresponded with their weight; it was correctly set showing the risk of skin damage was being effectively managed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff explained how they supported people with sensory loss, for example, reduced vision. This included reading out letters or menus. People confirmed they had chosen not to have print enlarged, for example on menus. Some people chose to access resources such as audio books, but others said this did not appeal to them.
- Staff were observant, and when necessary, subtly stepped in to support people whose verbal communication was impacted by dementia. This ensured there were no misunderstandings between people living at the home and no one felt stigmatised.

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

- There were two staff members whose roles were to enable people to access previous interests and new ones. This included trips out, gardening, local history talks, classic films and craft sessions. The staff members were called 'resident enablers' and had been appointed and were responsible for activities and engagement on a one to one basis with people and to work with groups.

- People were encouraged to maintain relationships with their friends and family. During our inspection, there were numerous visitors, and a number of people entertained their guests in communal areas.
- Improving care quality in response to complaints or concerns
- People had access to the complaints process. At the time of the inspection, it was not displayed in everyone's rooms, which we were told it should have been, and was rectified. However, it was on display on a communal noticeboard in the hall. Following discussion, alterations were planned to make the wording more user friendly.
 - People told us they felt able to raise concerns in relation to their experience whilst living at Bishopsteignton House. Based on most people's responses, there was no indication people felt unable to speak out if they were unhappy. People said the registered manager and the staff were approachable.
 - Visitors were confident their relatives would be confident to raise a complaint, for example "(Person's name) is listened to and would express (their) views very loudly."

End of life care and support

- People were supported to have a comfortable and dignified end of life care by the care team, who worked closely with the community nursing team, GPs and family to ensure people's needs and wishes were met in a timely way. During our visit, one person was provided with this type of care, and a visitor said their relative was being well cared for. They also described feeling well supported by the care team during an emotional time.
- Staff described how they changed their approach to support people nearing the end of their life, for example the way food and drink was offered and prepared.

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 rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Through conversation with the registered manager and staff, and from the positive feedback from people living at the home, it showed the aim to make Bishopsteignton House a welcoming and homely environment had been achieved.
- Staff, people living and visiting the home were positive about the skills of the registered manager and her leadership, which made the home a pleasant place to live, visit and work. One staff member said they could not fault the manager, and another said, "I love it here." A visitor said about the staff group "They always communicate with each other, I have never seen or heard anything bad or a cross word between them and they do help each other."
- Without exception, people commented positively on the teamwork of the staff group. This was particularly notable as many of the staff had not been in post long and some had recently been promoted to senior roles. All staff commented on the pleasant working environment as a result of the way the home was run, which we observed during the inspection.
- During the inspection, the management team recognised areas for further improvement. For example, ensuring the service user guide was provided to everyone moving into the home regardless of which agency was involved in the move. They recognised this would help people make an informed choice about their future home.

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

- When required, relatives or those acting on people's behalf were informed as soon as possible of any adverse incident.
- People's relatives told us they felt well informed about all matters within the service. They commented, "It is friendly service, professional and they do care" and "They know who I am and who I come to visit. I can approach them if I have any concerns."

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

- Staff were clear about their own roles and responsibilities but also how the larger staff team connected for the benefit of people living at the home. For example, the chef took time to get to know people and consider how to adapt their meals, such as when they were unwell and needed encouragement to eat. All the staff team were dedicated to their roles and good teamwork. For example, how they shared information to

ensure risks were managed and changes in people's well-being were monitored.

- An example of the positive team ethos in the service was the measures staff had taken as a team during the initial Covid-19 pandemic period to reduce transmission risks to themselves and people living at the service.
- People living in and visiting the home said they would recommend the home to others.
- There was an extensive range of effective quality monitoring and governance systems embedded in the service. This meant the risks of poor care being received were reduced. However, there were some issues not identified by the audit system which were addressed during the inspection. For example, linked to medicine, environment and recruitment. None of these had a direct impact on people living at the home.
- There was a clear management structure with a series of audits at each level to demonstrate to the provider their internal governance was effective.
- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. Performance ratings were displayed within the service and on the provider's website.

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

- There were systems to ensure feedback could be sought from people, relatives and staff to help improve the service. There were also systems to communicate key messages through regularly produced newsletters.
- People were offered the opportunity to attend meetings to share their social and care experiences in the service and make suggestions for improvements. Minutes showed people felt safe to express ideas and suggestions, for example food quality and social events.
- There was good communication with relatives who said they were kept informed by staff and the registered manager.
- Staff confirmed they received supervision and felt supported in their job.
- Key messages were communicated to staff both verbally and through the electronic care system. This communication focussed on the needs of people in the service and ensured staff were promptly aware of any changes.

Continuous learning, improving care and working in partnership with others

- There were systems in place to improve care and reduce risk through the accident, incident and near miss evaluation. We saw examples of where action had been taken to reduce risk.
- Governance records showed the service had continually evolved in response to the changing legislation and guidance during the Covid-19 pandemic.
- There was a clear working relationship with other healthcare professionals. This included, for example, GPs, the local district nursing team, dentist, chiropody and the community mental health team.
- The resident enablers were re-building links with the local community as restrictions linked to Covid 19 were reduced. For example, local history talks which were well attended.