Veronica House Limited

Veronica House Nursing Home

Inspection report

1 Leabrook Road
Ocker Hill
Tipton
West Midlands
DY4 0DX

Tel: 01215051110
Website: www.veronicahousenursinghome.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Veronica House is a care home that was providing personal and nursing care to 29 younger adults and older people at the time of the inspection. The service can support up to 52 people. Veronica House is a purpose-built care home registered to accommodate up to 52 people across three floors.

People's experience of using this service and what we found
Following the last inspection, the management team at the service had strengthened and the registered manager was supported by a deputy and a clinical lead. A variety of processes were in place to audit the quality and safety of the service and where these identified the need for improvements, they were quickly acted on. People and staff were involved in the running of the service and their opinions were listened to and valued. Feedback of the service was sought from people and visitors through meetings and surveys and areas for improvement identified and acted on. The service worked alongside other agencies and worked to form partnerships with the community to improve service delivery.

People were supported by a group of safely recruited staff who had received training and guidance in how to safeguard people from abuse. Risks had been identified and were well managed by staff who knew people well. Risk management plans were kept up to date and gave staff information they needed to reduce risks of harm or injury to people. People received their medicines as prescribed. Accidents and incidents were reported and acted on appropriately and analysed for any trends.

Staff felt well trained and spoke positively of the help, guidance and support they received from their colleagues and members of the management team. New staff benefitted from an induction which included being supported by more experienced members of staff. People had choices about drinks and what they ate for their meals and their nutritional needs were met. Staff were aware of people's healthcare needs and assisted people to access a variety of healthcare services. Staff understood the importance of promoting people's independence whenever possible. The home was well-maintained and good level of cleanliness reduced risks of cross infection.

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's needs were assessed, and information was used to form personalised plans of care. People were supported to take part in a wide variety of activities that were of interest to them. Visitors were made welcome and their views of service sought. People felt listened to, had no complaints about the service and were confident that if they raised concerns, they would be acted on.

Staff presented as kind and caring and shared positive relationships with the people they supported. People were treated with dignity and respect and supported to maintain their independence where possible.

The service worked alongside other agencies and worked to form partnerships with the community to improve service delivery.

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 3 July 2019) and we found two breaches of regulations. 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
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.	**Good**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was not consistently well led.	**Requires Improvement**

Veronica House Nursing Home

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by one inspector, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we have received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with ten people who used the service and six relatives about their experience of the care provided. We spoke with 12 members of staff including the provider, the registered manager, the deputy, the clinical lead, nurses, senior care workers, care workers, the activities co-ordinator, the administrator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, audits and action plans, minutes of meetings and surveys were reviewed.

Good

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.

At our last inspection we were not assured that all reasonable steps had been taken to reduce risks associated with people's care and support. This constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

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

Assessing risk, safety monitoring and management

● At our last inspection, we found not all people had assessments of risk associated with their care. At this inspection, risks to people were identified and information on how to support them safely was documented in their care plans. Risk assessments identified not only the risk, but why the person was at risk. Systems were in place to ensure this information was up to date and staff were kept informed of any changes in people's safety and care needs.

● Staff were aware of the risks to people they supported. A member of staff told us, "[Person] is at risk of choking, they have to be supported to sit up fairly straight, and they let me know when they are ready for another mouthful." A relative told us, "It's great here and safe, that's the reason it's great here. [Person] had a fall, that's why they have an alarm mat and are never on their own in the day."

● Staff practice was formally observed and recorded to ensure people were being supported in line with their plan of care.

● A fire alarm test took place during the inspection and staff responded appropriately to this. Systems were in place to ensure all appropriate equipment being used was routinely checked and maintained.

Learning lessons when things go wrong

● At our last inspection, we found no analysis of accidents and incidents took place which would identify possible trends and areas for action. At this inspection, accidents and incidents were reported, recorded and acted upon.

● Each accident and incident reported was noted on handover paperwork to alert the management team. This information was then checked by the registered manager to ensure appropriate actions were taken.

● Information was routinely analysed to identify any possible trends. For example, where one individual had been identified as being at risk of falls, a sensor mat had been put in place to alert staff when the person got out of bed.

● The registered manager had noted that staff were not consistently completing body maps when accidents and incidents took place. Concerns were raised directly with staff and in meetings regarding this and staff had been provided with a flow chart highlighting actions to take when accidents and incidents occurred.

Systems and processes to safeguard people from the risk of abuse

● People felt safe. One person told us, "They are all nice girls here, if you want anything they are there. I feel safe because they [staff] are always around."

● Staff had received training in how to recognise signs of abuse and were aware of their responsibilities to report and act on concerns. A member of staff said, "If I was concerned about something I would go to my shift lead and pass on the information and I would write a statement. I always get pen to paper as quickly as I can."

● Where safeguarding concerns arose, the provider had responded and acted on these events appropriately, including reporting them to the local authority, documenting investigations and putting measures in place to keep people safe.

Staffing and recruitment

● People were supported by sufficient numbers of skilled staff to meet their needs. One person told us, "The staff come quickly if you buzz."

● Following the last inspection, a number of staff vacancies had been filled. The former deputy had been successful in her application to become registered manager of the service and was now supported by a new deputy manager and a clinical lead.

● We looked at two staff files. We saw references and completed Disclosure and Barring Checks [DBS] had been obtained, prior to staff being employed by the service. A DBS check enables a potential employer to assess a staff member's suitability for potential employment.

Using medicines safely

● People were supported to receive their medicines as prescribed and told us they had no concerns regarding this. We looked at a number of medication records and found staff had signed to confirm medication had been administered. We carried out a stock check of these medicines and found that what had been signed for as being administered, tallied with what was in stock.

● Each person had their own medication care plan which included information on how to involve the person when administering their medication.

● Protocols were in place providing detailed information regarding the administration of 'as required' medicines. Medication care plans in place were comprehensive and up to date.

●Where specialist equipment was required to support people to administer their medication, instructions were clearly documented for staff to follow.

● Medicines were stored and managed correctly. Staff had received training in how to administer medicines and had their competencies assessed.

Preventing and controlling infection

● People commented positively on the cleanliness of the home. There was a dedicated team of staff who were responsible for housekeeping and maintaining a clean environment.

● Staff had received training in infection control and confirmed they had access to protective personal equipment such as gloves and aprons.

Good

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, there was a lack of evidence to demonstrate staff received regular supervision. At this inspection staff told us they received regular supervision, and an annual appraisal and we saw evidence of this.

●Systems were now in place to regularly assess staff competencies to ensure staff were competent and confident in their role. Where these assessments identified additional support was required, it was provided.

● New staff were provided with an induction which included shadowing colleagues, completion of the Care Certificate [a recognised set of induction standards for the care industry] and spending time getting to know people they would be supporting. A new member of staff told us, "I've been through all the policies and procedures, and have read through some care plans to find out more about people and how to do things." They went on to describe how they had spent time that day with a person they would be supporting, getting to know them and what was important to them.

● Staff considered themselves to be well trained and were provided with a number of learning opportunities to provide them with the skills to meet the needs of the people they supported. A member of staff said, "The way [management] have implemented training has been brilliant. I've had refresher training on things; you never say no to training."

● Systems were in place to notify staff of their need to complete any outstanding training. An up to date training matrix provided the registered manager with accurate information to ensure all staff had received appropriate training for their role.

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

● At our last two inspections of the service people had told us they had to choose what they wanted to eat for their main meal 48 hours in advance. At this inspection, this had changed to 24 hours in advance.

● People told us they enjoyed the food on offer and we observed this. On person said, "The food is good and varied. I'm not one for fish so I choose an alternative; we get plenty of choice." Snack trolleys were visible, and people were encouraged to help themselves, should they wish to eat between meals. Drinks were readily available to people throughout the day.

● Mealtimes were a sociable event. Tables were dressed and menus on display. People told us they enjoyed the food on offer and we observed this.

● People's specific dietary needs were identified and catered for. For those who required support at mealtimes, this was provided.

● Where appropriate, people's food and fluid intake were routinely monitored to ensure people maintained a balanced diet. People were weighed regularly, and appropriate guidance sought if necessary.

● The registered manager told us that for people living with dementia, they were considering providing people with 'show plates' of the meals on offer, to enable them to make a visual choice at meal times.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● From care records seen, we could see people were involved in conversations regarding how they wished to be supported. The latest home newsletter bought to people's attention plans to carry out care plan reviews with people and discuss their needs.
● Care plan documentation had recently been updated to obtain additional information regarding people's relationships and information was on display throughout the home promoting a 'diverse, inclusive, accepting, welcoming, safe space for everyone'. This slogan had been created by the registered manager and was widely displayed around the home and used on all paperwork.

Adapting service, design, decoration to meet people's needs
● The environment was accessible and spacious. People had personalised their own rooms and work was ongoing to improve the dementia unit. One lounge had been transformed to create a 'Christmas grotto' for people and their relatives to enjoy. The work that had gone into this had proved successful and had plans were being developed to continue to use this space and create a year-round sensory room, concentrating on different themes during the year.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to access a variety of healthcare services to maintain good health, including their GP, dentist and optician. For example, one person told us they had broken their tooth. We saw an appointment had already been made with their dentist to get this looked at.
● Staff were aware of people's healthcare needs which were routinely monitored. For example, a member of staff described how they monitored a person's fluid intake due to a medical condition and their medication. They told us, "We have to limit [fluid] to 1.5 litres, so we will offer a big drink in the morning to start the day and then monitor them closely."
● Each person had their own healthcare plan in place and a care needs summary which was easy to read and informative. Oral health care plans were being developed and staff had received training in this area.
● People were supported by staff who were knowledgeable about their healthcare needs and when to obtain additional support or guidance. People's healthcare needs were regularly reviewed to ensure they provided staff with the most up to date information regarding their care needs.
● Handover systems in place provided staff with the most up to date information regarding people. A member of staff told us, "Handover is good, you find out who has to be turned, etc, and who you are going to support."
● Electronic care records in place provided additional methods of communicating with staff and ensuring they were made aware of changes in people's care needs as soon as they opened their care record to make an entry.

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 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.

● We observed staff obtain people's consent prior to supporting them and people confirmed this was the case and they were in control of their care.

● Staff spoken with were aware of MCA and DoLS and the impact this had on people living at the service. For example, staff were aware of the conditions that were in place relating to one person's DoLS and were able to tell us how they ensured they were followed.

● Systems were in place to provide the registered manager with oversight of DoLS applications that had been made to ensure they were reviewed appropriately.

●Care records clearly documented where decisions had been taken in people's best interests, including their care and treatment.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At 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 supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about the care and support they received and told us staff were kind, caring and respectful. One person told us, "Carers are excellent and kind, nothing is too much trouble and you don't feel a nuisance." We observed many kind interactions between people living at the service and the staff who worked there. For example, we observed a member of staff discreetly rearrange a person's collar and button up their cardigan for them, whilst checking they were comfortable and offering them a drink and a biscuit.
- Staff gave people their full attention when speaking to them; we observed staff dropping down to maintain eye level with people when talking to them. We saw staff checking with people to make sure they were warm and comfortable and gave people the time to respond to the question.
- Staff presented as kind and caring. For example, the activity co-ordinator worked closely with a family to support one person to participate in a family wedding. This included decorating a lounge area in the colours of the wedding, setting up a video link with the church service and providing confetti for the person to throw at the end of the service.
- We saw visitors were welcomed into the home and knew staff well. Visitors spoke positively of the service and the caring nature of the staff who supported their loved ones.

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

- People told us staff were aware of what was important to them and supported them to make decisions. People told us they had been involved in the planning of their care and felt listened to. We observed staff routinely ask people where they would like to sit, if they would like to participate in an activity or what they would like to eat. Staff respected people's wishes without question and checked they were happy with what was decided.
- Staff told us how they offered choices to people who were unable to communicate verbally, for example by observing body language or using simple sign language and we observed this.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful when supporting them with their personal care. One person told us, "I am embarrassed [about being supported with personal care] but they [staff] never make me feel it's a problem. I tell them how I like to be showered and they do exactly that."
- Staff were aware of the importance of maintaining people's dignity when providing support. A member of staff described how they tried to make a particular person feel comfortable when supporting them. They told us, "We sing a little song and it takes away the embarrassment factor for [person]. I would never want someone to feel I did not care, and I ask people and check with them as I go along that things are ok."

● People were supported to maintain and develop their independence. For example, one person described how, with the help of a physiotherapist and the support of staff, they had recently been able to walk a few steps. Another person was supported to put together a shopping list for items they wanted and then taken shopping to get them.
● Advocacy services were accessed for people who required this additional level of support. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Good

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 inspection, people told us they had not been involved in the planning of their care and care records were inconsistently completed. At this inspection, care records had been reviewed and held up to date information regarding people. One person told us, "I'm fully involved in my care plan and it's on the wall [in their room]; if someone queries anything it's all there." From our conversations with people, it was evident they were involved in the development of their care plans. We saw a recent review for an individual which included documenting their end of life wishes. These requests had been noted and updated in the person's end of life care plan. During one review, a person had requested breakfast in bed at the weekend. This request was documented and noted on the handover for staff to read; the following weekend this was provided.

● People were supported by staff who were responsive to their needs. A member of staff described how they responded to a person when they noticed they were becoming agitated. They told us, "I distract [person], keep talking to them and play a few games. They tend to be ok if someone is sitting at their side. They don't like taking turns with other people."

● Plans were in place to develop care plans further and obtain more detail regarding people's personal history. Letters had been sent to families and friends, providing them with the opportunity to contribute to these.

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 had their own communication care plans in place, which provided staff with information to communicate with people effectively.

● Where specialist equipment was required to help communicate with people, action was taken to source this.

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 encouraged and supported to maintain relationships with friends and family. Efforts were made to involve friends and family in a number of activities at the home.

● We visited the home in December and witnessed a number of activities taking place for those people who

wished to celebrate Christmas. People were invited to listen to choirs of local school children singing carols, to attend Christmas parties and to visit the 'Santa's Grotto' which had been decorated for people living at the service and visitors alike.

● Noticeboards around the home displayed information regarding activities people could participate in and other areas of information such as, actions taken in response to survey results, how to raise a complaint, thank you cards, dates for social events and visiting entertainers. Throughout the home there was information on display which would show people and visitors the service was inclusive and welcoming to all, for example, information on LGBT services.

● A newsletter was on display and made available to people and visitors. It listed planned activities for the coming month, including a weekly coffee morning at the local church, a cheese and wine tasting afternoon, visits from local school choirs and Christmas parties. The newsletter also informed people how they could become more involved in the planning of their care and consent forms were being distributed.

● People were supported to take part in a variety of activities. People told us they would like to access the community more and we saw the registered manager was working with staff to accommodate these requests. Plans were in place to visit a local garden centre and enjoy afternoon tea. People had been involved in making a display of poppies outside the home to commemorate Remembrance Day which was featured in a local newspaper.

● The activity co-ordinator had spent time with each person, collecting information from them regarding their interests in order to provide them with activities that were relevant for them. For example, a CD of music was put together for one person which held a compilation of music they enjoyed.

● Local newspapers were bought in for those who requested them, and one-to-one time was spent with people who were cared for in bed, providing nail care, hand massages or looking at things that were of interest to them on a laptop. For example, one person was interested in travel and the activities co-ordinator had set up a video on a laptop of a 'walk through Italy'. They told us, "[Person] really enjoyed it and for that moment, they felt they were there."

Improving care quality in response to complaints or concerns

● Systems were in place to record any complaints received. People told us they had no complaints but were confident they would be listened to if they raised concerns. One person said, "If I had a complaint, believe me I would raise it. I've been here 12 months and never felt the need to make a complaint."

● The service received a number of compliments and letters of thanks from people and relatives, regarding the service they received.

End of life care and support

● People were asked their wishes, should they require end of life care. A bereaved relative described the care and supported their loved one received towards the end of their life. They told us, "The care was outstanding and we couldn't fault them. When we couldn't be here they gave [person] one to one care and they were never on their own. They were pain free. The nurse explained about end of life care and they kept us fully informed and we felt fully involved. Staff spoke to [person] all the time and explained what they were doing. They really showed [person] respect."

Requires Improvement

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 requires improvement. This meant although improvements to service management and leadership had taken place, previously there had been an inconsistency in management and the delivery of high-quality, person centred care at the service. There had not been sufficient time to embed the changes that had been made.

At our last inspection in April 2019, the provider had failed to ensure sufficient and adequate systems were in place to monitor and improve the quality of the service. This was 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 17. However, the service needed time to embed the systems that had been put in place and ensure the improvements introduced were sustainable.

Continuous learning and improving care

● At our last inspection, there were a lack of effective audits in place which would give the provider oversight of the service and routinely identify areas for action. At this inspection, we found a variety of audits were in place including accidents and incidents, complaints, medication, infection control, staff observations and care plans, all of which would give the provider daily oversight of the service. There was an audit planner listing the frequency each audit needed to be completed and any areas for action were identified and added to an action plan.

● Systems were in place to ensure all charts were completed which would provide reassurances that people's care needs were being met. The registered manager told us, "Since putting the extra checks in place, we have noticed there are less gaps in charts."

● The registered manager was keen to support staff and provide them with the information they needed to support people safely and effectively. Accidents and incidents were routinely analysed for any learning. For example, following a particular incident, there had been some confusion amongst staff on duty as to whether or not to call a paramedic. In response to this, the registered manager had provided staff with a simple flow chart detailing actions to take in the event of a person suffering a fall. This guidance and been welcomed by staff which resulted in additional flow charts being produced, providing staff with guidance on actions to take following particular events, such as hospital admissions and deaths.

● Regular management team meetings took place to review actions taken and discuss what was happening. Where areas for action were identified, they were monitored to ensure they were completed in a timely manner.

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

● Following the last inspection, a deputy and a clinical lead had been appointed to support the registered manager. The registered manager told us, "Because we have to spend time in the office, we wanted someone out on the floor to see what is going on. The team have great respect for [clinical lead's name] and she is very knowledgeable."
● The registered manager described the positive impact of having three members of the management team all clinically trained. She told us, "We work extremely well together, and we have got to a certain standard and we just want to get better and better."
● People and visitors spoke positively of the service and considered it to be well led. One person told us, "[Registered manager's name] is very approachable, very pleasant and always speaks."
● All staff spoke positively about the changes that had been introduced since the last inspection and commented that staff morale had improved greatly. One member of staff told us, "Since [registered manager and deputy's names] took over there has been a massive change in everything. They have done a fantastic job. There is an open-door policy and I can approach them about anything."
● Staff felt supported and listened to. They described members of the management team as visible and approachable. A member of staff told us, "The overall attitude of [management team] has lifted everything. It is nice now, we are steady, and I feel we are going in the right direction. There's been a lot of hard work and a lot of changes in daily work life. Staff are being supported in the right way; I've seen the manager offer staff additional support and [deputy's name] has taken the time to sit down and teach me things and they always praise me up."
● Staff complimented their colleagues and told us they worked well together as a team. A new member of staff described how they had been welcomed and supported in their new role, adding, "All the girls [care staff] have been nice. I've got on with everyone I've been with."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was displayed, and there were systems in place to notify CQC of serious incidents at the home.
●
The registered manager shared information with people and their relatives regarding reviews of concerns, accidents and incidents and informed of actions put in place to prevent similar incidents occurring in the future.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The registered manager and the deputy attended handover meetings in order to gain an oversight on what was happening in the home, ensure appropriate actions were taken and offer staff additional support where required. This included starting work at 6.00 am twice a week so that they could meet with night staff and discuss any issues or concerns they may have. Staff confirmed that if a colleague was unexpectedly absent, the registered manager or the deputy would step in to cover the shift if necessary.
● Staff were clear of their roles and responsibilities. Staff allocations and in-depth handovers provided them with the information they needed to ensure each shift ran well. Staff were instructed to take responsibility for particular areas of work and had to sign to say they completed each task at the end of shift.
● Staff felt supported by the manager and the provider, who also had a visible presence in the home. A member of staff told us, "[Provider's names] have supported me and so have [registered manager and deputy's names]. We have regular meetings and we are kept informed – communication has improved."

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

● People's opinion of the service was sought through meetings and questionnaires. Where people had identified areas they felt could be improved, action was taken. For example, following a recent survey a family had asked if evening activities could be introduced for their loved one. People had been asked what they would like to do in the evenings and arrangements were being made to accommodate these requests. For example, games of bingo, quizzes and a film night.

Working in partnership with others

● The registered manager and the management team continued to work alongside the local authority quality team in order to improve service delivery.

● Efforts were being made to improve links with the local community, including improving relationships with local schools, not just at Christmas, but throughout the year, inviting children in to participate in arts and crafts with people living at the service.

● The service collected items for local food banks to support the local community.