Parkview Care Homes Limited

# Asher Nursing Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

We inspected Asher Nursing Home on 6 March 2018. Asher Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Asher Nursing Home is a mental health nursing home registered to provide care for up to 17 people, with a range of enduring and complex mental health needs. On the day of our inspection there were 17 people living at the service, who required varying levels of support. We previously inspected Asher Nursing Home on 11 January 2017 and found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and further areas of improvement were required. We asked the provider to take action to make improvements and these actions have been completed.

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. People were cared for in a clean and hygienic environment and appropriate procedures for infection control were in place.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as the treatment of specific infections and palliative care (end of life).

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement. They had developed a strategic action plan to ensure improvement was sustained.

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

Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place. Staff had a good understanding of equality, diversity and human rights.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. Staff had received both supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported. We observed friendly relationships had developed between people and staff. Care plans described people's preferences and needs in relevant areas, including communication, and they were encouraged to be as independent as possible. People's end of life care was discussed and planned and their wishes had been respected.

People chose how to spend their day and they took part in activities. They enjoyed the activities, which included, bingo, arts and crafts, park walks and themed events, such as visits from external entertainers. People were also encouraged to stay in touch with their families and receive visitors.

People were encouraged to express their views and said they felt listened to and any concerns or issues they raised were addressed. Technology was used to assist people's care provision. People's individual needs were met by the adaptation of the premises.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely. The service was clean and infection control protocols were followed.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

### Is the service effective?

Good

The service was effective.

People spoke highly of members of staff and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed. People's individual needs were met by the adaptation of the premises.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

### Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

## Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes, including on the best way to communicate with people.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them. People's end of life care was discussed and planned and their wishes had been respected.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

## Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided. Staff had a good understanding of equality, diversity and human rights.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

# Asher Nursing Home

**Detailed findings**

## Background to this inspection

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

This inspection took place on 6 March 2018 and was unannounced. The inspection team consisted of one inspector 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.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounge and dining area of the service. Some people could not communicate with us because of their condition, and others did not wish to talk with us, however, we spoke with four people, two care staff, a registered nurse, the chef, the deputy manager and the registered manager. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, training records and audit documentation. We also 'pathway tracked' the care for two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

# Is the service safe?

## Our findings

At the last inspection on 11 January 2017, the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to recruitment practices. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made, and the provider is now meeting the legal requirements.

At the last inspection, we found that for staff who were recruited before 2012, that no DBS (Disclosure and Barring Services) check had taken place. This placed people at potential risk of receiving care from staff that were not safe to work with vulnerable people. At this inspection, the registered manager told us that DBS checks for all staff had now been obtained and that appropriate recruitment procedures were followed. Documentation in staff files supported this, and helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs. Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector. Files also contained evidence to show where necessary, staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the nursing midwifery council (NMC).

At the last inspection we identified an area of improvement in relation to infection control. At this inspection we saw that improvements had been made. People were cared for in a clean, hygienic environment. We viewed people's rooms, communal areas, bathrooms and toilets. The service and its equipment were clean and well maintained. We saw that the service had an infection control policy and other related policies in place. Staff told us that Protective Personal Equipment (PPE) such as aprons and gloves was readily available. We observed that staff used PPE appropriately during our inspection and that it was available for staff to use throughout the service. Hand sanitisers and hand-washing facilities were available, and information was displayed around the service that encouraged hand washing and the correct technique to be used. Additional relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. The registered manager told us that infection control training was mandatory for staff, and records we saw supported this. The service had policies, procedures and systems in place for staff to follow, should there be an infection outbreak such as diarrhoea and vomiting. Any specific infection control requirements for people were recorded in their care plans. The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. One person told us, "Yes I do feel safe, I am able to get well". Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave and that agency staff were used when required. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "There are too many staff". Staff agreed with this, and

a member of staff said, "We always get cover when we need it and we get time to sit with people".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan (PEEP). There were further systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We saw safe care practices taking place, such as staff supporting people to mobilise around the service.

Records confirmed all staff had received safeguarding training as part of their essential training and this had been refreshed regularly. There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people. Documentation showed that the provider cooperated fully and transparently with relevant stakeholders in respect to any investigations of abuse. Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

We looked at the management of medicines. Registered nurses were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff giving medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Good

# Is the service effective?

## Our findings

At the last inspection on 11 January 2017, we identified an area of practice that required improvement. This was because a number of staff had not received updated 'refresher' training in a timely manner in areas of training that the provider deemed essential for staff. We saw that improvements had been made.

Records and conversations with the registered manager confirmed that essential training had been refreshed regularly. Staff had received training in looking after people, including safeguarding, food hygiene, health and safety, equality and diversity. They also received training specific to peoples' needs, such as the treatment of specific infections and palliative care (end of life). Staff told us that training was encouraged and was of good quality. Staff also told us they were able to complete further training specific to the needs of their role, and were kept up to date with best practice guidelines. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. Feedback from staff and the registered manager confirmed that formal systems of staff development including one to one supervision meetings and annual appraisals were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have.

People told us they received effective care and their individual needs were met. One person told us, "Its ok, I am recovering". Assessment of people's care and support needs were undertaken by staff before people began using the service. This meant that staff could be certain that their needs could be met. The pre-admission assessment were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews.

People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference. Everybody we asked was aware of the menu choices available. We observed lunch. It was relaxed and people were supported to move to the dining areas or could choose to eat in their bedroom. People ate at their own pace and came and went as they pleased. Staff were continually checking that people liked their food and offered alternatives if they wished. People were complimentary about the meals served. One person told us, "If it's well cooked I am happy". We saw people were offered drinks and snacks throughout the day, they could have a drink at any time and staff always made them a drink on request. People's weight was regularly monitored, with their permission and staff stated that any specific diet would be accommodated should it be required.

Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's and social workers. Access was also provided to more specialist services, such as opticians and dentists if required. Staff kept records about the healthcare

appointments people had attended and implemented the guidance provided by healthcare professionals. Staff told us that they knew people well and were able to recognise any changes in peoples' behaviour or condition if they were unwell to ensure they received appropriate support. Staff ensured when people were referred for treatment they were aware of what the treatment was and the possible outcomes, so that they were involved in deciding the best course of action for them. We saw that if people needed to visit a health professional, for example at hospital, then a member of staff would support them.

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. We checked whether the provider was working within the principles of the MCA. Staff had a good understanding of the MCA and the importance of enabling people to make decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. DoLS applications had been sent to the local authority. Staff understood when an application should be made and the process of submitting one. Care plans reflected people who were under a DoLS with information and guidance for staff to follow. DoLS applications and updates were also discussed at staff meetings to ensure staff were up to date with current information.

Staff had a good understanding of equality and diversity, which was reinforced through training. The Equality Act covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called `protected characteristics´. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected. A member of staff told us, "I have experienced some discrimination from people here, but I have always been supported with it". The registered manager added, "Staff have a good understanding of equality and diversity. We do not tolerate any forms of discrimination".

People's individual needs were met by the adaptation of the premises. There was a slope for wheelchairs to the garden and other parts of the service were accessible via a lift. There were adapted bathrooms and toilets with hand rails in place in these to support people.

Good

# Is the service caring?

## Our findings

People were supported with kindness and compassion. They told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "There is one [staff] that I like who comes to me on Tuesday and Thursday, I enjoy her company". Throughout the day, staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring, attentive and responsive and saw positive interactions and appropriate communication. Staff appeared to enjoy delivering care to people. Another person told us, "I have a favourite, I like it when he arrives". A member of staff added, "We get to know all the residents and know who they are. We have good rapport with people and on the whole everyone is happy".

Staff demonstrated a strong commitment to providing compassionate care. From talking with people and staff, it was clear that they knew people well and had a good understanding of how best to support them. We also spoke with staff who gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food and drink.

Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences. Staff told us how they adapted their approach to sharing information with some people with communication difficulties. The registered manager told us, "We understand people's mental health and develop communications plans, so that we can understand people's needs". Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Staff supported people and encouraged them, where they were able, to be as independent as possible. We saw examples of people being encouraged to be independent. For example, through building one person's confidence, staff were able to encourage and assist this person to go clothes shopping for the first time in more than 10 years. This had improved their self-esteem and had led to further positive outcomes, such as getting a haircut. Other people were supported to have their own fridges, microwaves and kettles to promote their independence. Care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One member of staff said, "We constantly encourage people with their personal care". We were given an example of one person who was at risk of self-neglect, as they did not wish to have a bath. Through continuous encouragement and support, this person now bathed once per week. Another member of staff said, "We start with small steps like supporting people with appointments or going to the shops. We plant a seed in them and encourage them to get interested in independence". The registered manager added, "Some people stay with us for a long time, but others we support to step down, so we ensure we can maximise their independence".

People looked comfortable and they were supported to maintain their personal and physical appearance. It was clear that people dressed in their own chosen style. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering. One member of staff told us, "I always make sure that I speak to people in the right way".

Staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. One person told us, "As long as I am left in this room 24 hours a day, I am happy". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "They can choose what they want. If they want to wear a Christmas jumper in June, that's fine". Another added, "We always support people's choices. If they want to go the shops or the post office, we will just take them". Staff encouraged people to maintain relationships with their friends and families and visitors were able to come to the service at any reasonable time, and could stay as long as they wished.

Good

# Is the service responsive?

## Our findings

People told us they were listened to and the service responded to their needs and concerns.

People's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together where possible by the person, their family and staff. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to meet those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. Nobody we spoke with had expressed any religious requirements, however we saw that people were given the opportunity observe their faith and any religious or cultural requirements should they wish to.

We saw a varied range of activities on offer which included, bingo, arts and crafts, park walks and themed events, such as visits from external entertainers. People told us that they enjoyed the activities and trips out. One person told us, "I go to George Street and have a coffee, which I like". The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. We saw that staff set aside time to sit with people on a one to one basis in their rooms. A member of staff told us, "One person stays in his room. I know he likes fish and chips, so I got him some and we sat and played cards". The registered manager added, "We provide suitable activities and also develop a recovery profile for mental health, there is a lot of engagement with people".

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One person told us, "I'd speak to one of the staff". The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required. Technology was also used to support people to receive timely care and support. The service had a call bell system which enabled people to alert staff that they were needed. We saw that people had their call bells within reach and staff responded to them in a reasonable time.

Peoples' end of life care was discussed and planned and their wishes had been respected if they had refused to discuss this. People were able to remain at the service and were supported until the end of their lives. Observations and documentation showed that peoples' wishes, with regard to their care at the end of their life, had been respected. We saw that the registered manager liaised with a local palliative nurse team in order to deliver training for staff to enable them to deliver dignified end of life care to people.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012.

Services must identify, record, flag, share and meet people's information and communication needs. Staff ensured that the communication needs of people who required it were assessed and met. The registered manager was aware of the AIS and we saw that where required, people's care plans contained details of the best way to communicate with them and staff were aware of these.

Good

# Is the service well-led?

## Our findings

At the last inspection on 11 January 2017, we identified an area of practice that required improvement. This was because we found issues in relation to management oversight and acting on known concerns. We saw that improvements had been made.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. The registered manager told us that regular audits for health and safety, infection control, accidents and incidents, complaints and medication took place. Additionally the provider carried out quarterly quality audits looking at all aspects of the service and a strategic action plan for improvement had been developed. Documentation we saw supported this, and the results of these audits were analysed in order to determine trends and introduce preventative measures. The registered manager added, "We have a real appetite for change and getting things right". Up to date sector specific information was also made available for staff including details of managing specific infectious conditions. We saw that the service also liaised regularly with the Local Authority and the Clinical Commissioning Group (CCG), in order to share information and learning around local issues and best practice in care delivery.

People and staff spoke highly of the registered manager and felt the service was well-led. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "I like her [Registered manager] and I am able to talk to her if I need to". A relative said, "The manager seems fine". A member of staff added, "The managers have turned the place around. We now have policies in place and they are always really helpful. They've made the place so much better".

We discussed the culture and ethos of the service with the registered manager and staff. The registered manager told us, "We are very committed to improving people's lives and understanding recovery. Through positive engagement, we have managed to get people to leave the service who haven't been out for years". A member of staff said, "We have the ability to change people's lives for the better". A further member of staff added, "We build relationships with people and build their trust. For some people, just to get a smile off them is a big thing". Staff said they felt well supported within their roles and described an 'open door' management approach. They were encouraged to ask questions, discuss suggestions and address problems or concerns with management, including any issues in relation to equality, diversity and human rights. Management was visible within the service and the registered manager took an active approach. A member of staff told us, "[Registered manager] and [deputy manager] have been a godsend. They are so easy to get along with". The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "We have a good team here and we get on really well. We can go to each other with any concerns we have about the residents. We all fit in". Another member of staff said, "We always discuss the residents and I feel we work well together. Some days are challenging, but we help each other". This was echoed by registered manager who told us, "This is a physically and mentally challenging service and we all support each other. The staff really care for people here. It's been a massive thing to turn the place around. Staff have been very open to change and very supportive to the residents".

We saw that people and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring satisfaction with the service provided. For example, in light of feedback from people, a heater was installed in the outdoor smoking shed. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services. Staff had a good understanding of Equality, diversity and human rights. Feedback from staff indicated that the protection of people's rights was embedded into practice for both people and staff living and working at the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.