

# Anchor Carehomes Limited

## Montrose Hall

### Inspection report

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### Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

### About the service

Montrose Hall is a modern, purpose built home situated within a local community in Wigan. It provides residential care for up to 41 older people, including people living with dementia. Accommodation is provided over two floors with lift access between the floors. Each floor has a main lounge with dining area and a second smaller lounge. At the time of the inspection 40 people were living at the home.

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

People spoke highly of the care and support provided by staff who were described as being kind, caring and respectful. Staff knew people well and how they wished to be cared for and supported.

The home was extremely responsive to people's needs and wishes and provided exceptional person-centred care. People were encouraged and supported to set and achieve goals and ambitions.

A great deal of time and effort had been spent by the staff in designing and decorating the home both inside and out, to ensure it provided a stimulating environment, which met specific needs as well as promoting independence and socialisation.

The home had developed excellent links with a number of community groups and organisations. These provided positive benefits to both people living at the home and the wider community. The home had been selected to take part in local authority pilot schemes, which underlined their standing within the community.

The home considered activities and social interaction to be an integral part of people's lives. People and relatives spoke positively about the opportunities available, which included access to community-based activities and events. Through the support provided by the home, people had reconnected with both friends and activities they had lost touch with.

People were encouraged to provide their views and opinions about the home and care provided through both meetings and questionnaires, to help drive continuous improvements. The home completed a range of audits and quality monitoring processes to help support this process.

People, relatives and staff told us the home was extremely well run, with the registered manager being an active role model, who was open, approachable and focussed on supporting people and staff to achieve their potential.

People's safety was maintained, through ongoing personalised risk assessments and by ensuring the premises and any equipment was maintained and serviced regularly. People received their medicines on time and had ready access to healthcare professionals as and when required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (report published February 2017).

#### 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.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

### Is the service responsive?

The service was exceptionally outstanding.

Details are in our responsive findings below

Outstanding 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding 

# Montrose Hall

## 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 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.

#### Service and service type

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

The 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

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who lived at the home and three relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, district manager, chef manager, team leaders and care workers.

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 four people's care records, five staff personnel files and multiple medication records. We also looked at other records relating to the management of the home and care provided to people living there.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional information supplied relating to person centred care and activity completion.

# 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 good. At this inspection this key question has remained the same, good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living at Montrose Hall. Relatives also had no concerns about the safety of their loved ones. Comments included, "Oh yes, 100% safe" and "It gives me piece of mind to know [relative] is well looked after, they are safe and secure and if there are any issues the staff will ring you."
- Staff knew how to identify and report any safeguarding issues or concerns. Training had been provided during induction and was refreshed regularly, to ensure knowledge remained up to date.
- The home had reported any safeguarding concerns in line with local authority guidance. A log had been used to document all referrals, along with action taken and outcomes.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care files contained detailed risk assessments which reviewed any risks to people and how these could be minimised. Where necessary individual assessments had been completed, for risks specific to that person or their current situation. This ensured people were as safe as possible.
- The home had effective systems in place to ensure the premises and equipment were safe and fit for purpose. Safety certificates were in place and up to date for gas and electricity, hoists, the lift and fire equipment, which had all been serviced as per guidance with records evidencing this.
- Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. There was an up to date fire risk assessment in place, along with personal emergency evacuation plans.
- Accidents and incidents had been documented consistently. Completed forms detailed who had been involved, what had happened, action taken and the outcome. For each incident post fall/accident monitoring had been completed, to ensure people remained safe and well. Monthly analysis of accidents had also been carried out to look for trends and help minimise future occurrences.

Staffing and recruitment

- People, relatives and staff we spoke with all confirmed enough staff were deployed to meet people's needs and keep them safe. Comments included, "Oh gosh, yes [there are enough staff]", "Yes, definitely, there are two in the lounge and two in the dining room" and "Yes, there are enough staff."
- The home used a system to determine staffing levels, which was based on people's level of need and the amount of staff required to meet this. We looked at a sample of four weeks rotas which evidenced staffing had been allocated appropriately. The home employed their own bank staff to help cover for sickness and annual leave. This ensured continuity of care.
- Safe recruitment procedures were in place, to ensure staff employed were suitable for the role and people were kept safe. Personnel files contained references, proof of identification, work histories and Disclosure

and Baring Service (DBS) checks. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

#### Preventing and controlling infection

- The home had received five-star rating, the highest achievable, when last inspected by environmental health in December 2018. We found these standards had been maintained through regular auditing of the environment, disposal of waste, laundry, hand hygiene and equipment.
- The home was clean and free from odours with appropriate infection control and cleaning processes in place. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.

#### Using medicines safely

- Medicines were being managed safely. Staff who administered medicine had received training and had their competency assessed annually, or more frequently if any issues or errors had occurred.
- Each person had a medicines care plan which explained their needs and preferences. Risks assessments had been completed for specific medicines, such as paraffin-based creams which are flammable, to ensure the risk of using these had been minimised.
- Medicines administration records (MAR) had been completed accurately and consistently. 'As required' (PRN) protocols were in place for people who took this type of medicine, such as paracetamol. These provided staff with information about what the medicine was for, how much to give and when, including how to know it was needed if the person couldn't tell them.
- Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines had been administered and documented as per guidance.

# 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 good. At this inspection this key question has improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People and relatives were extremely positive about the environment and overall décor of the home. The registered manager, staff and maintenance team had completed all the work themselves, often doing so in their own time. Comments included, "The environment is amazing. The manager is always thinking of new things, she is always innovating" and "It is brilliant. I have never seen anything like it. The garden is lovely and makes it as good outside as it is inside."
- A huge amount of thought and planning had gone into ensuring the home meet people's needs. Themed areas had been developed, which included lots of tactile areas along with places for people to sit and chat or reminisce. A beach / seaside theme ran from inside to outside, which included a Punch and Judy box, sand pit and beach huts. The outside of the building had been painted to look like the sand, sea and sky, which continued the theme.
- A person-centred approach to the environment had also been considered. There was a mock-up of a phone box on one corridor, as one person had regularly pressed the door keypad buttons, thinking these were a telephone keypad and proceeded to chat with their family. Although not operational, the phone box enabled this person to 'ring' their family using a real touch button phone.
- The home had created an onsite shop, which was named after a person residing at the home, who used to own a shop. Residents had made this decision during their monthly meetings. The shop stocked a wide variety of items and allowed people to retain their independence in purchasing items for themselves, as well as providing a meaningful activity for those people who volunteered to help run it, which included the person it was named after.

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

- People and relatives, we spoke with, were extremely complimentary about the food and drink provided. Comments included, "The food is very good. We get plenty to eat, we certainly do" and "The food is beautiful. They have a special chef here."
- Kitchen staff regularly met with people, so they could put forward meal ideas. Taster sessions were then held, so people could sample the different options and choose what made it onto the menu.
- Menu's included people's favourite meals prepared following their own recipes, which staff had supported people to document. The meals were named after the person on the menu, for example [name's] cheese and onion pie, so they knew when their dish was being served. People and relatives told us they really liked this personal touch.
- People were able to eat where they chose. Dining tables were nicely laid out, people were offered the choice of wearing clothes protectors and staff were attentive to the needs of people throughout the meal

time period. The atmosphere in the dining rooms was lively, encouraging, with lots of interaction and chatter.

- People's specific dietary requirements, for example soft, pureed or fortified diets, or thickened fluids, were being met with guidance in place for both kitchen and care staff to refer to.

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

- People had access to a range of medical and healthcare services, who regularly visited the home. A contact sheet had been kept in each person's file which detailed any involvement, including who the person had seen and what for, along with outcomes and action points.

- Where concerns had been identified, such as issues with skin integrity, unplanned weight loss or concerns with swallowing, we saw referrals had been made timely to professionals such as GP's, dieticians, district nurses and speech and language therapists (SaLT). This ensured people received the correct care and support.

- We saw the Waterlow, which is a pressure ulcer risk assessment and prevention tool, had been completed consistently. Where people had any pressure care needs, equipment, such as pressure cushions and mattresses were in place and regular repositioning had been completed.

Staff support: induction, training, skills and experience

- Staff spoke highly of the training provided, confirming regular refresher sessions were provided to ensure knowledge and skills remained up to date. Comments included, "Training is very good, plenty provided" and "Yes, we get enough. Do a lot of e-learning courses. The home arranges regular training and then makes sure you do this."

- Training completion was monitored via an online system, which was automatically updated when a staff member had completed a training session. The home regularly achieved a compliance rate of 99 – 100%.

- Staff training included a detailed induction programme, covering training the provider considered to be mandatory. New staff were allocated a buddy to work alongside, a mentor to support the process and had their progress reviewed formally each month throughout their 12-week probationary period.

- Staff also completed supervision meetings and appraisals in line with the providers policy. One told us, "We have meetings every six to eight weeks. I'm happy with this. They will write down how we are doing and ask if we are happy or have any concerns."

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.

- Where people lacked capacity to consent and did not have a legal representative, such as a Lasting Power of Attorney (LPA) for health and welfare in place, we saw mental capacity assessments and best interest meetings had taken place to make important decisions.

- DoLS applications had been submitted where required. A log was used to record when and why the application had been submitted, date authorised, any conditions and duration of the authorisation.

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

- Detailed pre-admission assessments had been completed prior to people moving into the home. These ensured people's care needs could be met and the environment was suitable.
- People's likes, dislikes and preferences had been captured as part of the pre-admission process and been used to help develop their care plans.
- Each person we spoke with, told us they were happy with the care received and were supported to make choices. One told us, "Yes, I can definitely [make choices]." Another stated, "I can decide what I do and am always busy. If I need help the staff are here."

## 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 good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and relatives spoke positively about the standard of care provided. Staff were described as being kind, considerate and always willing to help. Comments included, "I have never experienced anything but kindness", "The staff are kind, they will do anything you ask" and "They are kind, they are interested in you, they are like a second family. We would be lost without them."
- Observations during inspection showed staff were kind, attentive and demonstrated a real understanding of people and their needs. They spent time talking to people, reassuring people who were restless or upset as well as being welcoming to relatives and other visitors. We noted one person looked after two empathy dolls. They had reported to staff that their 'babies' were unwell, so staff arranged for the district nurse to carry out a health check, which reassured the person.
- Staff had chosen to donate £1.00 per day for their meals within the home, rather than receive these free of charge. Staff used the money raised to pay for a monthly 'take away' evening for people, who chose what they wanted to eat during resident meetings. People ate together around large tables, which helped promote interaction and community spirit.
- The home promoted the champions programme, which involved staff members specialising in and promoting specific elements of care, such as dementia care, engagement, art therapy and oral care. This ensured high standards across all areas had been maintained.
- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. The provider ran an LGBT+ support group, which was advertised and promoted in the home. Care files contained sections which captured people's religious and cultural needs and wishes. Religious services were held every week within the home, for people who wished to attend.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were respectful and treated them with dignity. One person told us, "Yes, they treat me with dignity and they treat me as an individual." Another stated, "Oh yes, definitely [treat me with dignity and respect]. They are very good, so much so I am going to adopt one of them."
- Staff were mindful about ensuring people's privacy and dignity was maintained and ensured this was done consistently. One told us, "When doing personal care I make sure the curtains are closed, door is shut, the person is covered up and they are comfortable with what I am going to do."
- Staff also described the ways in which they promoted people's independence. One stated, "A couple of people help set the tables, some do bits of washing up. We have a weekly folding day, so people can help fold the laundry, like they used to do at home. One person helps serve breakfast, as they asked to do this."
- One person was particularly anxious about their clothes and these going missing. To help alleviate their

anxiety, staff supported this person to launder their own clothes, using the home laundry. The person was thrilled at being able to take control of this aspect of their care, telling staff, "I feel more in control of my life".

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

- Where they chose to be, people were actively involved in all elements of their care, which was provided in line with their wishes from staff who knew them very well.
- Annual residents and relative questionnaires had been completed, with a detailed report being generated which contained the questions, people and relatives' ratings and feedback.
- The home had a 'wish tree', onto which people were encouraged to write down and hang wishes or things they would like, which staff would make come true. Examples noted included a person wanting to have a romantic meal with their loved one. Staff organised a meal for two in a quiet area of the home and acted as waiters, to ensure everything went smoothly.
- Staff supported people to take part in a sponsored walk to raise money for dementia. As part of the event, they were also supported to wrap scarves around trees in the nearby park, known as 'yarn bombing'. The scarves are for the homeless, who remove them from the trees to keep warm. Everyone who took part was overjoyed by the experience. One stated, "I am so glad we could be part of this, so proud. We would all like to do this again." As a result of people's feedback, this has now become an annual event.

## 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 good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The home and staff were extremely responsive to people's needs. Staff had clearly spent time getting to know people, their likes, dislikes, interests and made sure each person's care reflected their wishes.
- We saw numerous examples of person-centred approaches being used to meet people's individual needs. One person living with dementia and depression, often became agitated before tea, as they thought they should be collecting their children from school. A staff member arranged for the person to support them to pick up their own child from school. The person was thrilled at doing this. Due to the positive impact, this has been set up as a regular occurrence.
- Another person had discussed with staff their history in the RAF and how much they would like to experience flying again. A staff member contacted a local flying school and arranged for this person to fly in a private plane from a local airfield. The hour-long trip included flying over the local area and the care home. The person was elated by the experience and spoke positively to staff about the flight and how they are eager to repeat this in the near future.
- A third person had lost touch with a close relative and not seen them in years. After hearing about this, a staff member managed to track the relative down using the internet, contacted them and arranged a surprise visit. The person was overjoyed at seeing their relative again and made arrangements to keep in touch moving forwards.
- Care files continued this person-centred approach. Each one contained detailed information about people's background, life history as well as aims and goals for their life going forward.

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

- The home was heavily invested in the importance of providing social and recreational activities for people. Rather than employ a designated activity coordinator, responsibility was given to all staff members to ensure activities and events occurred throughout the week.
- People and relatives spoke positively about the types of activities on offer. Comments included, "I do dancing, gardening; I do like to potter in the garden. We have afternoon tea. I'm happy to give anything a go", "We have singers on, we have concerts, play games like skittles. We went on an outing last week" and "They have a room upstairs where they do movement exercises and fun chair exercises with shakers and music. They always plan seasonal activities too."
- The provider recently organised a two-night break in Blackpool, which a number of people attended, supported by staff. One person did not wish to go on the holiday but said they would like to visit the seaside. As a result a separate day trip to Southport was arranged, which they along with five other people enjoyed.

- We noted two people had expressed an interest in doing something in the community. Staff researched opportunities and after discussing these, supported both people to sign up for and attend a six-week cake decorating course, which they both thoroughly enjoyed, passing the course and receiving a certificate, which was proudly displayed.
- The home was responsive to people's views and requests, including around activity provision. One of the male residents had asked about spending time away from the women and doing some male orientated activities with his peers. As a result, a man's group was formed, who meet every Wednesday afternoon to complete a range of activities. The home also introduced 'pie and a pint' at the weekend, where the men can meet up in a quiet lounge to watch sport on a large screen, have a drink and some food together.

#### Improving care quality in response to complaints or concerns

- The complaints procedure was displayed prominently within the home, so that people knew the action to take and who to contact, if they wished to raise concerns.
- People told us they knew how to complain and would feel comfortable doing so. Both a person and a relative told us they had raised minor concerns with the registered manager and were happy with how these had been dealt with.
- We viewed the complaints file and noted two complaints had been logged in 2019. Both had been responded to in writing, following an investigation with outcomes and actions included.

#### End of life care and support

- People who wished to, had been supported to make decisions about their preferences for end of life care, which were detailed in the relevant section of their care plan. Where people had declined to discuss this aspect of their care, this was also clearly recorded.
- Staff had received training in end of life care, to enable them to support people correctly at this stage of their life.
- The home was supported by external professionals such as GP's and district nurses, to ensure people received the necessary care and support when approaching the end of their life.

#### 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.

- Each person had a communication care plan, which detailed their needs, any difficulties they may have and how best to communicate with them. These also included details of any aids or equipment they needed to assist with communication, such as hearing aids or glasses.
- Information was available in range of formats, such as easy read, to ensure all people living at the home had access to information in a way they could understand.
- The home had been chosen by the local authority to pilot the 'One voice project' which involved ensuring residents with no voice or limited communication are able to raise concerns.

## 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 good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The home had an experienced registered manager who had been in post for over three years. Staff were very complimentary about the manager and the support and encouragement they provided. We were told the manager focussed heavily on developing staff and promoting career development. One told us, "I can't tell you how supportive [manager's name] has been, such a great mentor. Without them I would not have achieved my new role."
- People and relatives also spoke extremely positively about the home and how it was run. One stated, "[Manager's name] is wonderful, they are an angel in purple. They would not ask anything of their staff, they wouldn't do themselves. They are a true leader, who leads by example."
- Care staff had also been recognised for their work. Two staff had been finalists at The Great British Care Awards, with one winning their category. Staff members had also received recognition for their 'outstanding contribution' to care at Wigan Council's care home staff awards.
- As part of dementia action week, the registered manager had provided advice to people in the local community looking after relatives with dementia. An article containing advice was also run in the local paper.
- During school holidays staff were given the option of bringing their children into work. The children were provided with a uniform and badge, so they felt part of the team and supported to take part in activities and spend time chatting to people.
- Monthly resident meetings had been held, to capture people's views of the home and care provided, as well as discuss future plans and ask for people's feedback and suggestions. Relatives were welcome to attend, although quarterly meetings specifically for them had also been facilitated.
- Team meetings were completed regularly, which provided staff with an opportunity to raise any issues or concerns, as well as being involved in decisions about the home.

Working in partnership with others

- We noted a number of examples of the home working in partnership with other organisations and groups, which benefitted both people living at the home and the wider community.
- Through the community circles initiative, a generations group had been set up. This involved a local mother and toddlers group visiting the home and spending time singing, dancing and interacting with residents. The group was only supposed to run for six weeks, however due to how successful it had been, was now incorporated into the weekly activity schedule.

- The home had set up a pen pal scheme with a local school. Children from the school wrote letters to people at the home, which helped them with their writing skills. People then replied talking about their lives and experiences, which they thoroughly enjoyed. Plans had been made for both groups to meet up in the near future.
- The home had also forged links with other care homes in the local area, inviting their residents to activities and events in order to increase people's social opportunities and create new friendships.
- During dementia action week, the home facilitated a week of activities which were open to other homes and professionals. These included a coffee afternoon, teddy bears picnic and a 'dine and disco' event.

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

- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People and their relatives told us they currently had no concerns in this regard. Both the home and registered manager were described as being open and honest and effective communication had been maintained through regular meetings and the open-door policy in place.

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

- The registered manager understood their regulatory requirements. The previous inspection report was displayed and available within the home and online. The registered manager had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.
- A range of audits and monitoring systems had been used to assess the quality and performance of the home and care provided. These had been completed both internally and at provider level by the district manager.
- For each audit we saw actions and outcomes had been documented, to ensure continuous improvement was maintained and the home was meeting regulations.