

Homebeech Limited

Cherington

Inspection report

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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:

Cherington is a care home registered to provide nursing and residential care and accommodation for 42 people living with various health conditions, including dementia. There were 37 people living at the service on the day of our inspection. Cherington is located over three floors accessed by a lift, with shared lounges and dining areas. The service is in Bognor Regis, West Sussex.

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

People's experience of using this service:

- Since the previous inspection, sufficient improvements in relation to safety, person centred care delivery, quality monitoring and governance had been made. However, these improvements to systems and care would need to be sustained and monitored over time to ensure a good level of quality and safety was maintained.
- People were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe, were well supported and there were sufficient staff to care for them.
- Our own observations supported this and we saw friendly relationships had developed between people and staff. One person told us, "The staff are lovely. They always take time to talk to you, and ask if they can help when they are getting you up in the morning, and they will share a bit of a joke and a chat with you sometimes".
- People enjoyed an independent lifestyle and told us their needs were met. They enjoyed the food, drink and activities that took place daily. A visitor told us, "When they did the assessment of [my relative's] needs before he came in, I was there and they asked me lots of questions about how he was, what he could do and what he couldn't. It was very thorough and I really got the feeling it was centred around him personally. Obviously, the home has to have a certain amount of routine, but overall, I think his care is about him and not standardised".
- People felt the service was homely and welcoming to them and their visitors. One person told us, "My son comes in to see me sometimes and the staff are always very welcoming. I've no complaints with them at all". A visitor added, "I think the staff are very kind, to my [relative] and to me and my family as well. Whenever I come in, the first thing they do is offer me a cup of tea or coffee and update me on how he is".
- People told us they thought the service was well managed and they enjoyed living there. A visitor told us, "There's flashier places than this, but the care might not be as good. I think they are quite clued up here and I'm happy that he's in good hands. I would happily recommend them based on the care they have provided for my [family member]".
- Staff had received essential training and it was clear from observing the care delivered and the feedback people and staff gave us, that they knew the best way to care for people in line with their needs and preferences. A member of staff told us, "The shadow shifts and training I've had have helped me a lot".
- The provider supported people to stay safe by assessing and mitigating risks, ensuring that people were

cared for in a person centred way and that the provider learned from any mistakes.

- Our own observations and the feedback we received supported this. People received high quality care that met their needs and improved their wellbeing from dedicated. A member of staff told us, "We give the best care we can, I love working here".

Rating at last inspection: Requires Improvement (report published 19 December 2018).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Cherington

Detailed findings

Background to this inspection

The 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 checked 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.

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. The expert at this inspection had experience of caring for older people.

Service and service type:

Cherington 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. However, on the day of our inspection, the registered manager was on extended leave, and day to day management of the service was carried out by an acting manager.

Notice of inspection:

This was an unannounced inspection, which meant the provider and staff were not aware that we were coming.

What we did:

- On this occasion, we did not ask the provider to send us a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they intend to make. This information helps us support our inspections.
- We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as incidents and abuse; and we sought feedback from the local authority.

During the inspection:

- We observed the support that people received, spoke with people and staff and gathered information relating to the management of the service.
- We 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 reviewed a range of records. This included four staff recruitment files, training, records relating to the management of the home and a variety of policies and procedures and quality assurance processes developed and implemented by the provider.
- We reviewed five people's care records.
- We spoke with four people living at the service, two visitors and a visiting healthcare professional.
- We spoke with six members of staff, including the acting manager, the regional manager, a registered nurse, the chef and care staff.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 24 and 25 September 2018. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Safe to at least good. At the last inspection the provider had failed to ensure that assessed procedures to mitigate risk were not always followed and infection control was not well managed. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 20 March 2019, improvements had been made, and the provider is now meeting the legal requirements.

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Risks associated with the safety of the environment and equipment were identified and managed appropriately.
- Previous concerns in relation to the temperature of the building and access to the front door keys had been rectified.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. 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.
- Previous concerns in relation to moving and handling risk assessments being followed had been rectified. We observed staff support people safely and in line with their assessed needs.
- Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.

Preventing and controlling infection

- The service and its equipment were clean and well maintained.
- Previous concerns in relation to the disposal and management of clinical waste had been rectified. We saw that any hazardous waste was stored securely and disposed of correctly.
- There was an infection control policy and other related policies in place. Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control.
- The laundry also had appropriate systems and equipment to clean soiled washing.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, ensuring that people were referred to any health care professionals if it was required.
- 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.

Using medicines safely

- Registered nurses were trained in the administration of medicines. A registered nurse described how they completed the medicine 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 registered nurse 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.
- Nobody we spoke with expressed any concerns around their medicines. One person told us, "They seem very well trained, I get my medicines regularly".

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. One person told us, "I do feel safe here. I was in another home and there was lots of shouting. I couldn't cope with that, but here it's very nice, everyone gets on well". A visitor added, "I've never seen anything that has caused me concern or worry".
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- 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.

Staffing and recruitment

- 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 agency staff were used when required.
- Feedback from people and staff was they felt the service had enough staff and our own observations supported this. A visitor told us, "I think [my relative] is very safe here. I'm always impressed by how many carers there are around".
- 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).

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 24 and 25 September 2018. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Effective to at least good. At the last inspection the provider had failed to ensure that people's assessed needs were up to date and that information regarding Deprivation of Liberty Safeguards (DoLS) was accurate. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 20 March 2019, improvements had been made, and the provider is now meeting the legal requirements.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider had an effective system to monitor DoLS and had a good understanding of the Act. They were working within the principles of the MCA, and people were not unduly restricted. Consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one.
- A visiting healthcare professional told us, "They are managing DoLS really well, I have no concerns. They are making applications when they should and are complying with any conditions".

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

- Staff undertook assessments of people's care and support needs before they began using the service.
- Pre-admission assessments were used to develop a more detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
- Documentation confirmed people were involved, where possible, in the formation of an initial care plan. This enabled staff to have the correct information, to ensure they could meet people's needs. A visitor told

us, "When they did the assessment of [my relative's] needs before he came in, I was there and they asked me lots of questions about how he was, what he could do and what he couldn't. It was very thorough and I really got the feeling it was centred around him personally. Obviously, the home has to have a certain amount of routine, but overall, I think his care is about him and not standardised".

Staff support: induction, training, skills and experience

- Staff had received training in looking after people, including safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. They were knowledgeable of relevant best practice and regulations, and we saw staff supporting people with confidence and professionalism.
- One member of staff told us, "The shadow shifts and training I've had since I've started have been very helpful".
- This was echoed by people and visitors. One person told us, "I think they are very well trained, they are always good with people, very patient".
- 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.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.
- Staff had a good understanding of equality and diversity, which was reinforced through training. A member of staff told us, "I haven't seen any discrimination, but we would all support each other if there was".

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

- The provider met peoples' nutrition and hydration needs.
- There was a varied menu, specialist diets were catered for and people were complimentary about the meals served. One person told us, "The food is very good".
- The chef told us that any specialist or culturally appropriate diets would be available should they be needed or requested.
- Bowls of fruit and snacks were placed around the service for people to help themselves to and drinks were always available.

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

- People's individual needs around their mobility were met by the adaptation of the premises.
- All parts of the service were accessible via lifts. Slopes allowed people in wheelchairs to access the service, and there were adapted bathrooms and toilets.

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

- Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. Feedback from staff and documentation we saw supported this.
- We saw examples in people's care plans of how staff had recognised that people were poorly and had contacted the relevant professionals. One person told us, "If you aren't well they arrange for you to see the doctor".

Supporting people to live healthier lives, access healthcare services and support

- People told us they received effective care and their individual needs were met. A visitor told us, "[My

relative] is always clean and well cared for and they always keep me up to date with what is happening to him. They consult me on everything".

- Access was also provided to more specialist services, such as opticians and podiatrists if required.
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

Is the service caring?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 24 and 25 September 2018. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Caring to at least good. At the last inspection the provider had failed to ensure that people were treated with dignity and respect at all times. This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 20 March 2019, improvements had been made, and the provider is now meeting the legal requirements.

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

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

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible.
- 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 person told us, "The staff are very kind, they don't rush you".
- People's privacy and dignity was protected and we saw staff knocking on doors before entering and talking with people in a respectful manner. One person told us, "They are very kind to me. Sometimes I get very fed up and down. There is one girl who helps me and she always knows and will talk to me and give me a hug, it cheers me up".
- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences.

Ensuring people are well treated and supported; equality and diversity

- People were attended to in a timely manner and were supported with kindness and compassion.
- We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people.
- 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, "They are very nice girls, very friendly and helpful".
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors could come to the service at any time, and could stay as long as they wanted.
- A visitor told us, "I think the staff are very kind, to my [relative] and to me and my family as well. Whenever I come in, the first thing they do is offer me a cup of tea or coffee and update me on how he is".
- 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.

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

- Staff provided people with choice and control in the way their care was delivered.
- 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. One person told us, "The staff are lovely. They always take time to talk to you, and ask if they can help when they are getting you up in the morning. They will share a bit of a joke and a chat with you sometimes".
- People were empowered to make their own decisions. People told us they were free to do what they wanted throughout the day. They said they could choose what time they got up and went to bed and how and where they spent their day.
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 24 and 25 September 2018. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Responsive to at least good. At the last inspection the provider had failed to ensure that people had access to meaningful activities and occupation and that care was person centred on the individual. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 20 March 2019, improvements had been made, and the provider is now meeting the legal requirements.

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us that the service responded well to their care and recreational needs. One person told us, "I like it here. The staff have to help me with everything, like washing and dressing. I can't walk anymore you see, but they know what I need".
- We saw a varied range of activities on offer which included, music, arts and crafts, exercise and visits from external entertainers. If requested, representatives of churches visited, so that people could observe their faith. On the day of our inspection, people were being entertained by a musician.
- The regional manager told us, "Activities are being encouraged a lot more and we are recording the one to one activities that go on in people's rooms. We've also carried out a survey on activities". We saw documentation which supported this.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). All providers of NHS care and publicly-funded adult social care must follow the AIS in full. Services must identify, record, flag, share and meet people's information and communication needs. The AIS aims to ensure information for people and their relatives is created in a way to meet their needs in accessible formats, to help them understand the care available to them.
- People's communication needs were identified, recorded and highlighted and in care plans. These needs were shared appropriately with others. For example, one person had difficulty speaking. Information in their care plan guided staff on the best way to communicate with them.
- We saw evidence that the identified information and communication needs were met for individuals.
- Technology was 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.
- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included, people's choices around what they enjoyed doing during the day and their preferences around clothes and personal grooming.
- 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.

- A visitor told us, "I think they review the care plan every six months. I think they make little changes to the way they do things as things change anyway, and then when they do the review that change is recorded."
- 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.
- People's preferences were met, for example, we saw how one person had requested that they were visited regularly by a priest in line with their beliefs and this had happened.
- We saw that people were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans.

Improving care quality in response to complaints or concerns

- 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.
- 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. A visitor told us, "I was given a copy of the complaints procedure, so I would know how to make a complaint, but I've never needed to use it".

End of life care and support

- People's end of life care was discussed and planned and their wishes were respected.
- People could remain at the service and were supported until the end of their lives.
- Observations and documentation showed that people's wishes, about their end of life care, had been respected.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 24 and 25 September 2018. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Well Led to at least good. At the last inspection the provider had failed to ensure that that systems of governance and quality monitoring were robust and that high quality person centred care was being delivered. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 20 March 2019, improvements had been made, and the provider is now meeting the legal requirements. However, we found areas of practice that require improvement.

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care. However, these improvements to systems and care would need to be sustained and monitored over time.

- The provider undertook quality assurance audits to ensure a good level of quality was maintained.
- Improved systems of governance and quality monitoring were now in place, and the care delivery had significantly improved for people.
- We saw audit activity which included health and safety, infection control, care planning, nutrition, skin care and medication. The results of which were analysed to determine trends and introduce preventative measures. For example, external fire risk assessments had been followed and audits of health and safety had ensured that improvements to the environment had been made.
- The provider had also developed an ongoing action plan detailing what action would be taken to drive improvement and ensure quality and safety at the service.
- Progress of this action plan was monitored by the management of the service. The action plan appeared practical and appropriate.
- However, at the last inspection, significant concerns in relation to service delivery and systems of governance and quality were identified.
- Improvements to the service had only commenced approximately four months ago and the delivery of the plan would need to be monitored over time.
- This would be to ensure that the improvements identified could be implemented and sustained. For example, should the service admit more people and the interim management arrangements change.
- We therefore, at this time, have rated this key question as Requires Improvement.
- Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- People, relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. The acting manager told us that the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care.

- Our own observations supported this and one person told us, "I like it here and I find everyone very pleasant and friendly. I would recommend it to others". A visitor added, "I would recommend it definitely. I can't think of anything they need to improve on".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Day to day management of the service was carried out by an acting manager, with support from the regional manager.
- We received positive feedback in relation to how the service was run and our own observation supported this. One person told us, "The manager is always around and he stops to speak to you". A visitor added, "I think it is a good home and they do a good job. The manager comes back to me very quickly if I query anything, or ask for them to look at something. They manage any agitation very well and are very supportive of the family".

Continuous learning and improving care

- Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "The teamwork is very good, everybody is very friendly and nice. I can easily approach the managers and they listen". Another member of staff said, "I like the team, the residents and the manager".
- The regional manager added, "[Acting manager] is doing a good job and the service is much better than what it was. We have a good rapport with staff and the Local Authority. Staff are more motivated and the manager is supported. There was a lot to do, but I'm happy now. People get the best care we can give them".
- Our own observations and feedback we received supported this. A visitor told us, "There's flashier places than this, but the care might not be as good. I think they are quite clued up here and I'm happy that he's in good hands. I would happily recommend them based on the care they have provided for my [family member]".
- 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.
- There was also a written set of values that staff were aware of, displayed in the service, so that people would know what to expect from the care delivered.
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service experienced any kind of discrimination.
- 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.

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

- 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 took place, which covered topics such as activities and food. A visitor told us, "They are very good at keeping us up to date with any changes they have to make to [my relative's] care. We feel fully involved. It doesn't feel as if we are excluded in anyway or as if they have taken over. It definitely feels as if we are working together".
- There was a suggestions box, meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided. Feedback received included suggestions around activities.
- The provider displayed details for staff in around specific faiths and cultures, and had arranged training

around spiritual care from a local church.

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority, Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery.
- Local charities and churches visited the service and the management provided places at the service for students attending a local university to learn about nursing and social care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Up to date sector specific information was made available for staff including details of managing specific health conditions, such as maintaining skin integrity to ensure they understood and had knowledge of people's needs.
- Staff received regular updates from managers, which informed them of any changes and important developments in the sector, training opportunities and best practice.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- The acting 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.