

Southern Housing Group Limited

Ryde Village

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?	Good ●

Summary of findings

Overall summary

About the service

Ryde Village is a domiciliary care agency and 'extra care' service. It is registered to provide personal care to people who live in their own apartments within a dedicated housing scheme. The property consists of apartments and bungalows, privately owned or rented by the occupant. There are also some shared communal areas and facilities; such as a dining room, lounges and gardens which people can access.

Not everyone who used the service received the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; for example, help with tasks related to personal hygiene, or medication. Where they do we also take into account any wider social care provided. At the time of our inspection there were 20 people receiving a regulated activity.

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

People were positive about all aspects of the service. All the people we spoke with praised the staff and registered manager for their supportive approach.

People were supported by staff who knew how to prevent and manage risks and keep them safe from avoidable harm. Recruitment practices were safe and there were sufficient numbers of consistent staff available to meet people's needs. People received continuity of personal care and support from staff who arrived on time for their scheduled visits and were familiar with their needs and wishes. People received their medicines as they were prescribed. The service's arrangements for controlling infection was effective.

Staff received effective training that gave them the skills to support people with their needs. People were supported to access health and social care professionals if needed. The management team worked in close partnership with health and social care professionals and agencies to plan and deliver care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with dignity and respect. People were treated equally and had their human rights and diversity respected. People were encouraged and supported to remain independent.

Care plans were personalised, and ensured people received personal care tailored to meet their individual needs and wishes. People were encouraged to make decisions about the care and support they received and had their choices respected.

People knew how to complain if they needed to and felt confident, they would be listened to by the management team and effective action would be taken in a timely way.

The management team were open and transparent and understood their regulatory responsibilities. People and their relatives felt the management team were approachable and supportive. There were effective governance systems in place to identify concerns in the service and drive improvement. They were responsive to feedback from people, staff and professionals and acted to make improvements in the service.

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

Rating at last inspection

This service was registered with us on 30 October 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Ryde Village

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 Health and Social Care Act 2008.

Inspection team

This inspection was completed by one inspector.

Service and service type

Ryde Village is registered to provide care and support to people living in specialist 'extra care' housing and is also a registered domiciliary care agency providing personal care to people living in their own homes. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 March 2022 and ended on 10 March 2022. We visited the location's office/service on 3 and 7 March 2022.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to

send to us.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke five people who received care and seven staff members, including the registered manager and service manager. We reviewed a range of records including, seven people's care records and records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We continued to review and analysed a range of records we had received from the service, including multiple care plans and risk assessments. We looked at a variety of records relating to the management of the service, including, quality assurance records, training information and records in relation to accidents and incidents. We contacted and spoke with six relatives. We also received feedback from seven professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care and support they received. One person described how the staff and management team identified a time when they were in a vulnerable position and acted to protect them. The person said, "If I hadn't had their [management team and staff] support, I don't know where I would be now." Another person told us, "I have nothing to worry about at all, I feel very safe." A relative told us, "The fact there's staff on site 24 hours a day is really reassuring. I do feel [person] is very safe." Another relative said, "[Person] is definitely safe, absolutely, 100%."
- The provider employed a service wide safeguarding lead. Their role was to support with the training of staff in relation to safeguarding and help ensure all safeguarding issues were managed and dealt with effectively and appropriately.
- Staff were trained in safeguarding and knew how to recognise signs of abuse and the action they needed to take if they witnessed or suspected abuse. This included referring to external agencies. A staff member said, "If I had any safeguarding concerns, I wouldn't hesitate to report these to the management team, the local safeguarding team, CQC or the police."
- There were processes in place to log and investigate any safeguarding incidents. The registered manager provided us with evidence and assurances that if a safeguarding concern was highlighted, it was fully investigated, and action was taken where required.
- The registered manager was aware of their responsibilities for reporting concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- There were systems and processes in place to minimise risks to people.
- Personalised risk assessments were in place and regularly reviewed. Where risks were identified, care plans guided staff on how to manage and reduce these risks.
- Risk assessments had been completed of people's homes and living environment to promote the safety of both people and staff.
- The management team and staff sought input from external health and social care professionals, where appropriate, with regard to mitigating actions for staff to take, to safely support people and reduce the risk of harm.
- Staff understood where people required support to reduce the risk of avoidable harm.
- There was a lone working system in place to promote staff safety.

Staffing and recruitment

- There were sufficient numbers of staff available to keep people safe and people received care from a

consistent staff team.

- Staffing levels were determined by the number of people using the service and the level of care they required.
- There was a computerised duty management system, which detailed the staffing requirements for each day. There was also an electronic system in place which staff were required to activate/deactivate on arrival and when exiting a person's home. This system could be monitored by the management team in real time to ensure care calls had been completed as per requirements.
- Short term staff absences were managed through the use of overtime from existing care staff, as well as additional support provided by office staff and the management team. The service also had a pool of bank staff available when required.
- People spoke positively about the staffing levels and confirmed staff usually arrived at the time expected and stayed for the allocated length of time. Comments included, "They [staff] always turn up when they are supposed to" and "They [staff] are always on time and stay as long as I need them."
- Safe recruitment practices were followed to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer, obtaining up to date references and investigation of any gaps in employment.

Using medicines safely

- People told us they received their medicine safely and as prescribed. A person told us, "The staff look after my medicine and will always give it to me when I need it." Another person said, "They [staff] order my medicine and keep an eye on it. I never run out."
- The support people required with their medicines was assessed and documented. There was a robust system in place to help ensure people had access to the medicine they required.
- Medicines were only administered by staff who had been trained and assessed as competent to do so. A review of the daily records and Medicine Administration Records (MAR), showed that staff were recording when medicines had been given or prompted.
- MAR records were returned to the office and audited regularly. Where mistakes were identified, these were followed up with staff and records kept of action taken.
- Where required, people were supported to store their medicines safely within their homes.

Preventing and controlling infection

- The provider had an up to date infection control policy in place and staff undertook training in this area.
- Staff had access to and used protective personal equipment such as disposable gloves and aprons and this was used effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Learning lessons when things go wrong

- An appropriate system was in place to assess and analyse accidents and incidents. We saw evidence that any accidents and incidents were investigated, and actions put in place to minimise future incidents.
- Lessons learned were shared with staff and the wider organisation, including other services owned by the provider to improve the service and reduce the risk of similar incidents occurring.
- People and staff told us the management team responded quickly to make changes and deal with any emerging issues or problems.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The management team completed robust assessments prior to people using the service to help ensure their needs could be met effectively. Expected outcomes were identified, discussed and agreed with the person and their relatives, if appropriate.
- Records were consistent, and staff provided support that had been agreed during the assessment process. People confirmed this when we spoke with them.
- Care plans were reviewed and updated on a regular basis, or more frequently if required, to ensure the care they received met people's choices and needs, helped achieve good outcomes, and supported people to have a good quality life.
- Staff applied learning effectively in line with best practice. Where appropriate, there was guidance available for staff, which reflected good practice guidance.

Staff support: induction, training, skills and experience

- People who used the service were supported by a staff team who were well prepared to carry out their role effectively.
- A comprehensive, detailed and structured induction process was in place. This included training and a period of shadowing until staff were deemed as competent to support people unsupervised. A staff member told us, "I shadowed for as long as I needed to, it wasn't rushed at all."
- People who used the service described the staff as being well trained. A person told us, "New staff and old staff are all first class." Another person said, "They are all very well trained, they know what they are doing."
- There was an electronic system to record the training staff had completed and to identify when training needed to be repeated. The records viewed confirmed staff were trained to carry out their role effectively and that training had been updated in a timely way.
- The training staff received included essential training, such as medicines management, safeguarding adults, moving and handling and infection control. Additional training was also readily available to staff to support people's specific needs.
- Staff received regular supervision sessions with a member of the management team. These provided them with an opportunity to gain feedback on their performance, identify any concerns, and agree learning opportunities to help them develop. A staff member told us, "I get one to one supervision about every six weeks, I find it really useful and gives me the opportunity to talk about any issues or training needs I have."

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

- People were supported to manage their nutritional needs when required.

- The level of support people required in relation to their nutritional and hydration needs was detailed in their care plans which included their likes and dislikes and any special dietary requirements.
- If concerns in relation to a person's appetite, weight loss or swallowing ability was suspected or identified, the management team would discuss this with the person and support them to obtaining professional guidance and input.
- People told us they were happy with the arrangements in place to support them with their meals. One person said, "They [staff] get all my meals for me but will always check with me what I want. It's nice to be given a choice." Another person told us, "The staff help me to make my dinner."

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

- The service worked well and effectively with external health and social care professionals. This was evidenced in people's care records and confirmed by professionals and people. A healthcare professional told us, "Both managers have appropriately raised concerns regarding [person's] specific health need and sought my advice and input at an early stage. Throughout my conversations regarding this [person], including visiting them at Ryde Village, talking to staff and subsequent email conversations, I have been impressed by the managers commitment to help [person] and to liaise/pull other disciplines in to help with their support and assessment of needs."
- People's care records included specific care plans and risk assessments in relation to people's individual health needs. Guidance was also available to staff to help them identify changes in people's health and detailed actions staff should take.
- People told us staff understood their health needs and would support them to access medical support if required. A person said, "If I'm not feeling well, they [staff] always check on me and they would contact the doctor for me if I needed them to." A relative said, "If [person] is unwell staff will assist with getting professional support, I'm always kept up to date about what is going on and I'm fully involved."
- Within people's care records there was a summary record which outlined people's essential needs, including information about their general health, medicines, current concerns, social information and level of assistance required. This record could be shared with other agencies were required to allow person centred care to be provided consistently.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager and the staff were aware of their responsibilities under the MCA and the role this might play in care delivery.
- Staff received training on the Mental Capacity Act which covered obtaining people's consent prior to delivering any care and the principles of the MCA. People were given choices and were encouraged to make their own decisions where possible.
- People told us the staff respected their views and asked for consent. A person told us, "They [staff] give me

choice and respect my wishes."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us that staff were kind and caring and knew their individual preferences. A person said, "They [staff] are all fantastic, I can always talk to them and we have a good laugh." Another person said, "The staff are lovely, they talk to me really nicely." A third person told us, "They [staff] are definitely respectful, they always make sure I am alright and are really kind and caring." Other people and relatives made similar positive comments.
- We observed a positive rapport between people, staff and the management team.
- External professionals were also complementary about the staff and how they treated people. One professional told us, "When I visit, staff seemed to be happy at work, upbeat and smiling. I saw staff chatting with people and making them tea etc, they all seemed to be kind and attentive." Another professional said, "The staff have always been friendly and polite when I have visited."
- People's cultural and religious needs, as well as their interests and things that were important to them were recorded in their care records. One person said, "I am so glad I came here (Ryde Village), its streets ahead of other places I have been. The staff really understand my needs and accept me."
- Staff were enthusiastic about their roles, spoke fondly and respectfully about the people they supported and told us they liked their job. One staff member said, "I love my job, I enjoy coming to work, love talking to people and supporting them." Another staff member told us, "I like to make a difference to a person's day."

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

- People were placed at the centre of their care and were fully supported to make their own decisions.
- Care plans we viewed demonstrated people were involved in making decisions about their own care and support needs. A person told us, "The staff really know me well and are aware how I like things done, although they do still always check with me and ask."
- People's preferences were listened to and respected. For example, whether they would like male or female staff. People confirmed they received staff in line with their preferences.
- The management team supported people to obtain an advocate if required. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.
- People and their relatives told us they were frequently asked by care staff and the management team if they were happy with the care provided. They also confirmed that care arrangements were reviewed regularly to help ensure care was provided as required. A person said, "I can always talk to [Name of registered manager] about my care and they always listen."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. One person told us, "The staff are very respectful, they always listen to me, I don't have anything negative to say." Another person said, "They [staff and the management team] have helped me so much, they are definitely respectful, I feel really comfortable with them and don't know where I would be if it hadn't been for all the support they had given me." A relative said, "The team are very good they definitely treat [person] with respect and maintain her privacy with washing and dressing."
- Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed and people were covered up.
- People's care plans detailed the level of support they required to help ensure staff continued to support people to be independent.
- Staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was important and described how they assisted people to maintain this whilst also providing care safely.
- People's independence was promoted, and staff encouraged people to be as independent as they were able to. A person described how staff supported them to make their meals. They said, "They [staff] help me cook my own meals, they don't just do it for me, it's fun." A relative told us, "[Person] really likes to be independent so it's the perfect place for them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- There was a person-centred culture, where staff displayed empathy and worked with people and their relatives to understand how best to support them.
- People confirmed they received personalised support which met their needs and preferences. One person told us, "They [staff] know me well and listen to what I want." A relative said, "They [staff] really understand [person's] needs and wishes. Its excellent."
- The service used a rota planning system to record preferences and choices of the people they supported. The use of this system meant staff members could not be allocated to provide care to people if they did not match the person's individual preferences and needs.
- People, relatives and professionals all described the service as responsive. A relative said, "They [staff] are always available, they text me or call me and I hear from them virtually weekly. There has been a recent challenge and they've been straight on it; they've dealt with it really well."
- Care plans contained person-centred information and identified what was important to individuals. Aims and objectives had been agreed with people.
- Some people who used the service had complex needs. Staff knew people well, understood their needs and had developed strong relationships with people. These relationships enabled staff to recognise and report a decline in a person's health and request early intervention from professionals where required. Professionals confirmed this.
- The management team helped a person purchase a household essential, by securing funding from a charity organisation when they had no other means of purchasing these.
- There were systems in place to ensure up to date information was shared with the staff team.

Meeting people's communication needs

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

- People's communication needs were known by staff and clearly documented within people's care files to help ensure effective communication.
- Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required. One person confirmed how they received written information from the service on different coloured paper to support them to read this independently.

Improving care quality in response to complaints or concerns

- People knew how to complain if they needed to and felt confident, they would be listened to by the management team.
- A complaints policy and procedure were in place. No formal complaints had been received by the service in the last 12 months. However, there was a robust system for logging, recording and investigating complaints. The registered manager described how any complaints received would be acted upon immediately, investigated and actions taken where required.

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 service aimed to help prevent social isolation for people living in Ryde Village and the local community. People were invited to lunches and activities within Ryde Village. Additionally, outings and social events were arranged for people living at Ryde Village and people in the local community were also invited to attend.
- People's care visits were planned in accordance with their social needs, for example, the time of care visits would be changed to allow people to attend social events if required.
- People were supported to maintain relationships. A relative told us, "[Person] likes their own company but also likes the social aspects of living at Ryde Village. I visit [person] regularly and spend a lot of time there but the staff never mind me being around. The staff and the manager also seemed to be aware of [person's] mental health and how important it is for them to have me visit."

End of life care and support

- At the time of the inspection no one using the service was receiving end of life care.
- People's care plans contained information about their end of life wishes, including where they wanted to be cared for and who they wanted involved.
- The registered manager demonstrated they were committed to providing good quality end of life care. They told us, "We would do everything we could to support people to pass away peacefully in their home if that's their wish." The staff would work closely with people, families, district nurses and the palliative care team to support people to have a dignified and comfortable death.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were very positive about all aspects of the service. Comments included, "I really like living here, I have nothing to worry about at all", "I couldn't be happier, everything is fantastic" and "Everything is first class, I couldn't imagine there is anywhere better." A relative told us, "[Person] is treated really well, it's a very positive experience all round and I would definitely recommend the service, I can't speak more highly of it."
- The provider had clear vision, values and objectives for the service. These included, to deliver a highly personalised service tailored to meet people's individual wellbeing needs; Treating all residents and customers with dignity, respect, compassion whilst always promoting independence & reassurance, empower people and promote independence. All staff worked in line with these visions, values and objectives.
- The provider was proactive in ensuring people received effective and high-quality care. A 'Quality of Life' questionnaire had been developed to measure improvements in people's quality of life while living at Ryde Village. On review of the questionnaires, completed in January 2021 and August 2021 there was a marked improvement in people's confidence, independence, social inclusion and mental and physical health.
- Professionals spoken with commented on the proactive actions of staff to ensure appropriate and professional involvement for people in a timely way. A professional said, "The staff I have dealt with have been professional, committed to their roles and to improving outcomes for residents. I have found them to be very helpful and professional in all dealings with them." Another professional told us, "Any contact has definitely been positive and they [management team] are always responsive from my experience."

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

- There was a clear management structure in place which consisted of the provider, service manager, senior managers and registered manager, Staff understood the role each person played within this structure. The management team were all actively involved in the running of the service.
- Effective governance was embedded into the running of the service. There was a clear framework of accountability to monitor performance and risk. For example, quality assurance and service manager inspections were regularly completed to highlight areas for service improvement. Following these, action plans were developed and completed actions recorded when changes or best practice had been implemented.
- Spot checks and competency monitoring of care staff were completed which enabled the management

team to review staff performance.

- There were quality assurance procedures in place to support continual improvement. These processes included the completion of audits for care plans and medicine administration records, and the completion of quality assurance questionnaires, which were sent to people, relatives and staff. All findings and feedback received was reviewed and monitored and where issues or concerns were highlighted, action was taken as required.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on, safeguarding, whistleblowing, complaints and infection control. Policies and procedures were also regularly shared with staff.
- The provider is required to notify CQC of all significant events. This helps us fulfil our monitoring and regulatory responsibilities. The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events as required.

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

- There was constructive engagement with staff and people who used the service. For example, people had been supported to take on roles to encourage and involve them in shaping the way the service was delivered. One person was involved with the interviewing process, which meant they were actively involved in recruiting new care staff. Another person was the estate and flat inspection champion and assisted with inspecting the service's registered premises. These roles provided people with a sense of purpose and empowered them to be key contributors to the running of the service.
- The management team promoted a culture of listening which was open and invited feedback from people, staff and the public. The provider and management team were fully committed to ensuring the service continually improved through seeking feedback from people, family members and professionals. Feedback was gained through one to one meetings, group meetings, surveys and individual reviews of people's care. People and their families were given the opportunity to give feedback about all aspects of the service.
- There was a collaborative working relationship between the provider, registered manager and staff. Staff were positive about the level of support they received from the registered manager. A staff member said, "I do feel valued by the management team, they are very supportive and always available." Another staff member told us, "It's a great place to work, the manager will always listen to the staff and I can talk to them any time. I would definitely recommend the service as a good place to work." A third staff member said, "The manager is great, really helpful and supportive."
- There was an open-door policy. People and relatives felt confident to speak to staff and the registered manager about the care they received. A person said, "The managers are very receptive." Another person told us, "I am very happy, I can always talk to [name of registered manager] if I have an issue."

Working in partnership with others; Community involvement

- The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision and build seamless experiences for people based on good practice and people's specific needs and preferences.
- The management team completed initial assessments of people and told us that they spoke to other professionals who knew the person, to determine what their care needs were and if the service could safely meet them.
- The service had links with other resources and organisations to support people's preferences, meet their needs and help keep people safe, including the local police who regularly attended the resident's meetings.
- The organisation had developed links with a number of charities to help provide people with obtaining home essentials and prevent social isolation for people living in the community.

Continuous learning and improving care

- There was an emphasis on continuous improvement.
- There was a robust process in place where the registered manager monitored complaints, accidents, incidents and near misses frequently. This process enabled themes and trends to be identified and enabled timely investigations, potential learning and continual improvements in safety.
- All incidents, accidents and near misses were collated and reviewed from across all the services owned by the provider to allow learning to be shared to help prevent reoccurrence.
- Staff performance was closely monitored by the registered manager.
- All learning was shared with staff during staff meetings, handovers and supervision.

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

- If something was identified as not having gone as well as expected, processes in place demonstrated this would be recognised, discussed and a plan made to help ensure the event did not re-occur.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. This was discussed with the registered manager who was able to demonstrate that this would be followed when required.