

TLC CARE HOMES BLAMSTERS RESIDENTIAL LIMITED

Blamster's Link

Inspection report

Blamsters Link
Howe Chase
Halstead
Essex
CO9 2QJ

Tel: 01787479346

Website: www.tlccarehomes.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Blamster's Link is a residential care home providing accommodation with personal care for up to 5 people with a learning disability or autistic people. At the time of this inspection there were 5 people using the service.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support:

Blamster's Link is in a rural position and fits in the local residential area. There was nothing outside to show it was a care home. The building was a similar size to other properties with a large garden, which people had access to. Internally the premises were very spacious and well designed for the people living there.

The service had an established staff team who have known and worked with the current people for a long time. Staff showed a genuine interest in people's well-being and quality of life. They were kind, caring and nurturing and as a result we saw people were at ease, happy, engaged and stimulated.

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 managed risks to minimise restrictions, focussing on what people could do for themselves. Staff worked well with the providers positive behaviour support (PBS) team to ensure people received the right level of support to manage signs of distress and or frustration. Staff were aware of subtle changes in people's behaviours and took action to diffuse incidents quickly.

Systems were followed by staff to ensure medicines were managed safely. People were supported to access healthcare services to promote their wellbeing and help them to live healthy lives. People received support to eat and drink enough to maintain a balanced diet and were involved in choosing their food, shopping and planning their meals.

Right Care:

People's care plans were personalised, covering all aspects of their needs and aspirations, including their physical and mental health needs. Staff delivered care in line with information in people's care plans and

recognised models of care for people with a learning disability or autistic people. This ensured people were receiving care tailored to them which promoted a good quality of life.

Staff understood people's individual communication styles and we saw they had developed a good rapport with them. People were supported to develop and maintain relationships, follow interests and take part in activities that were socially and culturally relevant to them.

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The manager worked well with other agencies to safeguard people. Investigations into incidents had been used as an opportunity to learn lessons, change practice and drive improvement.

The service had enough staff, including for one-to-one support for people to keep them safe and take part in activities, when they wanted. The numbers and skills of staff matched the needs of people using the service. Staff recruitment, induction and training processes promoted safety, including those for agency staff. People were supported by staff who had received a wide range of relevant and good quality training to meet their needs.

The service had effective infection, prevention and control measures to keep people safe, including good arrangements for keeping the premises clean and hygienic.

Right Culture:

The manager had been in post for six months and had worked hard to instil a culture of care where staff felt truly valued. There was a transparent, open and honest culture between people, those important to them, staff and managers. The attitudes and behaviours of the manager and staff ensured people using the service lead inclusive and empowered lives. Staff understood their role in making sure that people were always put first. They provided person centred care and sought to protect and promote people's rights.

The service had effective governance arrangements in place to assess the quality and safety of the service. These were used to identify and drive improvement. Concerns and complaints were taken seriously, investigated and the outcomes used to improve the service. Systems were in place to apologise to people, and those important to them, when things went wrong.

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 23 July 2020 and this is the first inspection. The service was previously registered under TLC Care Homes Limited. The last rating for the service under the previous provider was rated Good published on 23 October 2018.

Why we inspected

We undertook this inspection to assess that the service was applying the principles of Right support, right care, right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Blamster's Link

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Blamster's Link is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Blamster's Link is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the service did not have a registered manager in post. A new manager had been in post for six months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced. Inspection activity started on 13 September 2022 and ended on 14 September 2022. We visited the service on 13 September 2022 and 14 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including 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 with 3 people using the service and 2 relatives about their experience of the care provided. We spoke with 6 members of staff including the manager, deputy manager, senior carers and care staff. We also spoke with the area manager responsible for supervising the management of the service on behalf of the provider and a social worker visiting the service. We reviewed a range of records, including 3 people's care plans, 5 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

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; Learning lessons when things go wrong

- People were kept safe from harm because staff knew them well and understood how to protect them from abuse. We observed people had developed positive and trusting relationships with staff which helped to keep them safe both in the service and in the wider community. Staff had received training on how to recognise and report abuse and knew how to report concerns. One member of staff commented, "I have no concerns when it comes to raising a safeguard, I would report to the manager or above them, or externally to CQC."
- The service had effective safeguarding systems, policies and procedures and managed safeguarding concerns promptly. People had been provided with information in a format they could use about safeguarding and how to raise concerns. The manager was aware of their responsibilities to report concerns to other agencies. They had worked well with the local authority and investigations into incidents had been used as an opportunity to learn lessons, change practice and drive improvement.
- People told us they felt safe living at Blamster's Link. One relative commented, our [Person] comes home regularly but they are always happy to go back." Staff spoke knowledgeably about each person; and were united in their approach whilst supporting people to ensure consistency across all aspects of their care.

Assessing risk, safety monitoring and management

- People lived safely and free from unjustified restrictions because the service assessed, monitored and managed safety well. People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. Risk assessments contained detailed guidance for staff to follow to ensure people were protected from harm. These focussed on what the person could do and the support they needed to keep safe. One member of staff commented, "Rather than restrict an activity, we look at ways to allow things to happen. We try to support people to do things for themselves."
- Staff promoted safe, consistent care which met people's needs, including managing their complex behaviours. Staff had worked well with the providers positive behaviour support (PBS) team developing individualised plans which ensure people received the right level of support to manage signs of distress and or frustration. The service had a long-standing staff team who knew people's needs well. They were proactive in supporting people experiencing distress, anticipating subtle changes in their behaviour and taking action to diffuse incidents quickly.
- Systems in place ensured the premises and equipment were safe to use and well maintained. This included checks of equipment, such as fire systems, to ensure they met statutory safety requirements. Staff recognised their responsibility to report concerns regarding the premises and equipment to ensure the safety of people using the service.

Staffing and recruitment

- Staff told us the service had enough staff to support people to stay safe and meet their needs. Comments included, "Always enough staff. I've been really impressed with the staffing, no issues at all," and "We have more than adequate staff, if there are too many it doesn't feel like people's home. We don't like to use agency if we can help it as they don't know the residents and they don't know their routines. It can be disruptive for the residents to have too many new faces." We saw there was enough staff, including one-to-one support for people to take part in activities when they wanted.
- The numbers and skills of staff matched the needs of people using the service. Staff knew people's individual needs, wishes and goals and what was needed to promote their safety. New staff told us their induction training gave them the knowledge and skills to carry out their role.
- Systems in place ensured the right staff were recruited to support people to stay safe, including Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions.

Using medicines safely

- Peoples' medicines were managed well. People were supported by staff who followed systems to safely administer, record and store medicines. This included ensuring people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles. Staff worked closely with the learning disability team, GP, PBS team and family to monitor changes in peoples' health and, or behaviours following changes in their medicines.
- Where medicines had been prescribed for people on an 'as and when needed' (PRN) basis to manage their behaviour, protocols were in place setting out the steps staff must take. PRN protocols linked with people's PBS plans setting out the support people needed to manage feelings of agitation and reduce self-harm. These clearly stated PRN was only ever be used as last resort.
- Staff recognised the right time to administer PRN medicines and were clear these medicines were only administered when absolutely necessary. Staff comments included, "We are all trained to give PRN medicines but we do everything possible first and use the PRN as a very last resort," and "PRN is given as a last resort, we all try different distraction techniques first, sometimes it's just a different face that will work."

Preventing and controlling infection

- Effective infection, prevention and control measures were in place to prevent people, staff and visitors from catching and spreading infections. The service had good arrangements for keeping the premises clean and hygienic and staff supported people to follow them. Staff told us, "We encourage the residents to get involved in cleaning, we all do a little bit and it works really well."
- Safety was promoted through the layout of the premises and staff's hygiene practices. All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food. Staff used personal protective equipment (PPE) effectively and safely.
- The service's infection prevention and control policy was up to date. This included guidance for staff on how to prevent or manage infection outbreaks and details of other agencies to alert if concerns were identified about people's health and wellbeing.

Visiting in care homes

People's relatives were observed visiting the service during the inspection. Relatives told us they were able to visit when they wanted. Staff worked well with relatives to facilitate visits in accordance with people's PBS plans in a way that allowed them to manage the risk of bringing infection into the service and minimise people's anxieties. We saw these arrangements worked well.

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

- People's needs, including their physical, sensory, communication and mental health had been assessed, and their care and support was being delivered in line with current best practice guidance. Support plans set out people's needs, promoted strategies to enhance their independence and considered future goals and aspirations.
- Staff supported people seamlessly between services, health professionals involved in their life and the providers own PBS team, with positive outcomes. Relatives told us staff understood people's needs and behaviours and were regularly involved in reviews of their care. One relative commented, "Staff know how to deal with [Person], which gives us peace of mind."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in a wide range of subjects to meet the needs of people with a learning disability and or autistic people. Updated training and refresher courses helped staff continuously apply best practice. Staff confirmed the training they had received gave them the skills, knowledge and experience to meet people's complex needs. One member of staff commented, "We have intense training and it is all really good."
- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected. This was because staff put their learning into practice. Staff were knowledgeable about and committed to using techniques which reduced the need for restrictive practice. One member of staff commented, "We do not use hands-on restraint as we have really effective de-escalation methods, so it is not necessary to use restraining techniques."
- Staff told us they felt supported by the management team. They received regular supervision to discuss issues and ensure they had understood and applied their training in line with best practice. Comments included, "My last supervision was not so long ago but if we have any problems we tend to address it there and then as we are all very open," and "We are only a small service and don't wait until a supervision to raise a concern. It's a bit like it's an ongoing supervision the whole time."
- New staff were required to complete the Care Certificate as part of their induction. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. We saw a new member of staff was supported to work alongside established staff. They spoke positively about their induction commenting, "The training I have received has given me the knowledge and skills to support the people using the service. I feel very supported, the whole team is very supportive of each other."

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

- People received support to eat and drink enough to maintain a balanced diet. Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. We saw people were encouraged and involved in making decisions about weekly menus, which included planning and shopping for food. One member of staff told us, "Staff help people with the menus on a Sunday afternoon, all the residents sit to create a menu for the week ahead, but it is not rigid as they will often change their mind."
- People could have a drink or snack at any time. We saw staff supported people to be involved in preparing and cooking their own meals in their preferred way. People had access to the kitchen, and were supported to make hot drinks, snacks and meals as and when they chose. Mealtimes were flexible to meet people's needs.

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

- The service ensured people were provided with joined-up care and support to manage their health and wellbeing. This included an annual health check and access to screening and primary care services. Each person had a health action plan containing up to date information about their health, including appointments with health professionals, such as the GP and for routine vaccinations. One relative commented, "Staff make sure my [Person's] health is looked after. They regularly see the optician and chiropodist and are due a health check."
- People were registered with the local GP and were referred to other health care professionals as needed to support their wellbeing and help them to live healthy lives. Health passports had been developed for each person and used by health and social care professionals to support people in the way they needed, including how they communicated. Staff worked well with other services and professionals to improve outcomes for people. For example, staff had worked well with the community learning disability service to review the use of a person's PRN medication, which had greatly reduced the number of incidents of emotional distress and self-injurious behaviours.

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

- People's care and support was provided in a safe, clean, and well-maintained environment. The layout, decoration and furnishings supported people's individual needs and had been adapted in line with good practice to meet people's physical and sensory needs. People were able to move around easily because there were visual aids in their home and staff had arranged the furniture to support this. People had personalised their rooms and had been included in decisions relating to the interior decoration and design of their home.

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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood their roles and responsibilities in relation to the MCA 2005 framework. They knew about people's capacity to make decisions through verbal or non-verbal means and supported them to make decisions about day to day living.
- Where people lacked mental capacity to make certain decisions, these were clearly recorded and reflected best interest decisions were being made by the relevant people, including professionals and family members with power of attorney.

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 told us they were happy with where they lived. We saw staff worked well together, showing genuine interest in people's well-being and quality of life. Staff were kind, caring and nurturing. They showed warmth and respect when interacting with people and as a result we saw people were at ease, happy, engaged and stimulated.
- Staff were patient and used appropriate styles of interaction with people. We saw staff used positive and respectful language which people understood and responded to well. Staff were calm, focussed and attentive to people's emotions and support needs which created a warm and inclusive atmosphere.
- Staff knew people well and were able to identify quickly changes in their emotions to avoid distress and anxiety. One member of staff commented, "Our residents tell us in their own way. We can identify from their expressions or mood and that tells us if something is not right."

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

- Staff supported people to make decisions and experience real choice and control using their preferred method of communication. Information had been provided in various formats, including easy read versions to help people make decisions. Social stories were also used to help people understand specific information, such as health matters and appointments. Menu planners and activities had been produced in photographic formats to help people make decisions and understand the potential risks and consequences of their decisions.
- Staff understood people's individual communication styles and we saw they had developed a good rapport with them. Staff were observed listening to people and helping them to process information to make decisions, about day to day activities. Staff respected people's choices and wherever possible, accommodated their wishes.
- Staff supported people to maintain links with those important to them, including visits to the family home and the use of social media. The manager told us they had open communication with families and supported people to access independent, good quality advocacy, if required. We saw families and social workers were involved in making decisions about people's care and support needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was encouraged and respected. Staff knew when people needed their space and privacy and respected this. One member of staff commented, "We recognise when [Person] refers to spend time alone and they are able to indicate that. When they are outside, we keep a safe distance away to allow them space but close enough to ensure they are safe."
- People had the opportunity to try new experiences, develop new skills and gain independence. Staff

routinely sought widening of people's social circles, new leisure activities and helped them to realise their ambitions. For example, one person told us they loved aeroplanes. Staff had supported them to go to air shows, exhibitions and fly in a plane.

- Staff promoted people's independence involving them in routine daily activities, such as cleaning their home and managing their own laundry. One member of staff commented, "We really promote independence here, we encourage the residents to assist with chores, such as bringing in their laundry, drying up, and doing the recycling."

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

- We observed staff provided personalised and joined up care in line with recognised models of care for people with a learning disability or autistic people. Staff spoke knowledgeably about tailoring support for people to meet their individual's needs, goals and aspirations. We saw and records showed staff spent time discussing ways of ensuring people's goals were meaningful and how they could be achieved.
- People's care plans reflected their current and longer-term needs. Relevant people, including the person themselves, their families and social workers were involved in the development of the care plans. These focussed on the person's quality of life and were regularly reviewed and adapted as people's lives changed.
- People's care plans contained a one-page profile referred to as 'This is me' with essential information about the do's and don'ts to ensure that new or temporary staff would know how to reduce the likelihood of someone having a bad day and how best to support them.

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 had individual communication plans which detailed their preferred methods of communication. For example, we saw staff had worked well with the PBS team to develop a 'NOW' board to support a person to manage their anxieties and make choices about their day in that moment, using photographs.
- Staff had good awareness and understanding of people's individual communication needs. They knew how to facilitate communication and when people were trying to tell them something. We saw staff used visual tools, including objects, body language, photographs, symbols and other visual cues, which helped people know what was likely to happen during the day and who would be supporting them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had access to meaningful activities, including pursuing their hobbies, interests and relationships. One person commented, "I am very happy here, I went out with [staff] to a café today." People were observed relaxed in their home, taking part in activities of choice, looking through photographs, colouring, playing ball, watching TV, and building a tower with wooden blocks.
- Staff helped people to have freedom of choice and control over what they did. Two people had been out

to a café in the town, one person had been to the local garage supermarket and another had been out for a walk.

- Staff supported people to participate in their chosen social and leisure interests on a regular basis and encouraged them to try new things to develop their skills. People told us they had been to Chelmsford on the train, personal shopping, the pub, cafes and garden centres.

Improving care quality in response to complaints or concerns

- Concerns and complaints were taken seriously, investigated and the outcomes used to improve the service. The service had received 1 complaint in the last 12 months, where a person using the service had climbed over the garden fence. The manager had raised a safeguarding concern and shared the outcome of the investigation with staff and put measures in place prevent this happening again.
- People, and those important to them were provided with information on how to raise concerns and complaints easily and staff supported them to do so. The complaints procedure had been developed in an easy read and/or pictorial format to ensure it was accessible to the people using the service.

End of life care and support

- People had support plans in place which contained their preferences and wishes for their end of life care. These were personalised to the individual, including their funeral arrangements. Staff showed empathy and understanding regarding people's needs around death and dying of their family members. They had used the Queens recent death to help people using the service to understand about death and dying and prepare them for the loss of loved ones.
- The service did not currently have anyone living at the service who required end of life care. The area manager confirmed, should a person require end of life support staff would work with the health professionals, families and the hospice to ensure the persons end of life care plan was followed in order to meet their needs and wishes and ensure they were supported to die in a dignified way.
- Managers were aware of the Learning from Deaths Mortality Review (LeDeR) Programme. The area manager confirmed there had not been any deaths in Blamster's Link for more than 10 years but had recently reported a death in another of the providers services to LeDER and knew the process for reporting.

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

- The manager had been in post for six months and had worked hard to instil a culture of care where staff felt truly valued and which promoted people's individuality, protected their rights and enabled them to develop and flourish. We observed the manager and staff put people's needs and wishes at the heart of everything they did. Staff comments included, "As a manager they are probably one of the best I've had. They really will take time to interact with the residents," and "We have a great team and a fantastic manager, and we all seem to work well together."
- The manager was visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. Staff told us they felt respected, supported and valued by the manager which supported a positive culture. Comments included, "Staff morale is really good with the new manager. We are a happy staff group it's the most settled I have ever felt, and I do think that is down to the manager. They do things, it's refreshing and incredibly supportive," and "I feel very supported and I feel quite lucky at this service. They have very good systems in place that really work, and the service is run very smoothly."
- The manager worked directly with staff and led by example. Staff told us they felt able to raise concerns with the manager without fear of what might happen as a result. Staff told us, "The manager is great, you can speak to them about anything, and they always ask how we are," and "The manager is so lovely, and you can be open and honest with them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service had clear and effective governance arrangements in place to assess the quality and safety of the service. This included a range of audits which identified what was working well, where there were gaps, and the actions needed to make the required improvements. Where improvements had been identified this fed into the providers service improvement plan, which was being monitored by senior managers. The service had systems in place to apologise to people, and those important to them, when things went wrong.
- The manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and had good oversight of the service. One member of staff commented, "The manager spends time with the residents and has got to know them all and they really like them. That really reflects who they are and how they manage the home."

- Staff understood their roles and responsibilities, were motivated, and had confidence in the manager. Staff were provided with the support and resources to develop as a team and be heard. Staff spoken with understood the need to provide a quality service, keep people safe, and protect their rights.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were provided with the opportunity to be involved in decisions about their home and the support they received. Regular residents' meetings took place for people to have their say about what they ate, activities they had enjoyed, future activities, holidays, and the décor of their rooms, the house and the garden
- The provider sought feedback from people and those important to them and used the feedback to develop the service. Questionnaires had been sent to people and their representatives to obtain their view on the quality of care. Feedback from these surveys was positive. One relative commented, "Staff are good at communicating, plenty of communication both ways, we never stop worrying about our [Person]. To hear they have had a good day is good, as this cheers us up too."
- People's records showed staff worked well with health professionals, stakeholders and advocates where needed. A visiting social worker told us the staff had been really good at facilitating their visit to carry out a review with a person and their relatives. They commented, "Meeting [Person] prior to their review had worked well, as they can become anxious."

Continuous learning and improving care

- The provider had systems in place to share outcomes of investigations from across the region. Groups of managers met twice a week and attended monthly team meetings which provided the opportunity for shared learning. Outcomes of investigations were discussed, and lessons learned to prevent similar incidents happening again.
- The manager used team meetings to work directly with staff taking a coaching approach setting a culture that valued reflection and learning. Policies and procedures were a regular item on the agenda to enhance staff learning and understanding of legislation.
- Staff told us the manager was receptive to challenge and welcomed fresh perspectives. Staff comments included, "The new manager has really been great; they get things done, they deal with issues immediately. They are marvellous and is very open to suggestions," and "New manager came in, stood back and watched, they talked to us and listened. It was a real breath of fresh air. They are proactive and it's an absolute pleasure to have someone who listens and acts on our concerns."
- The service has an established staff team who work well together with positive outcomes for people living in the service. One staff member told us, "We are the happiest team. We are a really good team. We try and learn from each other. If something has worked with one of the staff, we share it amongst ourselves and we talk all the time. We really share our learning and try to enhance everyone's working practise for a more positive outcome for our residents."