

Lifeways Inclusive Lifestyles Limited

The Duke's House

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

The Duke's House is a residential care home providing accommodation and personal care for up to eight people. The service provides accommodation, care and support to autistic people and people who have a learning disability. At the time of our inspection there were six people using the service.

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.

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

Right Support:

The design of the service and the use of space both inside and outside the home matched people needs and preferences as much as possible. People were now involved in decisions regarding the design of the service.

Staff were skilled in supporting people to express their views and make decisions. People were listened to and they were involved in decision making in many different aspects of their care and support. There was a lot of emphasis on doing everything possible to enable good and effective communication with people living at the home and others.

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.

Right Care:

People were supported and treated well. Staff showed and the service was designed in a way that respected people as individuals.

Staff were positive about the people living at the home. It was clearly important to staff that people did well and it was obvious that staff gained satisfaction from supporting people and they expressed joy when describing to us how people were doing well. This approach from staff had a positive impact on people. We asked one person how they were doing at the home and they told us, "I'm amazing."

Each person's care and support was planned with the person and those important to them. People were helped to think about what was important to them, their likes and dislikes, how they wanted to be supported and what they wanted their future to be like.

People family members spoke positively about the care planning process. One person's relative told us, "I'm

involved in care planning, they ask me what I would like for [Name] in the next couple of years and we set goals together. It's good that they are trying different things... they are very, very responsive. All the staff are brilliant, [registered manager] has built a positive culture and now [Name] looks great, they are happy and doing so well."

Right Culture:

There was a positive and empowering culture at the home, that had promoted people having positive outcomes. Staff had positive, natural and everyday interactions with people that were kind, enabling and very respectful.

People were leading full, busy and active lives, within their communities. They had been supported to expand their interests and hobbies, have new experiences, and enjoy relationships with people that were important to them.

The registered manager and other staff members were very responsive to any complaints or concerns raised with them.

Family members told us the registered manager had built up trust with them. One relative told us, "I have confidence in them now, they have gained my trust. They went out of their way to win my trust." Another family member said about the registered manager, "[Name] always keeps her word." A third family member described there being a generous spirit at the home.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 July 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

This service has been in Special Measures since 3 April 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We carried out an unannounced inspection of this service on 22 April 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

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.

The Duke's House

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 completed by one inspector.

Service and service type

The Duke's House 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. The Duke's House 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 there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We spoke with colleagues from the local authority, and 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 with six people who used the service and nine relatives of people living at the home about their experience of the care provided. We spoke with ten members of staff including the registered manager. We also spoke with one of the area managers from the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including training, quality assurance and policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure they assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and the provider was no longer in breach of regulation 17.

- The service provided for people was safe; risks in people's care were assessed, monitored, and well managed.
- Each person had individualised risk assessments for any risks in their accommodation, care and support. Details of how these risks were reduced were in the 'How to keep me safe' section of each person's care plan.
- The building, services and equipment used was safe and well maintained. A series of detailed audits and checks ensured the service remained safe and action taken to reduce any risks identified. Thorough plans were in place to ensure people were safe in the event of an emergency.
- People were supported to take positive risks, do things that they enjoy and to try new things. Staff worked with people to identify risks and to help reduce those risks with them.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they were safe at the home. People were comfortable and relaxed with the staff members supporting them. It was clear that people had positive relationships with staff members. One person told us, "I like it here."
- People's family members told us their relatives were safe at the home. One family member told us, "[Name] is safe there; they are doing what he needs to be safe." Another relative told us, "They pay attention to what people say, they are very caring."
- Staff received training in safeguarding people from the risk of abuse. Staff were knowledgeable about safeguarding vulnerable adults, how to spot potential signs of abuse and how to encourage people to speak up.

Staffing and recruitment

- There were enough staff at the home to meet people's needs safely.
- Staffing levels were set and staff were deployed in line with people's needs and lifestyle choices; this

enabled people to have maximum choice and make the plans they wanted to make, often with staff members of their choice.

- New staff were recruited safely. A series of checks took place on new staff members, including confirming people identification, conduct in previous employment and completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were safely managed.
- Staff were knowledgeable about people's medication and how to administer it safely and in a way that met their needs and preferences. Each person had been consulted about their medication and how they wanted staff to administer this; for some people this was very important, and their needs were recorded in their medication plan.
- Staff kept clear and accurate records of the administration of people's medicines and the reasons for administering any as required medicines (PRN). The medicines were checked daily and audited each week. The audits were thorough and detailed.
- Staff were strong advocates for the principles of STOMP (Stop over medication of people with a learning disability, autism or both). They had worked closely in partnership with health professionals and effectively shared information to help ensure people's medication was right for them. One person's family member told us about the support their relative had received to reduce some medicines. They told us, "They are really great advocates for the people they support... I Don't worry because I know things are done properly... there is great attention to detail."

Preventing and controlling infection

- The home was clean, and the service had effective infection control measures in place. The risk from COVID-19 and other infections was mitigated and senior staff knew how any outbreak could be effectively managed.
- The registered manager ensured there was appropriate oversight of infection prevention and control in place, using a series of checks and audits on the environment, staff practices and safe food management and preparation. The provider's infection prevention and control policy was up to date.
- People and their family members told us the home was clean, fresh, well maintained and inviting.

Learning lessons when things go wrong

- There was a culture of learning and ongoing improvement at the home.
- Detailed and contemporaneous records were kept of any accidents and incidents that happened at the service; including the immediate actions taken and actions taken to help prevent future incidents.
- After something had gone wrong managers and staff reflected on what had happened, looked for opportunities to listen to people and ensured time to debrief with those involved. There was an open and honest culture that didn't aim to place blame, but to learn and improve people's support.
- Staff and people's family members told us they valued this approach and there had been a significant decrease in things going wrong at the home.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure that the home's environment met people's needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and the provider was no longer in breach of regulation 9.

- The design of the service and the use of space both inside and outside the home matched people needs and preferences as much as possible.
- Different areas within the building had been redesigned to be more useful to people living at the home. There were now multiple areas that people used to relax, matched to a variety of different people's preferences; and they can use these spaces either by themselves or with others. People now made use of the garden with outside covered seating areas and there was a craft and sensory rooms that had been planned and designed with people.
- People were now involved in the process of the design of the service. People had made choices involving the use of rooms, and their design including colours, furniture and house plants. One person had commented about the changes to the home saying, "I now have space to do my own thing."
- People's family members praised the changes to the environment of the home; they described to us how much it had improved. One person's relative told us, "The home now looks so homely, it used to be bleak and I used to get upset by this. It's hard to describe how different it is and what this means to us." Another family member said, "There is such an improvement. It's cleaner, more homely, more inviting, less clinical with some nice touches."

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

- There were very thorough assessments of people's needs and choices before mutually deciding if moving into The Duke's House was a good choice for people.
- The assessment process included people visiting the home, spending time socialising with other people at the home and taking the views of all involved into account. This helped ensure any move would meet everybody's needs and preferences.

Staff support: induction, training, skills and experience

- Staff members told us they were really well supported, and this helped them to be effective in their roles.

- Staff received appropriate training, development, and supervision. Some of the training was specific to individual people who lived at the home; this helped staff have the skills, so people's support was developed in a way that was just right for them.
- There was a positive atmosphere amongst the staff team and an ethos of improving and learning. One staff member told us, "I like coming to work, I like learning and I have been supported to develop." Staff told us they had regular supervision meetings – "I'm really well supported... I feel really involved and listened to."
- People's family members commented on the improvement in the skills and approach of staff. One person's relative told us about the registered manager, "She is a good people manager; she gets the best out of people."

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

- People were supported to enjoy a varied diet of appetising food. There was a focus on people enjoying a balanced diet and maximising their food choice.
- The chef worked alongside a nutritionist to help ensure the meals planned met some people's specific dietary needs. The chef was positive about this and valued this input as it had also had a positive impact on other people at the home.
- Staff ate together with people and the chef also prepared food for staff members. The chef was really interested in people having a good mealtime experience and valued the importance of good food. They told us, "I like spending time with people and getting to know them well and their preferences. If things are left on a plate; I speak with people and find out what I can do different."

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

- The provider, registered manager and staff members had effectively worked in partnership with other agencies when planning and providing people's care and support. This had led to people having positive outcomes in their care and support.

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

- People received support that had been effective in helping them to have the best possible health outcomes.
- Each person had a health and wellbeing care plan. These were detailed and supported people with appointments, medication reviews and detailed information that would help staff support people with any ongoing health needs. Health plans outlined what people can do for themselves and what people would need support with.
- This system has been effective and had supported staff to be vigilant in supporting people with their health needs. This approach had also prompted regular reviews of people's healthcare and had led to some people having a significant reduction in the amount of medication that they use.
- This approach to healthcare and staff having effective relationships with health professionals had gained the confidence of people's family members. One person's relative told us how staff diligence had led to a positive outcome from a health risk. They said, "The care [Name] receives is second to none... they recognised something and acted immediately this reassures me."

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.

- The service provided was in line with the principles of the MCA. People's choice was promoted and opportunities for people to make choices were maximised. Staff adapted their approach for each person to ensure that they were involved in decision making processes as much as possible.
- The registered manager and staff had taken steps to help ensure that any restrictions on people's liberty were appropriate, they were the least restrictive of all reasonable options and they took place for the minimum amount of time.
- There had been a successful drive within the service to reduce restrictions in people's lives to a minimum. The process was detailed, respectful and person centred.

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 were supported and treated well. Staff showed and the service was designed in a way that respected people as individuals.
- Staff were positive about the people living at the home. It was clearly important to staff that people did well and it was obvious that staff gained satisfaction and joy from supporting people. This approach from staff had a positive impact on people. We asked one person how they were doing at the home and they told us, "I'm amazing."
- One staff member told us, "It used to be that nothing really happened; but now people do things, they do so much more for themselves just like everybody else." The registered manager told us, "I love coming to work. I just love it. I love being around people, seeing changes and doing things to help people be happy."
- Family members praised the approach of staff at the home. One person's family member told us, "I couldn't get over the absolute kindness; the carers are so lovely they amaze me. [Name] is so happy... their kindness has helped [Name] to move on in her life." Another family member told us that their relative, "Likes the staff an awful lot."

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

- Staff were skilled in supporting people to express their views and make decisions. People were listened to, and they were involved in decision making in many different aspects of their care and support.
- People's autonomy and decision making was promoted and viewed by staff as being very important. Staff told us they understood that this had led to much better relationships between people supported and staff, to a better atmosphere and had led to less things going wrong for people.
- People were consulted and listened to in decisions regarding the running of the home. This included giving input into decisions during staff recruitment and decisions relating to new people coming to live at the home.
- For some people having their medication at a very specific time help them process and accept taking their medication. For people that this was important to, they had an individualised medicines routine designed with the person, in partnership with health professionals.
- Each person had a care plan regarding how they communicated and how they can be best supported with making decisions. Staff were discerning and supported people who may not be used to making choices, to make choices that were their own. One person's relative told us, "The service is so inclusive, people are always asked or their opinions."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect, including having a genuine respect for their autonomy, independence and dignity.
- People were always spoken with and about with the utmost respect. Staff thought carefully about the words they chose and were careful not to treat people differently to anybody else. They demonstrated that they valued equality. One staff member told us, "We need to always remember this is people's home, not a workplace. It's taken a long time to feel like people's home, but it does now."
- Any restrictions that were in place in a person's life were regularly reviewed with an aim of removing them or reducing them as much as possible. This had been very successful and the use of planned restraint to support people to be safe had been eliminated.
- Staff wore everyday clothes, with no uniform, name badges or lanyards. This was to make sure people's privacy and dignity was upheld and to promote inclusion; and not differentiating people due to any support need.
- One person's family member told us that their relative's support had changed so that it now gave them more choice and control. They told us they believed because of this, "[Name] is given more control; restraint has decreased a lot in the last year, he is so much settled."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Each person's care and support was planned with the person and those important to them.
- People were helped to think about what was important to them, their likes and dislikes, how they wanted to be supported and what they wanted their future to be like. This was recorded as part of people's support plan, this helped ensure that people's views were heard, and staff had the information they needed to know how to support each person in line with their needs and wishes.
- People's support plans were written in a respectful and everyday manner. They were aspirational and focused on their talents, achievements, personality, and goals they had set. The care planning process protected people's confidentiality and treated people with dignity and respect.
- People's goals were broken down into key steps, with details of the support they needed to help them achieve each step of their goal. The care planning process promoted choice; we saw staff were in the habit of asking people questions and prompting them to take the lead.
- Staff reviewed people's care plans with them. We saw examples of when this review process had enabled people to give feedback which was acted upon as soon as possible. People were encouraged to give feedback naturally when spending time with staff; but there was also a more structured review process that enabled people to pause, think and have their views recorded.
- People's family members spoke positively about the care planning process. One person's relative told us, "I'm involved in care planning, they ask me what I would like for [Name] in the next couple of years and we set goals together. It's good that they are trying different things... they are very, very responsive. All the staff are brilliant, [registered manager] has built a positive culture and now [Name] looks great, they are happy and doing so well."

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.

- The service met the Accessible Information Standards; there was a lot of emphasis on doing everything possible to enable good and effective communication with people living at the home and others.
- If needed people had a communication passport; these contained extensive information both written and pictorial of the words, signs and gestures some people were known to use and what they were communicating. The registered manager and other staff members viewed it as their responsibility to

facilitate effective communication.

- Staff received coaching in effective communication with people. They were knowledgeable about how each person communicated differently, including how people communicate their emotions and what support they may need if they are upset. Staff were very effective in communicating with people and it was evident they took a personal interest in people.

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 were leading full, busy and active lives, within their communities. They had been supported to expand their interests and hobbies, have new experiences, and enjoy relationships with people that were important to them.
- Supporting people with their relationships was viewed as important and people had support plans detailing what support they needed and wanted to maintain and grow their relationships with others. These plans included current relationships, making new relationships, understanding relationships and being a good neighbour.
- People also had care plans on their interests and hobbies. There were a series of trips planned throughout the summer months. This provided an opportunity for people who wished to go to new places, have new experiences and spend leisure time with their housemates. People were involved in picking the places to go to and organising the trips in advance.
- People's relatives told us that visiting people was promoted by staff. One person's family member told us, "We always feel very welcome when we come. The staff speak with us so much more now and they give us time." Another person's relative said when they visited, "The staff fell over backwards for us, it was lovely."
- People were supported to keep in touch with people by regularly using the phone. One relative told us, "It's great when [Name] rings me every night." People had also been supported to travel and visit their friends and family. This had been successful. One person's relative said, "[Name] now comes to visit. This had helped family dynamics. We meet up in a café or [Name] come to the house. I have more time with him now... this is much better."

Improving care quality in response to complaints or concerns

- The registered manager and other staff members were very responsive to any complaints or concerns raised with them.
- People's family members told us that in the past they had reason to raise complaints about the quality and safety of care and support at the home. All family members said that staff were now very responsive to their feedback and the quality of the service provided for people had greatly improved. One person's relative said about the registered manager, "Tell her anything and she sorts it."
- The registered manager and other staff prompted feedback in informal ways such as inviting people's family member to social events both inside and outside of the home. This helped to develop effective relationships with people's relatives.
- The registered manager also prompted communication with people's family members using family surveys. This gave another opportunity for people Information from this feedback showed that the quality of the service had been improving each time a survey had been completed.

End of life care and support

- The Duke's House was designed to be people's long-term home. If people required end of life care the provider would enable people to stay in their home with support from staff familiar to them alongside partnership working with relevant health professionals. The policies within the home supported this.

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-centered care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centered care.

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

At our last inspection the provider had failed to ensure their assessment of the safety and quality of the service had been effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and the provider was no longer in breach of regulation 17.

- There was a very positive and empowering culture at the home, that had promoted people having positive outcomes. Staff had positive, natural and everyday interactions with people that were kind, enabling and very respectful.
- Family members all told us people had been supported to grow in confidence and achieve significant outcomes for themselves since our last visit and this was now the primary focus of people's support. They described how this had a positive impact on both people supported and themselves. One family member told us of the impact of these changes; "My mum comes back from visiting and she is lifted, she used to come back depressed. People around [Name] care for him, it's been transformed." Another person's relative said, "[Name] is happier, more content and calmer. She is now growing in independence."
- Everybody told us there had been a distinct improvement within the culture of the service. One family member said regarding the registered manager, "She has built a positive culture." One staff member said, "Previously there was a lot of sitting about, with not much going on. Not now, there is much more going on. Staff want to be here; they look like they want to be here."
- Family members told us the registered manager had built up trust with them. Comments included, "I have confidence in them now, they have gained my trust. They went out of their way to win my trust." Another family member said about the registered manager, "[Name] always keeps her word." A third family member described there being a generous spirit at the home.
- Senior staff had developed ways to continuously assess and monitor the culture at the home in partnership with people and their family members. Staff described a positive teamwork approach at the home. One staff member told us, "It's different here. It's nice and the manager actually cares and that's so important. I really enjoy working here. Another staff member commented, "it's ten times better here."

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 provider understood their obligations in line with the duty of candour. There was a culture of staff and the registered manager being open and honest with people, their family members and other partnership organisations.

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

- The provider, registered manager and all staff members had a clear understanding of their roles, the aims of the service, how to minimise risk and quality indicators. There were clear systems to ensure effective communication and accountability within the service.
- The registered manager and provider had clear oversight of quality of the service and areas of risk. They made effective use of a series of thorough and comprehensive quality checks and audits alongside gaining feedback from people at the home and other stakeholders. This information was used to assess the quality of the service, in setting goals and to feed into a series of improvement plans. The audits focused not solely on tasks but on culture, approach of staff and people's experience of living at the home.
- The registered manager had been effective in their role and gained the trust of people's family members. One relative told us, "I have faith and confidence in the manager; I think she does a good job." Another family member told us, "I don't worry now, because I know things are done properly. Things used to alert me to poor care; but now I never find anything. There is great attention to details."
- Each person had a main carer, who took the lead in supporting people; ensuring that things that were important in their lives were being met and helping people to keep in touch with their families. One person's family member told us about their relative's main carer and how this works; they said, "[Name] is amazing. She is helping us get into as good a place as we can be. They do a lot with [Name], she is responsive and really listens."

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

- The provider and registered manager had effectively engaged with people and all other stakeholder with planning and delivering people's care and support.
- People were involved in a monthly review of their accommodation, care and support. Looked at goals, what people had done, outcomes appointments, medication anything that had gone wrong or nearly gone wrong – people comments were recorded and if they were able, they signed their review.
- All people's family members spoke positively about being involved. One person's family member told us, "Communication is good. Staff and managers ask my opinions, I am involved in planning things for [Name] and his care planning. They have listened to me and suggestions are put into practice."
- People's family member praised the communication from and interactions with staff. One person's relative said, "We feel part of it [the home] not isolated." "The communication has been brilliant. I never feel out of the loop, it's changed my life... it's so helpful and reassuring."
- Staff told us they felt really involved. One staff member told us, "[Registered manager] sees potential in people. She is easy to talk with, very approachable and we feel comfortable with her. She brings out the best in people and wants us to do well."
- The registered manager has for a long time organised for a monthly newsletter of everything happening at the home, in an interesting and appealing format. Family member told us they really enjoyed receiving, being kept up to date and seeing the pictures in the newsletter.

Continuous learning and improving care; working in partnership with others

- There was a strong culture of ongoing improvement and effective partnership working at the home.
- The registered manager and other senior staff were open to learning if something had gone wrong. They had created a culture of listening to people, learning and then improving the care and support they

provided for each person.

- This approach had helped people's experience. For example, people were no longer restrained by staff in order to keep themselves or others safe. The registered manager told us this happened through a series of improvements in people's care and support, along with positive changes in the approach of staff members.
- One person's family member said, "They have come a long way since the last inspection." Another relative told us, "It's been transformed. It's been a breath of fresh air that's been needed." Another said, "I would now recommend this service to someone else."