

The Royal National Institute for Deaf People RNID Action on Hearing Loss 36 a Gibraltar Crescent

Inspection report

36a Gibraltar Crescent
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service:

RNID 36a Gibraltar Crescent is a care home providing care for up to six adults with learning disabilities and hearing impairments. The home is two story house made up of six bedrooms spread across both floors. At the time of our inspection, there were six people living at 36a Gibraltar Crescent. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service:

Records were not always contemporaneous which resulted in it being difficult to follow up if issues had been addressed. Care plans and other records also contained a lot of out of date information which needed to be archived. Staff were not up to date with training, but the new manager was taking steps to ensure that this was resolved as quickly as possible. A local day centre provided activities for some people living at the service, but there was a lack of meaningful activities for people to take part in when at home. The new manager was in the process of organising new outings and activities for people which suited their interests. The service was not delivering end of life care to any one at the time of our inspection, but discussions around this had not been had with people or their relatives in preparation.

People and their relatives told us they felt safe at the service, and staff were aware of their responsibilities in safeguarding people from abuse. Risks to people were managed appropriately but not always recorded. There were a sufficient number of staff to meet people's needs, and medicines were recorded correctly and administered safely. Accidents and incidents were recorded and analysed for trends.

People's rights were protected in line with the principles of the Mental Capacity Act 2005. The design of the building was utilised to meet people's needs with additional help from adaptations. Staff felt that the communication within the service was effective and told us they received regular supervision. People were referred to healthcare professionals where required.

People and their relatives told us staff were kind and caring, and we observed friendly interactions between people and staff. People were involved in decisions around their care where possible, and were encouraged

to be independent as much as possible. People's dignity and privacy was respected, and space given to them when needed. The service had not received any complaints, but there was a policy around this in place, and easy read versions for people if required. People's communication needs were considered, and the majority of staff were British Sign Language trained which aided this further.

The manager has been working at the service for six weeks. People, relatives and staff felt the management team were approachable, and felt the manager had brought a new lease of life to the service. There were plans in place to improve the service for people, as well as audits identifying existing areas of improvement required. People, relatives and staff were engaged in the running of the service.

Rating at last inspection: At the last inspection the service was rated Good (report published on 20 January 2017)

Why we inspected: This was a planned fully comprehensive inspection in line with our inspection scheduling based on the service's previous rating.

Follow up: We will follow up on the recommendations we have made in relation to ensuring people take part in meaningful activities and improvement of records at our next inspection. We will continue to monitor all information received about the service to ensure the next planned inspection is scheduled accordingly.

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?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

RNID Action on Hearing Loss 36 a Gibraltar Crescent

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors over two days.

Service and service type:

36a Gibraltar Crescent is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager that was in the process of registering with the Care Quality Commission. Once registered, 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 site visit. As this is a small service we wanted to make sure someone would be in.

What we did:

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider

Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection

As part of our inspection we observed the care and support provided to people as many people were unable to communicate with us. Due to this we observed interactions between staff and people. We were able to speak with three people through a British Sign Language Interpreter. We spoke with five staff members including the manager, deputy manager and the provider's Head of Service for the area. We reviewed a range of documents including two care plans, two staff recruitment files, medication administration records, accident and incidents records, policies and procedures and internal audits that had been completed. Following the inspection, we spoke with two relatives by telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk were appropriately managed but not always correctly recorded. One person was at risk of pressure sores, but their care plan did not contain a risk assessment around this. However, the manager told us, "We call the GP or district nurse when we see something. It's a continuous risk." Therefore, although there was not a documented risk assessment, staff knew what action to take around this so there was little impact to people. Other risk assessments required for people around medicine, accessing the community and using wheelchairs were in place. For example, one person's wheelchair assessment stated a lap belt should be used to stop them from falling out.
- There was a business continuity plan in place. This confirmed what action should be taken in the event of an emergency, such as alternative emergency accommodation for people, the loss of utilities such as water or gas, and failure of IT equipment.
- Personal emergency evacuation plans were in place to advise staff how to support people to evacuate the building in an emergency. Missing person profiles were also available for the emergency service to use to identify someone in the event of them going missing
- Monthly fire drills were held to ensure that people and staff knew what to do in the event of a fire and were able to evacuate the building quickly.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at 36a Gibraltar Crescent. One person told us, "I feel happy here. I sleep here, I feel safe." Another person told us, "It's quiet here so I feel safe." A relative told us, "[My family member] loves being there. if she didn't feel safe she would tell me." Another relative said, "When I see [my family member] he's happy. I always know that he's cared for."
- Staff were aware of safeguarding policies and procedures. One staff member told us, "I know to look out for signs of abuse such as physical abuse or neglect. I would report anything straight away and If I felt the manager didn't listen then I would phone the safeguarding team. We have a poster with all the numbers on it." The manager told us, "We check their knowledge of safeguarding in supervisions and team meeting discussions.."
- Records showed the safeguarding team had been made aware of concerns where appropriate.

Staffing and recruitment

- There were a sufficient number of staff to meet people's needs. We observed there being enough staff to support people both at home and in the community. A relative said, "I feel there is enough staff. Whenever I'm there, there always is." One staff member told us, "I think there is enough staff working here. We work

well to support each other." The manager said, "If we don't have enough staff then we have agency. Rotas are done on four weekly rota in advance so we have time to fill the gaps. We try and fill as much as relief workers where possible." This was reflected in rotas we observed.

- Recruitment files evidence staff had been recruited safely. This included written references, a full employment history a Disclosure and Barring Service (DBS) check, A DBS checks ensures that potential staff members are safe to work with vulnerable people. The service included one of the people they supported in their interview panel, so they had chance to ask the candidate any questions on behalf of the people living at the service.

Using medicines safely

- Medicine administration and recording practices were safe. People received their medicines on time as medicine administration records (MAR) were fully completed with no gaps. Medicines were regularly stock counted to ensure people had not missed any of their medicines.
- During our inspection, a tablet was dropped on the floor when trying to administer this to a person. The staff member destroyed the tablet and provided a new one for the person to take, and this was reflected on the MAR chart. A relative told us, "When [my family member] comes home for the weekend they make sure they send all of her meds with her."
- There were protocols in place for as and when medicines (PRN), which advised staff of the maximum dosage and when this medicine should be given. Body maps were used to ensure staff were applying creamed (topical) medicines to the correct part of people's bodies.
- The management team completed medicine competency checks on staff on an annual basis or sooner if required.

Preventing and controlling infection

- People were protected from the risk of infection. A relative said, "I've seen staff wear aprons and gloves while I've been there." The manager said, "They've got gloves and aprons for any hands on personal care." The deputy manager told us, "Staff do wear aprons and gloves. I do all the ordering so it is always in stock."
- People were supported to keep their environment tidy by staff. We observed a staff member supporting a person to clean their shower, and there was a weekly deep clean where people were supported to clean their rooms. Staff were also allocated jobs to keep communal areas clean and tidy. A staff member told us, "Staff have enough team to clean as well as look after people."

Learning lessons when things go wrong

- Accidents and incidents were recorded on a central online system, including details such as what had occurred and what actions were taken as a result of this. For example, when a person had scratched themselves, the accident was recorded, a body map completed, and staff informed to monitor the injury.
- The regional manager received notifications when an accident or incident was uploaded on to the system. This information was then discussed in a quarterly quality meeting to identify any trends and actions that may need to be taken as a result of this.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

Staff support: induction, training, skills and experience

- Staff were not up to date with mandatory training. For example, only three out of 13 staff members were up to date with mental capacity act training. Three staff members were more than a year over due for this training course and one staff member was more than two years overdue., Only eight had completed first aid training. However, people and their relatives felt that staff were effective in their role. One person told us, "Staff are well trained." One relative said, "Staff know what they are doing, they're confident." Another relative told us, "I feel his needs are being met by staff. Having staff that can sign and can communicate with him improves his life."
- The new manager was taking steps to ensure staff were up to date with training. A staff member told us, "They have trained me and shown me how to do things. I found the training to be really useful." The manager said, "My staff are very passionate about what they do and you can sense it in the training. They are always interested to learn." We observed a training session on oral health taking place during our inspection. Staff were interactive and asking questions to aid their learning.
- Staff were either fully trained in British Sign Language (BSL) or were in the process of learning, in order to be able to communicate effectively with people using the service. One staff member told us, "I am interested in learning to sign. It will help me to communicate even better with the people who live here. My colleagues are also helping me pick bits up too."
- Staff received regular supervisions, which included discussions around wellbeing, training and development and any other business. One member of staff said, "[The manager] is good with supervision." The deputy manager said, "Staff have supervision every six weeks and yearly appraisals."

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

- The service was delivering care in line with the principles of Registering the Right Support. This meant that people with a learning disability were encouraged to live as normal life as possible.
- No new people had moved to the service since our last inspection. Therefore we did not observe any new initial assessments. However, the service had requested reviews for people when their needs had changed.

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

- People were supported to maintain their own nutritional and hydrational needs. We observed a staff member supporting a person to make their own lunch. The staff member supplied them with the equipment and ingredients they needed to make their own sandwich, which they visibly enjoyed doing.
- People were offered drinks throughout the day to maintain their hydration. Care plans recorded people's

food and drink preferences and people were offered these by staff.

- People were encouraged to maintain a healthy diet. A relative told us, "[My family member] does like her chocolate so the staff make sure she doesn't eat too much of it." We observed menus which showed that people were having a varied healthy diet.

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

- Relatives and staff felt communication within the service was effective. A relative told us, "Staff always keep me updated with information such as if [my family member] is going to the GP or dentist." Another relative said, "Staff tell me what's going on in [my family member's] life." A staff member said "I think the communication is brilliant. It's great having staff with hearing impairments as it's easier for the people we support, they know what it's like" Another staff member told us, "We get on well as a team, we communicate between us and it's like a mini family."
- People's care plans included a hospital passport. This document could be taken to hospital with a person to inform health staff of their health and care needs.
- People's weight was monitored on a monthly basis to ensure that it remained stable. Where a person's weight had dropped dramatically, referrals to dieticians and a consultant psychiatrist had been made. The person's diet was fortified, and portion sizes were decreased so they were not being overwhelmed by the amount of food being presented to them. This had led to the person finishing their meals and their weight stabilising
- Care plans evidenced people were being supported to attend healthcare appointments. This included appointments with the GP, chiropodist, podiatrist, dentist, community learning disability team and for routine health checks. One person told us, "Sometimes I have a stomach ache and staff call the GP for me."

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

- The service used 'shakeawake' systems, that would cause a vibration on people's beds to wake them in the case of an emergency as they may not hear a fire alarm. Staff ensured that these worked through regular maintenance checks.
- People had access to a large garden which was suitable for their needs.
- The layout of the service had been taken in to account when meeting people's needs. Ground floor rooms were available for people who had mobility needs. Others who were independently mobile were able to have their bedrooms on the first floor.
- The bath was fitted with a sensor which would only allow a maximum temperature. This ensured the water was not too hot for people when bathing.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's legal rights were protected because staff followed the principles of the MCA. The deputy manager told us, "We act in people's best interests as most of them don't have capacity to manage things their finances. We use lots of talking aids and pictures, so they can understand and say yes and no to some decisions.
- Decision specific mental capacity assessments had been completed where people lacked capacity. These had been completed for decisions such as finances, consenting to personal care, consenting to flu jabs and consenting to their medicines being administered. Best interest meetings had been carried out where the person lacked capacity to make a decision, which included people's families and healthcare professionals where required. DoLS applications noted the restrictions that were in place for people. This included those who used lap belts when in wheelchairs and under constant supervision.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 felt staff were kind and compassionate towards them. One person told us, "Staff are lovely here. They're very friendly." Another person said, "I am very happy here. The staff are kind and friendly." A relative told us, "I know a lot of the staff have been there a long time. There's been some new staff recently, but I see them being kind and [my family member] is smiling."
- The management team of the service felt that they had a caring staffing team. The deputy manager told us, "Staff definitely are kind. They make the people we support very happy. [One staff member] is brilliant with [a person] who has high needs. She takes her out every day. Sometimes [the person] just points at [the staff member] as she knows she takes her out and makes the effort with her." The registered manager said, "The staff are very kind and compassionate. When I started I couldn't believe the empathy from my staff towards people. They do what they do because they care and they want to."
- Staff cared about people and spoke kindly about them. One staff member told us, "[One person] broke their leg coming down the stairs. [The deputy manager] took him to the hospital, and we went to see them the next day. [The person] needed an operation so I took them in to theatre. [One bank staff member] has a fulltime job elsewhere and she visited him at night and shaved him as it wasn't been done in hospital. We put communication stickers all over the wall in their cubicle to help them. We all visited them outside of work." We observed other kind interactions during our inspection, such as a person smiling when the registered manager held their hand and gestured to ask if they wanted a cup of tea.

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

- People were involved in reviews of their care where possible. People's families were also involved in this process. A relative told us, "They did a review with me recently. They involved [my family member] as much as they could." One staff member said, "People are involved in their reviews. We do picture care plans of reviews so they can understand what's being discussed." The registered manager told us, "[One person] was sitting in their review. She likes people, and she may not have understood everything that was going on but it was important she knew it was about her which she seemed happy about."
- People were involved in day to day decisions around their care. One person said, "I choose what I want to wear." We observed people being given options of what they would like for lunch and different drinks throughout the day. One staff member brought a person a selection of watches they owned so they could choose which one they would like to wear.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence where safe to do so. One person said, "We do cleaning. The staff help me to do this. I help cook too" A relative told us, "[My family member] makes his own breakfast. He's made me a cup of tea when I have visited before too." Another relative said, "[My family member's] home day is on a Friday and she tells me she does some cleaning on this day."
- We observed a staff member assisting someone to take their recycling rubbish to the bin, which was something the person was passionate about. The manager assisted the same person to make their own sandwich for lunch by bringing a chopping board and the ingredients to him at the dining table. The deputy manager told us, "[One person] loves going out to the shop to buy sweets and magazines so staff support them with this. Everyone has a home day where they do their tasks and chores. They clean their rooms with support from staff. One of them has a physical disability so we help her a bit more than the others."
- Staff respected people's dignity and privacy. A relative said, "[My family member] shuts her door when she wants privacy and the staff respect this." A staff member told us, "Doors are kept shut unless they want them open." The manager said, "If an individual is getting dressed or showering we make sure doors and curtains are shut, Staff knock on the door or do something to make a vibration before entering."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant people's needs were not always met.

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

- Whilst people were supported to access local day centres, the service currently lacked internal meaningful activities. A staff member told us, "There are two activity boxes full of stuff like dressing up stuff, arts and crafts", but we did not see these being used during our inspection for the people who were not attending the day centre, who were instead sat in front of the TV.
- However, the manager was aware that improvements were required in this area and had started to implement this. The manager told us, "Something is in place for [one person] to go to Scotland. [Another person] loves music and dancing so we are looking for a disabled dance or exercise class." A relative said, "A relative told us, "[My family member] really enjoys going to the day centre. He loves trains so they' re going to take him on that soon." Therefore, plans were in place to start providing meaningful activities for people. However, further work was required to ensure that there were engaging activities available for people when at home.
- Staff knew people well, especially as they had lived at the service for many years. One staff member said, "Staff really know people, and there's a folder for agency staff to look at with one page profiles so they get to know about people" The deputy manager told us, "A lot of staff know the people really well and know their background and their likes and dislikes." Staff were aware and able to tell us of people's preferences and background when we asked them.
- People were able to personalise their rooms to meet their own person preference. This included decorating their rooms with different paint colours, memorabilia from their favourite sports teams and displaying photos of friends and family. One person told us, "I chose how I wanted my bedroom."

We recommend that meaningful activities are provided to people in order to meet their personalised needs. We will follow this up at our next inspection.

End of life care and support

- At the time of this inspection no one living at 36a Gibraltar Crescent was receiving end of life care. Care plans contained information around funeral plans, but not information around how the person would like to spend their final days. However, following the inspection, the manager forwarded us a copy of new care plan templates that are being implemented for every one which include information around end of life wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Despite many of the people living the service having limited verbal communication, staff were aware of how to communicate with them. Communication care plans included information of how each person was able to communicate, such as pointing to objects and pictures and drawing. One staff member said, "Talking mats are very useful."
- Staff were trained in British Sign Language. This allowed staff to communicate with people and understand their wishes.
- We observed pictorial pain charts to enable people to tell staff if they were experience pain, and if so, where it was.
- People were provided with easy read versions of policies and care plans so they were aware of their rights and the details of the care they received.

Improving care quality in response to complaints or concerns

- Although the service had received no complaints, there was a policy in place to support people in raising a concern if required. It gave clear guidance on how complaints would be responded to. People using the service were given an easy read version so they were aware of how to raise a concern if they had any. One relative said, "I haven't ever needed to complain. I feel they would put my mind at rest if I needed to though." The registered manager said, "There has been no complaints that I am aware of. If a family raises anything it is done so it's never reaching a complaint level as people have been here so long and the families are reassured. Of course, if they need to raise a complaint we will deal with them effectively."
- Compliments were kept in a central folder. The service had recently received a compliment from a professional they worked alongside which read, "[The service is] so accommodating, communicating well and having an open door policy which makes you approachable."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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; Continuous learning and improving care

- People's care files contained a lot of out of date or no longer relevant information. This meant that each person had multiple care files of information about their needs.
- Areas of the service lacked robust and contemporaneous notes. For example, as referred to earlier in this report, risk assessments were not always appropriately recorded. Daily notes often did not include the dates they were completed on and did not contain detailed information about the person's day. For example, one undated entry said that staff noticed a person may have a medical issue, but there was no information about what action was taken around this. The manager was able to inform us of the action taken so the impact to people was low.
- The manager had been working at the service for only six weeks. In this time they had identified the same areas we had found that required improvement and updating and had started to implement the changes required. The manager told us, "The way I look at its their home. So, I've started to declutter these, and the notice boards around the house as there's too much old information. I'm getting there with it. I'm still trying to establish a structure or a better way of handing over. We've already have a handover sheet, but I think it's the level of details on records that needs to improve." Therefore, we will follow this up on our next inspection to see if the changes already made and planned have fully embedded.
- Audits were completed on a monthly basis to identify any issues around the quality and safety of care that required resolving. A manager's audit from April 2019 identified that the kitchen required new lino flooring in order to maintain the safety and cleanliness of the kitchen. We observed that this had been replaced on our inspection. The Head of Service told us, "The manager does monthly self assessments and I come out quarterly to validate that it is correct." For example, the manager's self assessment completed by the deputy manager identified that staff meetings had not been occurring regularly. This was also identified in a quarterly quality assurance audit completed by the Head of Service for the area. The manager had been implementing these, and two had been held in the last two months.
- The manager had plans in place to improve the environment of the service. The manager told us, "I want a raised bed in the garden for people to be involved in. There's a redecoration plan in place. We could do with more flowers in the garden too." One way the manager planned to do this was by utilising the provider's volunteering department. He told us, "We're looking for volunteers for the garden. In the previous year they

did our summer house for us."

We recommend that the manager continues to work on ensuring that records are contemporaneous and relevant. We will follow this up at our next inspection.

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

- People, relatives and staff were engaged in the running of the service and action was being taken to embed this further. Residents meetings were held every three months, or sooner if there was an event to discuss. One staff member told us, "There is a three monthly 'talk to your manager' meeting for people where they can tick or cross if they like their bedroom, certain staff members etc." We saw meeting minutes for events such as arranging a canal boat trip or asking if people wanted to visit one of the residents who was in hospital.
- Staff meetings were starting to be held once a month. The deputy manager told us, "We had a staff meeting last month and we are having one today." The manager said, "Team meetings will be monthly, I need to make sure I have an interpreter as you don't want any staff left out. Minutes are always circulated." We observed meeting minutes which demonstrated that a variety of subjects were discussed, such as improvements for handovers, training, and infection control.
- Relatives had not received a questionnaire to complete with their feedback of the service since 2017. However, the manager had plans to implement this. The manager told us, "It's something that is on my agenda. We've already got a template ready for it and we just need to send it out." We will follow up on this on our next inspection to ensure the process has been fully implemented.
- The service worked closely with a number of outside organisations. A staff member told us, "We work with Ramsey House who are community nurses for [one person's] needs. They said to cut food small and not give her chewy things which we already had in place." The manager said, "We work closely with the community based learning disability team and community dental, district nurses. Anyone who can help support our residents."

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

- People and relatives felt the registered manager and management team were approachable. One person told us, "[The new manager] is a nice man." A relative said, "[The new manager] is bringing in new life to the home. I met him at the recent barbeque held at the service. He's got some brilliant ideas." Another relative said, "I've met [the new manager]. He's definitely approachable, I've never had any issues with him. I've known [the deputy manager] for some time, she's also approachable."
- Staff told us they felt valued. A staff member told us, "He's lovely, he's great. He'll do a great job. People find him approachable. He makes us feel valued. He talks to people." The deputy manager, "We get on really well. He asks me a lot of questions and I've helped explain things to him. It was a smooth transition from one manager to another." The manager told us they also felt supported by their line manager, saying "[The regional director] is amazing, I've had all the support I needed."
- The manager was aware of his responsibilities about reporting significant events to the Care Quality Commission and other outside agencies.