

Jemini Response Limited

Jemini Response Limited - 41 Jerome Close

Inspection report

41 Jerome Close
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13 March 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

41 Jerome Close is a residential care home for up to four people living with a learning disability and/or autism. The organisation also runs three other care homes locally. People living at 41 Jerome Close had learning disabilities and their needs were varied. Some people needed support with living with autism and epilepsy. Some people displayed behaviours that challenged others.

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

People's experience of using this service:

- We made a recommendation to review the specialist training provided to staff to make sure it met people's needs.
- We made a recommendation about the Mental Capacity Act and record keeping related to decision making.
- Whilst people's medicines were managed safely, protocols for the use of as required medicines had not been reviewed and contained inaccurate information.
- Recruitment records contained information that had not been explored in detail to ensure staff were safe to work at the service.
- There were no records to demonstrate clear oversight of the service. The above three areas were identified as areas that required improvement.
- We found improvements had been made to the environment and there were good systems to report any maintenance issues and to ensure they were addressed in a timely manner.
- Improvements were also noted in relation to the management of fire safety, evacuations plans had been completed and all equipment was serviced and checked at regular intervals. Regular water testing was completed and a risk assessment had been completed in relation to Legionella.
- All areas of the home were clean and there were effective systems to audit in relation to infection control.
- There were enough staff to meet people's individual needs. One person told us they felt safe and people were seen to be comfortable in their surroundings. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. Incidents and accidents were well managed.
- People's needs were effectively met because staff had the training and skills to fulfil their role. This

included training to meet people's complex needs in relation to epilepsy, diabetes and behaviours that challenged.

- Staff attended regular supervision meetings and received an annual appraisal of their performance.
- People were treated with dignity and respect by kind and caring staff. Staff had a good understanding of the care and support needs of people and had developed positive relationships with them.
- People were supported to attend health appointments, such as the GP or dentist.
- People had enough to eat and drink and their menus were varied and well balanced. People's meals were served in a way that respected their specific needs.
- People were supported to take part in a range of activities to meet their individual needs and wishes.
- There was a detailed complaint procedure and this was displayed so that anyone wanting to raise a concern could do so.

Rating at last inspection:

Requires Improvement. The last inspection report was published on 03 October 2018.

Why we inspected:

- At our last inspection of the service in July 2018 we found breaches in Regulation 12 in relation to safety, Regulation 15, the premises, and Regulation 17 in relation to good governance. We issued warning notices requiring the provider to make improvements.
- This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.
- At this inspection we followed up on progress made. Regulations 12 and 15 were now met. Regulation 17 was also met but further progress was required to be fully compliant and to embed the progress made.

Follow up:

- This is the second time the home has been rated requires improvement. All services rated as 'Requires improvement' are re-inspected within one year of inspection.
- We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Jemini Response Limited - 41 Jerome Close

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 one inspector.

Service and service type:

41 Jerome Close is a care home. People in a care home receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an announced, comprehensive inspection. We gave the service one days' notice so people could be supported to prepare for our visit, so they did not become anxious about unexpected visitors in the home. The inspection started on 12 March 2019 and finished on 13 March 2019.

What we did:

- We reviewed information we had received about the service since the last inspection. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the

provider is required to tell us about by law.

- Most people living at 41 Jerome Close could not tell us about their experiences living at the service. We were able to speak with one person, but due to the nature of people's complex needs, other people were not able to tell us about their experiences so we also observed the care and support that people received.
- We spoke with the provider, registered manager, deputy manager, senior support worker, support worker and the administrator.
- We reviewed a range of records. This included two people's care records and medicine records.
- We looked at recruitment records for two staff, supervision and training records of all staff.
- We reviewed records relating to the management of the home including audits and meeting minutes.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- At our last inspection in July 2018, this key question was rated Requires Improvement with a breach in Regulation. This was because we identified concerns with fire safety and a lack of monitoring for legionella. At this inspection the provider had made improvements and was no longer in breach.
- Risks associated with the safety of the environment and any equipment had been identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had an individual personal emergency evacuation plan (PEEP). There was also an emergency grab plan that provided detailed of emergency contacts for people's relatives in the event of a fire.
- A fire risk assessment had been carried out and all recommendations had been addressed.
- People lived in a safe environment because the service had good systems to carry out regular health and safety checks. These included servicing of gas safety and electrical appliance safety. The business contingency plan provided guidance to assist staff in a range of emergencies such as extreme weather, infectious disease, damage to the premises and loss of utilities.
- A legionella risk assessment had been carried out and water testing undertaken to ensure safety guidelines were met.
- A maintenance tracker was kept that showed when work was needed and that it had been addressed in a timely manner.
- One person told us, "I like living here sometimes." They did not want to expand on this comment. We observed people to be content in their surroundings. Staff were attentive to people's needs. This, and the importance of following people's guidelines in the way chosen by each person was significant in helping people to feel secure and keeping the numbers of incidents to a minimum.
- Where risks were identified there were appropriate risk assessments and risk management plans. These helped people to stay safe while their independence was promoted as much as possible. For example, one person had difficulty with transitioning from one activity to another. Staff knew the importance of using the correct tone of voice to positively motivate the person. They also knew they needed to consider other factors that might affect a person's decision making. For example, the weather at the time of an activity. These factors along with giving the person time to process information given to them were used to support the person to move on their next activity safely.
- When people displayed behaviours that were perceived as challenging, incident reports were written. These were used to assess and understand what led to the incident and to ensure lessons were learned to minimise the risk of incidents reoccurring.
- People had positive behavioural support plans. These helped staff to recognise signs that indicated a person's anxiety was increasing. There was detailed guidance in one person's care plan about

the need for staff to be fully prepared before starting the day as once the person's routine started there would be no time to do anything else.

Preventing and controlling infection

- At our last inspection in July 2018, this key question was rated requires improvement with a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns with infection control.
- At this inspection we found people were protected from the risk of infection and the provider was no longer in breach.
- All areas of the house were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed on a daily, weekly or monthly basis.
- People were supported by staff to clean their bedrooms.
- Audits were carried out to ensure tasks had been completed. Aprons and disposable gloves were available for staff use and were used during our inspection.

Staffing and recruitment

- Checks had been completed before staff started work at the service including references and employment history. A Disclosure and Barring Service (DBS) check had also been carried out to help ensure staff were safe to work with adults in a care setting.
- One person had an entry on their Disclosure and Barring Service (DBS) check. There was no audit trail to demonstrate this had been discussed with them at the time of their interview. The incident was historical and it was assessed that this would have low impact in terms of safety but this had not been assessed through a risk assessment to determine any possible risks. There were some minor gaps in another staff member's employment history that had not been explored. These are areas that required improvement.
- There were enough staff to meet people's needs and keep them safe. Everyone received one to one support. Two people received funding to have two to one staff support. The rotas showed when these hours were provided.
- Due to staff turnover, there were a few vacant hours and these were covered with staff working overtime or occasionally with the use of agency staff.
- There was a fifteen-minute overlap of staff between each shift. This gave staff the opportunity to provide a detailed handover to staff coming on duty and ensured they were aware of any issues that had arisen on the previous shift.

Using medicines safely

- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. The protocols in use had not been reviewed for some time. One referred to a medicine that was no longer prescribed. If a person was prescribed two medicines for pain relief it was not clear which should be given first. The impact for people was low as these medicines had not been used for some time but would not have been clear if they were needed.
- A Disability Distress Assessment Tool (DisDAT) had been completed for each person which clearly described how staff would know a person was in pain. DisDAT tools are used to understand distress in people with severe communication difficulties. However, the protocols for pain relief did not refer the reader to the tool to help them make an assessment.
- The advice in one person's PRN protocol for emergency medicine in the event of a seizure conflicted with the advice in their guidelines. One stated medicine should be given after two minutes and the other after five minutes. Giving medicine too soon, when the person has the potential to make a full recovery without the help of medicine, could have a negative effect on the person. The registered manager told us the guidelines were the most up to date information. The person had not needed this PRN medicine for some time but the

most up to date advice for staff was not easily available. The above areas require improvement.

- Staff had received training in the management of medicines and had been assessed as competent to give them.
- Medicines were correctly ordered, stored, administered and recorded. We checked people's medicines administration records (MARs) and found medicines were given appropriately.
- There were body charts to demonstrate where creams should be applied. People's records clearly stated how they chose to receive their medicines and we saw this happened in practice.
- One person's GP had given permission for their medicine to be given covertly and there was guidance about how the medicine should be given.
- People's medicines were reviewed regularly by healthcare professionals.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems and staff had a good understanding of how to make sure people were protected from harm or abuse.
- Staff had received training and knew how to recognise signs of abuse.
- The registered manager had made appropriate referrals to the local authority safeguarding team as needed.

Learning lessons when things go wrong

- Records were kept of all accidents and incidents along with the actions to be taken to reduce the likelihood of the event reoccurring. A staff member told us, "I know to walk closest to the road side, prepare in advance and make sure I have positive reinforcers to make sure he feels safe."
- Analysis had been completed by the registered manager to review the time and location of accidents and incidents and if people's guidelines had been followed.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations have been met, however improvements are needed

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Applications for DoLS authorisations had been sent and the home were awaiting final decisions. The applications included detailed information about why restrictions were needed. However, written assessments to demonstrate how these decisions had been reached were not always completed. A new format had recently been introduced but had yet to be implemented for areas other than medicines.

We recommend that the service refers to current guidance on the Mental Capacity Act and the involvement of people.

- Staff ensured that people were involved as much as possible in decisions about their care. They understood the process that needed to be followed when people were not able to make decisions.
- Whilst some of the principles of the MCA were not always adhered to, this had a low impact on people as they were involved and consulted about day to day decisions. People were asked for their consent before personal care was undertaken or assisting them with their medicines. We saw staff offering people choices of drinks and offering them choices of activities.
- Staff had received eLearning training to ensure their knowledge and practice reflected the requirements set out in the MCA. The registered manager and deputy manager confirmed they would be signing up to more advanced training to ensure they remained compliant in this area.

Staff support: induction, training, skills and experience

- The training programme confirmed that staff received training and refresher training. Essential training

included safeguarding, infection control, moving and handling, health and safety, infection control and fire safety.

- Specialist training which reflected the complex needs of people who lived at 41 Jerome Close was also provided. All the staff team had received training on epilepsy and the use of emergency medicine. Training also included positive behaviour support (PBS), autism, sensory awareness and protecting rights in a caring environment (PRICE). PBS is a person-centred approach to supporting people who display behaviours that challenge. It involves understanding behaviours and why they occur, considering the person as a whole and implementing ways of supporting them. It involves teaching new skills to replace the behaviours that challenge. PRICE is training to ensure staff have the skills needed to keep themselves and those in their care safe. Whilst staff completed a two-day course covering these areas some staff told us whilst the course was good it was not detailed enough and they wanted more detailed training.

We recommend the service identifies further training to reflect staff needs, based on current best practice, in relation to the specialist needs of people living with autism.

- The registered manager told us they could not remember when they had last attended a formal supervision session. However, they said that they worked well with the owner and support had improved in the last few months. This area requires improvement.
- Staff told us they were supported through supervisions and records confirmed this. Records showed staff had received supervisions as well as appraisals. We asked a staff member if they felt supported. They said, "Absolutely, by the manager. We can go to him day or night for advice." Another said they received supervision from senior staff who were, "Really friendly and were nothing but helpful."
- New staff completed the provider's induction process. This included working supernumerary to get to know people and understand the policies and processes at the service. A staff member told us they felt well supported throughout their induction.
- The registered manager told us support was provided for staff who had difficulty completing training. For example, they made sure support was provided for anyone who had dyslexia. One staff member had difficulty completing the medicines competency check. Extra support had been provided and extra observations to make sure the staff member was confident and competent in this task.
- All staff completed the Care Certificate. One staff member was behind with completing this training and the registered manager said they would look into the reasons and provide support as necessary.

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

- At our last inspection in July 2018, this key question was rated requires improvement with a breach in Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns with the upkeep of the premises. At this inspection we found improvements had been made.
- Staff knew the procedure for reporting any maintenance shortfalls. A maintenance tracker was kept that detailed all tasks that needed to be completed. Tasks were signed off on completion and any delays were explained.
- The service continued to meet the needs of people living there. There was a patio garden to the rear of the house that could be used in the summer months. The registered manager told us people generally did not choose to use the garden area.
- People's bedrooms were personalised with photographs and individual furniture. One person had a 'tough furniture' (heavy duty furniture) bed in line with their needs. There was a glass panel in their bedroom door so staff could monitor at night instead of disturbing their sleep.

- There were plans to have a specially designed padded bath panel fitted. The home was awaiting delivery.
- Two people had their own iPads and iPods. One person had a mobile phone but we were told they preferred to use the landline to make calls. We saw this during our inspection. One person regularly had computer time on the home's computer.
- A monitor was used to ensure staff would be aware at night if one person had a seizure. As the person did not have capacity to agree to this, this had been agreed with the professionals involved in their care.

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

- Most people had lived at the service for a long period of time. Their likes, preferences and dislikes were all known, documented and observed by the staff.
- Regular checks were carried out to make sure expected outcomes were identified and care and support was provided in line with people's needs.

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

- People had enough to eat and drink. They took turns to decide the meals and were supported with shopping for the ingredients.
- There were pictures of each of the meals to assist people in making informed choices.
- Each person was informed about the menu for the day but staff told us if people wanted something different this was easy to provide.
- People were offered a choice of drinks throughout the day and could help themselves when they wanted another drink.
- People's dietary requirements were met. For example, one person at the request of their GP was following a specialist diet.

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

- Where appropriate, referrals had been made for specialist advice and support.
- Each person had a health action plan that provided details of their individual health needs and any appointments they had attended or were due.

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

- People were supported to attend healthcare appointments or, if assessed as needed, professionals visited them at the service.
- People attended dental appointments. Arrangements were made for one person who required ongoing review in relation to epilepsy to attend appointments as needed.

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

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 by staff who knew them well.
- Staff told us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported.
- They communicated well with people and in a way, they could understand; people responded warmly to them. For example, one person liked it when staff repeated what word or sound they made. They showed absolute delight whenever this was done.
- We asked staff about their training in equality and diversity and how this supported the care provided. A staff member told us, "One person likes to have their iPod on loudly in the lounge. If this is causing others to be upset we encourage him to wear head phones and this usually works."
- A staff member told us, "One person likes to watch material on their iPad that might not be suitable for others. They know that they can watch this in their bedroom but they can't bring it into the main areas." Another staff member told us, "It's friendly here, there is no discrimination."

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

- People had boards in their rooms that contained symbols or pictures of the activities they would be involved in that day. The level of detail on each board varied depending on the individual needs of the person. One person had a very detailed board that they kept up to date. If an activity could not be met they were encouraged to make a choice of a new activity. This meant people knew what was happening at each stage of the day and this helped them to feel safe and secure.
- Most people had objects of reference to help them understand what would be happening next. This could be a picture of an activity or something simple like showing someone a coat to indicate they were going out.
- Whilst people liked consistency in routine we asked staff how they encouraged people to make decisions about new activities if they were always sticking to the routine. A staff member told us, "People do accept change." For example, "One person likes to take the same route to their activity, but if there are road works we have to take a different route and although they don't like the change as long as they get there they don't mind. Another person had a term time and non-term time activity as they don't like noise at their trampoline club."
- A staff member told us, "The guidelines are so helpful. When I started taking people out I used to take a copy of them with me as they are so detailed. Now I can remember the order so I don't need a copy."

Respecting and promoting people's privacy, dignity and independence

- The service promoted people's independence. People were encouraged to take part in activities around

their home. They were supported to develop skills such as making lunch, food preparation and doing their laundry.

- Staff told us that everyone was able to make drinks independently so they could help themselves to a drink when they wanted one.
- Bedrooms were decorated as people wanted and reflected their individual tastes and personalities. People's privacy was respected and staff knocked on people's doors and only entered when permission had been given. A staff member told us, "We make sure people's wash routines are not disturbed so that people have the privacy they need. We put a picture on the door that means don't go in at that time."

Is the service responsive?

Our findings

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

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

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

- Care plans were reviewed regularly, and when people's needs changed, and were up to date.
- Staff knew people well, and knew their likes, dislikes and background.
- We observed staff supporting people in a person-centred way; they adapted their approach from person to person.
- Each person using the service had detailed care plans that identified and recorded their needs and any goals they had.
- All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.
- Whilst staff had not received any specific training on the accessible standards, there was guidance about how people communicated their needs and how staff should engage through sign, verbal communication or body language. Picture prompts were used so that people could make an informed choice. There was information about how people presented when they were happy, sad, angry or scared. This helped staff to get to know people and provide appropriate care.
- One person used Makaton (A form of sign language using symbols) to support their communication. We saw on the staff handover sheet, that there was a Makaton sign of the week. The week of our inspection the sign was 'clothes'. During the staff handover we saw that staff were all encouraged to use the sign. Throughout the inspection we saw staff regularly used Makaton signs to aid communication.
- People were supported to take part in meaningful activities. People's activities varied from person to person. Everyone received aromatherapy once a week. Some liked swimming, trampoline club, going to parks and cafes. One person liked to play on the home's Wii. Others liked to have computer time.
- One person liked to go to a disco occasionally where they had the opportunity to meet new people.
- During our inspection a person from a sister home came to visit and spend time with people.
- We were told people had not expressed an interest in attending religious services.
- A staff member told us they had completed a sensory course recently and were hoping to cascade this training to all staff. They said, "Everyone has sensory time every day. At night time lights are dimmed and music is played softly. If one person is agitated, then sometimes massaging their feet can help them to relax."

Improving care quality in response to complaints or concerns

- The registered manager told us there had been no complaints to the service since our last inspection. A

complaints log was kept and monitored by the registered manager. There was evidence that complaints were fully investigated and responded to appropriately.

- The complaints procedure was displayed in the entrance hallway of the home. The procedure was also available in an easy read pictorial format.
- Key workers asked if people had any concerns when they met with them. Staff knew people well and understood if people who were unable to verbally share their concerns, expressed their emotions of sadness, anger and anxiety. Staff told us they always tried to find out the cause to resolve the matter.

End of life care and support

- No end of life care assessments had been completed as people living at 41 Jerome Close were young.
- The registered manager said that if anyone needed end of life care in the future this would be fully assessed at the relevant time.
- The registered manager also told us they would review how they would have those discussions with people, if appropriate, and their relatives or representatives in the future.

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

Service management and leadership was inconsistent. Leaders and the culture created did not always support the delivery of high-quality, person-centred care. Some regulations have not been met.

At our last inspection in July 2018, this key question was rated Inadequate with a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the systems for good governance were inadequate. Relationships between the owner, nominated individual and registered manager were not effective and there was no proper system to oversee the running of the service. Maintenance and infection control had not been monitored or followed up in a timely manner. At this inspection we found significant progress had been made but further time was needed to ensure progress was embedded into everyday practice and sustained.

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

- The nominated individual visited regularly to check on the running of the service but these visits were not recorded. The nominated individual role was under review at the time of our inspection.
- The provider and registered manager had recently clarified expectations of each other's role. However, although the registered provider visited the service regularly to assess the running of the service, these visits were not documented. Following the inspection, the registered manager confirmed they had sought advice from external support systems and had received a number of documents that they would adapt and amend for their purposes to ensure provider visits were clearly documented. The above areas require improvement.
- Staff had clearly defined roles and were aware of the importance of their role within the team. For example, one staff member who had received additional training in sensory awareness was keen to cascade this training to other staff.

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

- The provider was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The service had notified us of all significant events which had occurred in line with their legal obligations.

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

- There was a positive workplace culture at the service. Staff said they had been able to raise concerns and felt any suggestions or concerns would be listened to and acted on.
- We saw that one person was able to speak with staff when they had issues they wanted to talk about. Staff also responded to people's non-verbal requests throughout our inspection.
- Staff meetings were held regularly and provided an opportunity for staff to share any concerns, to talk

about people's changing needs and to be updated on any changes in care practices.

- A staff member told us, "We are a good team. We all get on well together."

Continuous learning and improving care

- Audits and checks were carried out in relation to a range of areas including medicines, infection control and health and safety. The registered manager acted on any shortfalls identified. For example, when rooms were highlighted as needing to be redecorated, these had been addressed.
- A series of quality assurance checks had been introduced that meant on a daily basis, bedrooms were checked, medicines were given appropriately, any incidents or accidents were recorded and that daily records were written. Staff had been given areas of responsibility. For example, in relation to fire safety, maintenance and medicines. This ensured staff took responsibility and were accountable for any shortfalls in these areas. Records showed that when tasks had not been completed this had been identified with the staff responsible.
- There were systems to analyse accidents and incidents to monitor for trends and patterns and learn from them.
- A staff member told us the registered manager, "Has a vision for the service and for the residents that promotes people's choice and decision making. Restrictive practices have reduced massively."

Working in partnership with others

- The registered manager and staff worked closely with health care professionals, including GPs, dentists, opticians and chiropodists.
- The registered manager told us that since clarifying the expectations of their role with the owner, they had been given freedom to explore support systems to enable the service to move forward. He told us, "I hadn't realised how isolated we had become. My eyes have been opened to the support available and at the moment it is overwhelming but we will get there, we have a plan and all we need is time."
- The registered manager had joined a social media forum for sharing ideas and suggestions with other registered managers locally. They told us the forum was very beneficial as it enabled freedom to discuss general problems and therefore seek solutions. For example, how to set up new systems or practices.
- The registered manager had also recently joined a behaviour support network across East Sussex. The forum was set up with support and funding from Skills for Care. Skills for Care offers advice and guidance for organisations to recruit, develop and lead their staff." The registered manager told us that already they had met other managers and it was a very useful forum for advice and support. They were looking forward to developing these links and the impact this could bring for people and staff.
- Following the inspection, the registered manager confirmed they had signed up to Skills for Care. This gave access to lots of resources, advice and training.