

N. Notaro Homes Limited

Campania

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Campania is a residential care home providing accommodation and support to up to 41 people. At the time of our inspection there were 39 people using the service. Campania provides support to people who are living with the effects of Alcohol Related Brain Damage and conditions such as Korsakoff's syndrome.

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

People were kept safe from avoidable harm because staff knew them, had received training and knew when they should act. The service worked with other agencies to protect people.

People's care records helped them receive the support they needed. Care plans were all in the process of being updated and language improved, but they showed a good understanding of people's needs and aspirations. Information was provided about risks and how these should be managed to help keep people safe. Care plans were regularly reviewed, and staff could access relevant information to ensure they continued to provide the support people needed.

We were assured that people were protected by the prevention and control of infection. The environment and equipment were regularly checked, and actions taken when necessary to manage risks.

People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Staff understood people's health and wellbeing needs and referrals were made to specialist services as required.

The numbers and skills of staff matched the needs of people using the service. Staff had training which equipped them to provide effective support. Staff recruitment, induction and training processes promoted safety.

Staff members showed warmth and respect when interacting with people. People had opportunities to occupy their time, develop their skills and maintain independence.

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.

There was a positive culture where people's individuality was promoted and valued. The registered manager and senior staff were visible and led by example. Staff felt supported and valued, and were positive about working for the service.

Governance processes were effective and monitored performance, kept people safe and encouraged the

provision of good quality support. Actions were taken when shortfalls were identified.

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 February 2020). 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.

Why we inspected

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

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.

Campania

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

This inspection was carried out by two inspectors.

Service and service type

Campania 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. Campania 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Before the inspection we reviewed the information we had received about the service since the last inspection. This included the statutory notifications the provider had sent to CQC. A notification includes information about important events which the service is required to send us by law.

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

We used all of this information to plan our inspection.

During the inspection

We spoke with five people living at the service. We also spent time observing people in the communal areas of the home to help us understand their experiences. We spoke with eight members of staff, including the registered manager and the quality and compliance manager.

We viewed a range of records and documents. This included four people's care records and medicine records. We looked at four staff files in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service. This included policies and procedures, quality assurance checks and health and safety documents.

We received feedback from four relatives or friends of people who lived at the service. Three professionals gave us feedback. The views of everyone we spoke with have been incorporated into this report.

We considered this information to help us to make a judgement about the service.

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 not ensured care and treatment was always provided in a safe way because people were not always protected from risks linked with health and safety, such as comprehensive assessments and building safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from the risk of harm because the service assessed, monitored and managed safety as far as possible.
- Risks such as nutrition, mobility and managing expressions of emotional distress had been identified for some people. These were documented in care plans, and guidance given to ensure staff supported people to stay safe.
- When people displayed behaviours which others may find challenging, there was a risk assessment, plan of action and a record of incidents which described triggers, outcomes and actions for staff information and future learning. We highlighted to the registered manager that sometimes the language used was not personalised and respectful towards the person. The registered manager was in the process of reviewing and improving all assessments as they were transferred to an electronic system.
- Risk assessments were regularly reviewed to accurately reflect people's needs and ensure staff provided appropriate levels of support.
- Regular checks and monitoring were in place to ensure environmental risks were assessed. Records showed building, equipment and fire safety were monitored and issues were addressed as required.

Using medicines safely

At our last inspection the provider had not ensured care and treatment was always provided in a safe way because they did not ensure the safe and proper management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Following our feedback, some risk assessments were updated during the inspection

to ensure all medicines and creams were safely stored and used.

- People were supported to receive their medicines as prescribed. People's preferences for how they liked to take their medicines and details such as allergies were recorded. Staff had up to date information available to support them in keeping people safe.
- Some people took responsibility for taking their own medicines. Staff provided the support people needed to manage and take their medicines safely.
- Staff completed electronic records when they administered medicines. We viewed these as part of the inspection and saw they were complete and up to date.
- Some people had medicines prescribed as required (PRN). People had appropriate PRN protocols and the medicines administered were clearly recorded.
- Medicines with secure storage requirements were protected from misuse because staff followed correct procedures in line with statutory requirements. The controlled medicine stock check was correct.
- Regular medicine audits were carried out to monitor safety and ensure risks were managed. An audit had been carried out by an external pharmacist and no significant concerns identified. Minor areas for improvement were addressed promptly.

Preventing and controlling infection

At our last inspection people were not always protected from the risk of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider supported families and friends to visit in line with government guidance.
- Friends and family were able to come into the service, and people sometimes went out to ensure they could maintain contact with people who were important to them.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Campania, although some people noted they found the ways in which some individuals expressed emotion difficult to cope with. One person said, "I don't feel safe around everyone here", although they acknowledged there were always staff present and ways of requesting assistance.
- Friends and relatives felt their family members were safe and protected from abuse, harm or neglect. They said, "[Name] is very safe where they are" and "Yes, [Name] is safe at Campania".
- Staff had received safeguarding training and were confident that they would raise concerns if needed to protect people from harm or abuse. Staff were confident that they would be supported by the registered manager if they raised concerns.
- People who lived at the service came from across England. The team worked with professionals around the

country to manage and reduce risks where possible.

Staffing and recruitment

- There were enough staff employed to meet people's needs.
- Shifts were managed to ensure people received the support they required in day to day activities, as well as to access the community and attend appointments.
- People told us there were enough staff working at the service. One person said, "There's always staff everywhere. Look, there's staff all over the place!"
- Safe recruitment practices were in place. This included criminal and employment checks being carried out to confirm staff were suitable to care for people. Some staff had additional risk assessments in place, and we discussed the importance of reviewing these. The management team used disciplinary procedures if necessary to address staff performance.

Learning lessons when things go wrong

- Incidents and accidents were recognised and reported as required. Managers investigated, made changes when necessary and shared learning with the team. This helped the provider to monitor trends and reduce reoccurrence in the future.
- When concerns were raised about the service, these were treated seriously, and action taken to improve where necessary.

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.

Staff support: induction, training, skills and experience

At our last inspection staff were not receiving appropriate training and support. This could put people at risk of harm. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by staff who had the training, knowledge and skills to carry out their roles and support people effectively. The provider had a comprehensive training program in place which covered core training as well as subjects specific to the needs of the people living at the service. For example, safeguarding and fire safety, as well as Korsakoff Syndrome, dementia and diabetes management.
- Staff told us the training helped them to feel confident and know what was required of them. One staff member said, "The induction and training were brilliant. I still go back and check things whenever I need to".
- One professional described different ways in which staff were skilled. They noted, "It is no exaggeration to say that [Name] probably would not be alive now if it were not for their placement at Campania and the expert and specialist support they receive there".
- Staff said they felt supported and able to raise concerns or make suggestions. Staff told us, "It's a good team, we work well together. We'd always speak up and we support each other". Records showed staff received regular supervision and appraisal.

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

At our last inspection the provider did not always act in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Mental capacity assessments were in place and best interest decisions were made in line with best practice. These helped staff know how to keep people safe in the least restrictive way. For example, some people did not keep their own cigarettes because of different risk issues. This might include potential financial abuse, safeguarding concerns from other people, fire risks and health issues. In such situations, staff completed a risk assessment which detailed why people couldn't access their cigarettes freely and outlined how to safely manage this, while restricting individuals as little as possible.
- People told us staff asked for their consent before supporting them with tasks.
- Staff explained how they managed situations when people refused support. For example, one staff member said, "We always ask people for permission. Sometimes you just need to give them a bit of time and space. Then we come back and try again".
- A log of DoLS applications and authorisations was in place and regularly reviewed to ensure these were monitored and reflected current needs.

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

- Detailed assessments were carried out before people moved into the service to ensure their needs could be met. Expected outcomes were documented and reflected people's current needs. Care plans were regularly reviewed.
- People often had complex needs, and staff worked closely with other services and health and social care professionals to ensure these needs were effectively met.
- The registered manager was in the process of moving care records onto an electronic system. Staff were positive about this change and it was hoped it would support and improve monitoring, standards and consistency.

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

- People were supported to access a balanced diet. Because of people's Alcohol Related Brain Damage, it was particularly important for them to have a balanced diet as this supports health and brain function.
- People's preferences about what they liked to eat and drink was documented in care records. One person's record stated, "I like most food, but I really enjoy curries".
- People told us they enjoyed the food available. Comments included, "The food's really good, it's great because I've put on lots of weight" and "You can get anything you want. They'd make you a sandwich in the middle of the night if you wanted". One person described the food as, "Ok, but a bit like school dinners", however they added that they could make suggestions and specific requests.
- Some people cooked their own meals to support the maintenance and development of their skills prior to moving on to more independent living. This was flexible and, when necessary, staff supported these individuals with budgeting and menu guidance or practical skills if required.
- Menus had recently been reviewed and a lighter main course and more substantial dessert was provided at lunchtime, and a main meal with light dessert in the evening. People had been involved in the change and this reflected most people's preference.

- People were assessed for the risk of malnutrition, and weight loss and gain were monitored. Where necessary, specialist support was arranged to ensure people's nutritional needs were being met safely.

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

- People were supported to access healthcare services if needed. This included routine GP appointments and specialist services to support health and wellbeing needs.
- The registered manager explained that it had been difficult to secure GP appointments for people recently, but staff took action to ensure health needs were met in a timely way.
- People's healthcare needs were recorded in their care records. Staff followed advice and recommendations to support people towards positive health outcomes.
- We received positive feedback from professionals who had worked with staff to ensure people received effective care and treatment. One professional described a person as 'thriving' since they moved to the service and added, "[Name's] physical and cognitive functioning have improved beyond expectations".

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

- The building was an extended and adapted Victorian villa. This meant there was a lot of variation in the accommodation from large airy communal spaces to small single bedrooms.
- Some work had already taken place and ongoing plans were in place to refresh and update parts of the building. For example, refit bathrooms and replace carpets.
- A range of separate communal areas meant people could access different spaces to be with others or spend time alone as they preferred.
- People could choose whether they wanted to personalise their bedrooms, and some people had personal items and belongings. One person told us, "I've got my stuff in my room. It's how I like it".

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 told us they enjoyed living at Campania. Comments included, "It's been amazing" and "This is a great place". Some people told us they wanted to live elsewhere and be more independent, but it was assessed that they needed additional support at this time.
- Friends and relatives told us, "Hand on heart, this is the perfect place for my relative" and "[Name] is handled with tremendous patience and humanity by the Campania staff".
- During the inspection, we observed friendly interactions between people and staff. Staff were also able to give clear messages and reinforce boundaries when required.
- Staff demonstrated a good understanding of people's needs including their likes and preferences. When compiling a music quiz, a staff member ensured they included at least one song that each of the participants would know. This meant people felt more included and engaged in the activity and likely to participate again.
- A member of staff told us, "The culture is quite diverse. Everyone accepts everyone else. I felt very welcomed by all".
- Some information was recorded which reflected people's needs under the Equalities Act. For example, religion and disability. One person's care record noted that they liked to dress smartly and wear make-up, and another record stated the person did not wish to talk about religion.

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

- People were able to express their views and make decisions, although sometimes there were risk-based reasons why their preferences could not be met.
- People's care records contained details about their past, needs and aims. Some people had declined to provide information, but this was recorded.
- There were regular meetings between people and their keyworkers or the registered manager. This gave people opportunities to discuss things that were important to them and review their current situation.
- A survey about the service had been completed, and a further review was planned. Feedback was positive and actions had been taken in response to comments from people.
- A suggestion box was accessible in the service and information was available about how to make complaints or raise concerns.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity needs. One staff member told

us, "With personal care, I always tell people what it is we need to do. I try to preserve their dignity, like checking what they can do for themselves, covering them with towels and using the shower curtain. I ask people if they want me in the room or to wait outside".

- Some people told us they were independent in a range of areas. One person said, "When I first came here, I couldn't go out alone until they knew I was safe. Now I'm independent and it's much better". Other people were supported by staff to access the facilities in the local area and further afield. One person told us, "Staff encourage me to do what I can. They want me to be independent. I want to be more independent".
- People's independence was supported and encouraged where possible in line with risk factors and individual goals. For example, some people cooked for themselves and did their own laundry and activities of daily living. Several individuals were keen to move to more independent settings and enjoyed or aspired to this level of autonomy.
- Records and information were kept safely and in line with General Data Protection Regulations, and people's confidentiality was respected.

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

- People's care records were person-centred and gave information and guidance about what was important to them and how they wished to be supported. Some records contained more information than others, although often this was because of the amount of detail the individual wished to share.
- Although there were some generic documents in care records, these outlined expected behaviours which were reasonable in the setting for the wellbeing and safety of all. For example, no-one was permitted to drink alcohol or use illegal substances, and expectations were described about acceptable behaviour. Where issues were identified, an individualised risk assessment and plan of action was in place.
- Care records included information about individual goals and aims. This showed the provider supported people to achieve and progress where possible.
- Care records had been developed in consultation with people to ensure their views were considered. They were regularly reviewed to ensure they were up to date and relevant.
- Staff attended daily handovers to ensure they continued to support people in the way they needed and wanted. Updates, achievements and needs were documented by staff in daily notes.

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.

- Information about people's communication needs was identified at assessment and documented in care records. For example, whether a person required hearing aids or spectacles and their English language abilities.
- Care records also contained information about risks and action plans relating to communication. For example, some people could express distress or anxiety in a way which was challenging to others. Plans contained guidance for staff about how to support people and manage potential or actual risks.
- Staff knew people well and were aware of effective ways of communicating with different individuals. This information was shared with consent and when necessary.
- Although they could hear, read and understand messages, some people were not able to retain information. There were visual prompts to aid people's memory, such as a board outlining activities, timings and staff information for the day.

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 supported to take part in a range of activities which reflected their interests. Recently people had been able to join a fishing trip, Jubilee events, meditation and self-care sessions, as well as shopping and café trips and being involved in community projects.
- Some people accessed community resources which were important to them, such as alcohol support groups and fellowships.
- People told us they enjoyed the activities, although some staff noted they would like to be able to provide a wider variety. Activities were described as, "A bit ad hoc". The provider was recruiting an activities co-ordinator at the time of our inspection.
- People were encouraged to re-establish and maintain relationships with friends and family, and visitors were welcome at the service. One person told us their family could visit whenever they wanted to. A relative said, "I go to visit on a regular basis and the staff keep me up to date".

Improving care quality in response to complaints or concerns

- People told us they would speak with staff or the registered manager if they had concerns. One person said, "I see the manager every day, she's approachable, I could talk to her". Another person told us, "I wouldn't have reservations about approaching any staff. Not one person. They're all totally approachable".
- Friends and relatives said they would feel able to contact staff at any time and told us they were always informed about changes and issues.

End of life care and support

- Care records contained detailed information about people's wishes and preferences if they became seriously ill or died. The information recorded reflected the individual's wishes. For example, one person was clear that they were happy for their family to arrange their funeral service, but they did not want there to be any flowers or hymns. Another person's record stated they did not wish to discuss the subject of serious ill health or death.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. 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-centred care.

Continuous learning and improving care

At our last inspection the provider did not operate an effective system to monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a strong focus on continuous learning within the organisation. Action was taken to address concerns and areas for improvement, and learning was shared and acted on.
- Several checks of quality and standards had been carried out. This included a medicines audit by an external pharmacist, a quality monitoring review by the local authority compliance team as well as provider-led audits, quality performance and compliance reviews. These had all been positive overall, and areas for improvement or development were actioned promptly.
- The management team were open and responsive to feedback during our inspection.

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

- The registered manager was well known, visible and led by example. During the inspection we saw the registered manager engaging with people who lived at the service and staff about a wide range of matters. They were open and empowering and promoted an open and positive culture.
- Most people told us they enjoyed living at the service. Comments included, "It's great here" and "It's different to what I expected, but it is good though". Some people did not value the support they received at Campania, however this reflected the effects of Alcohol Related Brain Damage or Korsakoff's syndrome.
- One professional told us, "[Registered manager] is committed to the service at Campania and focussed upon supporting our client to ensure their needs are met. [Name] appears to have an excellent team around her and they are extremely committed to the service and the residents".
- Staff told us they felt respected and supported. Comments included, "You can speak with managers any time, the door is always open", "The team's always there for each other" and "It's a great team – it's like my family". A set of staff values were displayed which encouraged kindness, working together, honesty, patience, understanding and compassion. The staff we saw reflected these values in their practice.

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 registered manager acted in an honest and transparent manner following an incident or accident.
- Incident reports were reviewed by the management team, and the information was used to learn and make changes.
- The registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service. They apologised to people and their relatives when things went wrong.
- People who lived at the service and staff were encouraged to bring issues of concern to the attention of the registered manager. People and staff knew how to do this.

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

- The registered manager understood their role and worked with the management team to meet regulatory requirements. For example, statutory notifications were submitted in line with legal requirements, health and safety checks were carried out and regular audits were completed.
- Robust quality assurance processes were in place to monitor and improve standards and ensure high quality care and support was provided. A wide range of audits were carried out regularly, and action plans were in place and reviewed to ensure improvements were achieved. Regular audits included medicines, care plans, safeguarding and environmental checks.
- The previous CQC rating was displayed in the service and on the provider's website. The display of the ratings is a legal requirement which informs people, visitors and anyone seeking information about the service of our judgments.
- Staff told us they all played a key role in providing a good quality service. One staff member said, "I think I'm good at my role. I do my best to make sure I do well for the people I support".

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

- We saw staff listening to people, treating them with respect and engaging them in making choices and expressing their views.
- People had regular meetings with keyworkers and approached other staff as necessary.
- People were encouraged to give feedback and make suggestions about the service. Complaints processes were in place and feedback encouraged.
- A regular internal newsletter enabled people to be involved and informed about what was happening at the service.
- Staff were encouraged to give feedback and make suggestions about the service. Team meetings and regular supervision enabled staff to share their views.

Working in partnership with others

- Staff worked with a range of health, social care and specialist services. This included social workers, GPs, local public health teams and support groups.
- We received positive feedback from professionals who had worked with the service. One professional said, "I am always kept up to date with my client's progress, any issues are flagged up and dealt with immediately, DoLS protocols are strictly adhered to and I am impressed with the person centred attitude towards care with an emphasis on maximising independence". Another professional told us, "Communication between the service and the allocated worker is regular and detailed".