

Beaconsfield Care Limited

# Beaconsfield Residential Care Home

## Inspection report

13 Nelson Road  
Southsea  
Hampshire  
PO5 2AS

Date of inspection visit:  
11 December 2020

Date of publication:  
11 January 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Beaconsfield Residential Care Home is a care home providing personal care to people living with a mental health condition and/or a learning disability. The care home is registered to accommodate up to 22 people. There were 20 people using the service at the time of the inspection.

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

People were supported by staff who were kind, caring and who understood their likes, dislikes and preferences. People were happy living at Beaconsfield Residential Care Home and told us they felt safe.

Recruitment practices were effective and there were sufficient numbers of staff available to meet people's needs. People were protected from avoidable harm, received their medicines as prescribed and infection control risks were managed safely. Individual and environmental risks were managed appropriately.

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.

People's care plans contained detailed information about them and their care and support needs, to help staff deliver care that was individual to each person. These were reviewed regularly to ensure the care and support provided to people, continued to meet their needs.

People were supported to access health and social care professionals when needed, received enough to eat and drink and were happy with the food provided. Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

Staff showed an understanding of equality and diversity and people were treated with dignity, and their privacy was respected. Activities had been developed in line with people's wishes and there were varied and interesting options, to promote people's health and well-being.

The service had a positive person-centred culture. Both people and staff told us the manager was approachable. The service worked in partnership with others and engaged people and staff. There was a positive staff culture, and this reflected in a happy and friendly atmosphere.

People and their relatives felt the manager was open, approachable and supportive. Everyone was confident they would take actions to address any concerns promptly. There were effective governance systems in place to identify any concerns in the service and drive improvement.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

#### Right support

The model of care and setting maximised people's choice, control and Independence. The size of the service having a negative impact on people, had been mitigated in the following ways; The building was a large home in a residential road with other large domestic homes of a similar size. There were deliberately no signs, intercom, cameras, industrial bins or anything else outside the building that may indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. Most people who lived at the service did not have a learning disability, however, those that did were supported to access their community. Choice and inclusion was actively promoted so people using the service could lead as full lives as possible.

#### Right care

Care was person-centred and promoted people's dignity, privacy and human rights. All people living at the service had detailed and individualised care plans in place which demonstrated people's support was built around them and this enabled people to live individualised lifestyles. People had a high level of autonomy over how they spent their time and were actively involved in making decisions around their care and the environment in which they lived.

#### Right culture

The ethos, values, attitudes and behaviours of the manager and care staff ensured people using the service lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 18 July 2019).

#### Why we inspected

This focused inspection was prompted due to the inspection history of the service and the previous rating. We needed to check that improvements that had been made had been embedded and sustained. This report only covers our findings in relation to the Key Questions, Safe, Effective, Responsive and Well-led as these were the areas that required improvement at the previous inspection.

The rating from the previous comprehensive inspection for the key question not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beaconsfield Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

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 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.

# Beaconsfield Residential Care Home

## **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 Care Act 2014.

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

#### Inspection team

The inspection was conducted by two inspectors and an Expert by Experience [ExE]. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience in mental health and spoke to people and relatives via the telephone.

#### Service and service type

Beaconsfield Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. At this inspection there was a manager in place who had commenced the registration process with the Care Quality Commission (CQC).

#### Notice of inspection

We gave the service 30 minutes notice of the inspection visit. This was because we needed to check if the

service had anyone who had tested positive for coronavirus or had symptoms, so we could plan our inspection safely.

#### What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service. We also spoke with five members of staff including, the manager, the chef and four members of care staff. We observed the care being provided, reviewed the safety of the environment, reviewed medicine processes and looked at staff files in relation to recruitment.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed and analysed a range of records we had received from the service, including multiple care plans and risk assessments. We looked at a variety of records relating to the management of the service, including, quality assurance records, training information, records of accidents and incidents, activities, the service improvement plan and additional supporting information provided by manager. We contacted and spoke with three people who use the service and four relatives.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At the last inspection we recommended the service consider current guidance on supporting people to make informed decisions about the self-administration of medicines, including over the counter medicines and act to update their practice accordingly. At this inspection we found actions had been taken to ensure effective processes were in place to support people with the use of over the counter medicines and self-administration.

- People were supported to take their medicines safely.
- Medicines administration records (MAR) were completed correctly and indicated that people received their medicines as prescribed.
- People were provided with 'as required' (PRN) medicines when needed. We observed people could access their PRN medication safely. PRN plans were in place, however, some detail for staff to understand when these medicines should be given, and the expected outcome was not clear. This was discussed with the manager who agreed to review and address this.
- Medicine handover records were completed twice daily to help ensure that all medicines had been provided as prescribed, staff were updated on any 'as required' medicines that had been given, information about any changes to medicine regimes and about medicines not given, were all shared with staff. This helped staff to quickly identify changes to allowed timely action to be taken.
- Medicines were administered by suitably trained staff who had been assessed as competent to do so safely.
- There were safe systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely. The auditing process for medicines included, weekly spot checks, monthly audits and a provider audit six monthly. This helped to ensure medicines management remained safe.
- At the time of the inspection, there was no medicines in place that required legal controls, 'controlled drugs' however, a staff member was able to describe how these medicines would be stored and managed.
- At the time of the inspection, no one required support with the management and application of topical medicines (creams and lotions). However, a staff member was able to describe how these medicines would be stored and managed. Additionally, we saw when creams and lotions had been used in the past, these were used safely and there as a clear record of application.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Beaconsfield Residential Care Home. A person said, "I feel very safe. I used to move about a lot, but I don't any longer." Another person told us, "I do feel safe, it's a combination of things, like the way they are [staff] and the way they talk, I have good relationship with staff." A relative told us, "I feel he is safe, comfortable."

- The manager and staff knew what constituted safeguarding. Staff had received safeguarding training, which was updated annually.
- Staff understood their safeguarding responsibilities and knew how to report any concerns. A staff member said, "I would remove staff member from person and contact the manager, local authority or CCQ." Another staff member told us, "I would speak to the person involved first and make sure they were alright, then the manager and would report to safeguarding team or even police if I needed to."
- There were processes in place for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team.

#### Assessing risk, safety monitoring and management

- There were clear processes in place to monitor risks to people. This helped to ensure they received effective care to maintain their safety and wellbeing.
- People had care plans and risk assessments in place which contained clear and detailed information for staff on how to mitigate and manage risks to people.
- Risk assessments in place were specific to people's individual needed and included areas such as, smoking, diabetes management, use of alcohol and behaviours.
- Risk assessments were reviewed and updated regularly, which helped to ensure staff were provided with the most up to date information on how best to support people safely.
- Staff had a good knowledge of potential risks to people and how to mitigate these risks.
- People had up to date Personal Emergency Evacuation Plans (PEEPs) in place, these described the support people would require in the event of a fire or similar emergency. Checks of fire equipment such as alarms, door, lighting and fire extinguishers were completed regularly. Increased risks from fire, such as from hoarding and smoking in the house, were being effectively managed.
- Environmental risk assessments, general audit checks and health and safety audits were completed. Action had been taken where needed, to help ensure the safety of the environment.
- Gas and electrical safety certificates were up to date, and the service took appropriate action to reduce potential risks relating to Legionella disease.
- There were plans in place to deal with foreseeable emergencies.

#### Staffing and recruitment

- Staffing levels were appropriate to meet people's needs and there were sufficient numbers of skilled and experienced staff deployed to keep people safe.
- During the inspection, we observed staff were available to people and responsive to people's requests for support. There was a relaxed atmosphere in the home and staff had time to chat to people and support them in a calm and unhurried way.
- Staff told us there was enough of them to meet people's needs and provide people with the support they required. Staff comments included, "We have the time we need to support people and if we were short of staff unexpectedly, the manager always steps in", "Yes, I feel there is enough staff and we all pull together and cover when it is needed. It's nothing like it used to be, there is more than enough now" and "I feel we have more staff now and there are enough of us. We have an on-call system in place and we all cover, so there are plenty [staff] to support emergencies. We have more cleaning staff now too, since Covid."
- There were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

#### Preventing and controlling infection

- 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 had safe processes should they admit new people 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. For example, additional cleaning tasks had been implemented and touch points around the service, were cleaned regularly.
- 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.

#### Learning lessons when things go wrong

- There was a robust process in place to monitor incidents, accidents and near misses. Action to address any issues, was taken when needed.
- Audits for all incidents and accidents that had occurred, were completed. This helped to ensure any trends or themes identified could be acted upon, to help mitigate risk and prevent reoccurrence.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and relatives felt the care provided was effective and were confident staff knew them well and involved them in decisions about their care.
- People's needs were fully assessed prior to their admission. This was to ensure their care needs could be met safely and effectively within the environment, and in line with current best practice guidance.
- Information had been sought from the person, their relatives and any professionals involved in their care, when required. Information from these assessments had informed the plan of care.
- Care plans were kept under review and amended when changes occurred, or if new information came to light.
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's risks of developing pressure injuries and to monitor people's weight.

Staff support: induction, training, skills and experience

- There was an induction programme in place, which new staff were required to complete before working on their own. This included completing essential training for their role and shadowing an experienced member of staff.
- People and relatives described staff as being well trained. A person said, "They are the best staff. I've been to many places and this is the best I've ever been." Another person told us, "If staff are not sure about something, they check it out or get someone to deal with it. They are very good like that." A relative said, "They [staff] seem to know what to do. I think they are experienced."
- Training staff had received included, infection control, dementia awareness, medication and person-centred care.
- The manager had a system in place to record the training that staff had completed and to identify when training needed to be refreshed. A review of this system demonstrated that staff received training as required.
- Staff received regular one to one supervision with the manager. These sessions of supervision provided an opportunity for the manager to meet with staff, feedback on their performance, identify any concerns, offer support and identify learning opportunities to help them develop.
- Staff told us they felt very well supported by the manager, who they could approach at any time. Comments from staff included, "[Manager's name] has an open door and she listens to us. She is definitely supportive and has made good improvements" and "It has been much better and supportive since new manager's been here. She has been really good at making sure we are safe, and we get supervisions. Her

doors always open."

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

- People's nutrition and dietary needs were assessed, and this information was included in people's care plans to guide staff. Staff had a clear understanding of people's dietary requirements.
- People were supported to eat a varied and nutritious diet based on their individual preferences.
- People were happy with the food provided and confirmed they had enough to eat and drink. A person said, "They let us choose the menu. There is always plenty to eat. I buy my own snacks and I have fridge to keep them cool." Another person told us, "The food is good. I get a choice of what I like. There is plenty of food." Relatives comments included, "They make him the drinks he likes, usually chocolate or other flavoured drinks to encourage him to drink more. They think of his needs by giving him the food and flavours he likes, to encourage him to eat and drink" and "Yes, they get plenty to eat. They ask what he would like of and give him the choice of 2 meals. I have asked if he gets hungry and he said, 'No'."
- People were involved in making choices about the food provided and had a choice of two meals with other options available if they wished.
- Drinks and snacks were available to people throughout the day and night.

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

- All people and relatives felt their health needs were met effectively by the staff. A person said, "They [staff] phone the GP and let them know if I'm not well." Another person told us, "If I ask [staff], they would contact someone about my health, sometimes they pick up on this first and ask me if they can contact someone." A relative told us that when their loved one was unwell, "The staff were brilliant and really good, I cannot fault them at all."
- People were referred to healthcare professionals as required. Records showed people had received treatment from GP's, paramedics and dentists.
- Other health and social care professionals were working with the service to support staff to provide effective care and to support individuals. This included the Community Mental Health Team and a community psychiatric nurse.
- Since being in post, the manager had implemented individual hospital packs for each person which would go with people should they require a hospital stay or move. These packs included detailed information relevant to the person including, a summary of their needs and condition, medical history, current medicines, communication needs and a description of behaviours. This helped to ensure that people received consistent and coordinated care if they were required to move between services.

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

- The home was clean and tidy, and the provider employed maintenance staff to keep it in good decorative repair.
- Bedrooms contained people's personal belongings and were decorated according to their individual wishes. People's bedrooms were in the process of being re-decorated and there was a programme to ensure they were kept in good repair. Two people shared a bedroom, which they had chosen to do, and were able to consent to.
- There was a large communal lounge, an activity area where people could make their own drinks and there was a computer available for people to use. In addition, the service had a quiet lounge. However, at the time of the inspection this had been temporarily adapted to provide a private room for a person who had needed some additional support. The manager told us about plans to turn the quiet lounge into a music room, as lots of people living at the service liked music. The local college students were planning to paint a mural about music on the walls, once the coronavirus pandemic was over.

- The manager had recently arranged for the main lounge and hallways to be decorated, so they now included wall paper and pictures, which people had been involved in choosing. These gave the service a homely feel and reflected the interests of people living there.

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.

- Staff were knowledgeable about how to protect people's human rights in line with the MCA and received training on this. We observed staff seeking people's consent before assisting them. A staff member told us, "I talk to people and give them options to support them to make decisions that are the least restrictive. We explain any risks to them [people], so they understand, but if they wanted to make an unwise decision then it's their choice. They have the ability to make their own decisions."
- People living at the service had capacity to make their own decisions in most areas of their lives. Where they required support with tasks such as medicines management or finances, they had given their consent.
- However, some people had been assessed to lack capacity to make decisions about where they lived. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. This demonstrated the provider, manager and staff recognised the importance of supporting people in a way that respected their choice and control.
- We were assured the manager understood the MCA and their responsibilities and mental capacity assessments were completed where required. Where people could not make their own decisions, the best interest decision making process was used.
- The manager understood their responsibilities in terms of making applications for deprivation of liberty safeguards (DoLS) to the authorising authority and making notification to us about those applications being granted. There were systems in place for monitoring these and ensuring they were kept up to date.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At the last inspection we recommended the service consider current guidance and best practice on managing complaints and update their practice accordingly. At this inspection we found effective systems were in place to deal with and manage complaints appropriately.

- Records demonstrated there was a robust system in place for logging, recording and investigating complaints. Complaints were acted upon immediately, investigated and action taken where required.
- Since the appointment of the manager in August 2020, records demonstrated a reduction in concerns and complaints. For example, in August 2020 the service received six complaints or concerns, this number reduced to two in September 2020; none were received in October 2020 and one was received in November 2020. Action had been taken to address all of these concerns.

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

- People were supported to live their lives in accordance with their own choices. When we asked a staff member what they thought person centred care meant, they told us, "Person centred care is about caring for each person as an individual and they are all unique."
- Care plans had been developed for each person. Information in care plans included details about people's life history, likes and dislikes, specific health and emotional needs, and their desired outcomes and goals. People were involved in regular reviews of their care and support.
- Staff we spoke with demonstrated that they knew people well and had a good understanding of their history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. A staff member told us, "We have a little joke with some people who enjoy that, but others it's not right for, we really know them well so we can adapt how we support each person and make it as positive experience as possible."
- Staff demonstrated they had a person-centred approach to meeting people's needs. A staff member said, "We always listen to people and ask them what they want, if they want a biscuit, they have it, it is their home." Another staff member told us, "I ask people what they want and what their wishes are, we let them make their own decisions." A relative said, "They are aware of [person's] feelings and preferences and they respect them."
- People confirmed they could make choices in relation to their day to day lives.

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.

- All people living at the service were able to communicate verbally. However, visual aids and verbal prompts were used to support people to understand information. For example, written information provided to people, was also provided in an easy read format which included pictures when required.
- People's communication needs were identified within their care plans. Information recorded included, guidance for staff on how best to communicate with people and how best to support people, to enable them to express their views or concerns. One person said, "The staff explain to me fine, so I can understand it. They write it down on paper."

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 often went out into the community independently to pursue their own leisure activities and visit relatives and friends, but staff were available and offered support when needed.
- Since being in post, the manager had worked hard to increase the amount of inhouse activities available to people. This helped them to develop healthy and supportive relationships with each other and avoid social isolation. A staff member told us, "She [manager] has increased activities and I've been amazed at how much residents have joined in." A person said, "There are a lot of activities now since the new manager took over."
- People were fully involved in making choices about the activities provided.
- People were supported to maintain important relationships.

End of life care and support

- At the time of our inspection no one living in the home was receiving end of life care, however the staff were able to demonstrate through past records, that effective and appropriate end of life care would be provided if requested.
- People had end of life plans in place which captured their wishes for how they would like to be cared for at the end of their life.
- The manager and staff team would work closely with external healthcare professionals to respect people's wishes and provide them with the care they required to be pain free and cared for at the end of their life.
- Some staff at Beaconsfield Residential Care Home had received training in relation to end of life care.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was clear about their role and responsibilities.
- Staff understood what their role was, in achieving personalised support. They understood what was expected of them and were motivated to provide personalised care, which treated people with dignity and respect.
- There were systems and processes in place to assess, monitor and improve the quality and safety of the service. This included audits which were completed regularly for areas such as, care plans, medicines, infection control and the environment. All completed audits resulted in an action plan, where required.
- Where issues were identified through the provider's governance systems, actions were taken in a timely way.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, complaints and infection control.
- The provider is required to notify CQC of all significant events. This helps us fulfil our monitoring and regulatory responsibilities. The manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events as required.
- The previous performance rating was prominently displayed in the reception area.

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

- People and their relatives spoke positively about the management of the service. One person said, "The new manager is getting things done and things are improving. They are spending money on the building." A relative told us, "The last manager was well organised. The new manager seems even more organised and has rapidly taken control of things. I am confident she is a good manager." Another relative said, "The manager has been brilliant. I ring 2-3 times a week and they have been really helpful and always take my calls. I have no complaints and they have really done good for him."
- The manager and all the staff spoken with, demonstrated they were committed to providing person-centred, safe and effective care to people. A staff member said, "We now really try to promote independence and get people to do what they can, they never used to make their own drinks but now we have facilities so they can. It takes time but it is really good for them and they are proud."
- All the staff we spoke with commented on the positive changes in the service since the appointment of the manager. Comments included, "We have had a lot of changes, but it has made it so much better for people and it's so much more homely", "There has been improvements and it's really good now, it's a much happier

environment to be in", "The manager is really nice and very approachable, I have learnt a lot from her, she has really good team spirit and raises the morale" and "Things are much better now, the staff and residents have all pulled together and [manager's name] is making the improvements we need."

- During the inspection we observed a relaxed and calm atmosphere in the home and people were comfortable speaking to the staff and asking them for support when required.

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

- There was an open and transparent culture within the home. People, relatives and staff were confident that if they raised any issues or concerns with the manager, they would be listened to and these would be acted on.
- The manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

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

- All the staff spoken with told us they felt supported in their role and felt listened to and valued. A staff member said, "It has been much better and supportive since new manager's been here. She has been really good at making sure we are safe, and we get supervisions. She is easy to talk to and I feel more valued now than I have ever done."
- Staff were kept up to date about people's needs through handover meetings and written handover records. Information provided included, people's physical and mental health, any professional visits and if people had declined support.
- The manager consulted with people in a range of ways; these included quality assurance surveys, and house meetings. Additionally, the manager met with people for one to one meetings regularly to discuss their care and wellbeing and had an 'open door,' so both people and staff felt able to approach them at any time. Throughout the inspection we saw the manager was always available to people when needed.
- There was a suggestions box available for people and visitors, which allowed them to comment on the service anonymously, if they wished.
- The manager and staff were clear how they met people's human rights. A staff member told us, "Knowing what people's cultural beliefs and religion is and what they are interested in is important, this will help ensure we can support them appropriately." Another staff member said, "I talk to people and give them options to support them to make decisions that are the least restrictive. We explain any risks to them [people], so they understand, but if they wanted to make an unwise decision then it's their choice."

Continuous learning and improving care

- Since being in post the manager had implemented a service improvement plan to enable effective changes to be made to the service and enhance service provision.
- During the inspection the manager demonstrated a proactive approach to make improvements that would have a positive impact on the lives of the people living at the home. A staff member said, "She [manager] wants everything to be right, but uses any mistakes that are made as a way to learn, so we can continue to improve."
- Staff performance was closely monitored by the manager who worked in collaboration with the staff team and completed regular spot checks of daily tasks. The outcome of these were shared with staff.
- Complaints, accidents, incidents and near misses were recorded and monitored. This helped identify any themes and trends. If a pattern emerged, action would be taken to prevent reoccurrence.
- All learning was shared with staff during staff meetings, handovers and supervision.



#### Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current practice, providing a safe service for people. These included healthcare professionals such as G. P's and mental healthcare professionals. This ensured a multidisciplinary approach had been taken to support people in the provision of their care.
- The service had links with other resources and organisations in the community to support people's preferences and meet their needs.