

Norwood

Norwood - 54 Old Church Lane

Inspection report

54 Old Church Lane
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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

Norwood- 54 Old Church Road is registered to provide accommodation and personal care to six people. It caters for older people with a learning disability. At the time of our inspection, there were three people living at the home.

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 and what we found

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce any risks. Staff understood their responsibility to report any concerns and said they would not hesitate to do so.

There were sufficient numbers of staff who had been safely recruited to meet people's needs. Sufficient staffing levels enabled people's needs to be met safely and ensured people received consistency in their level of care.

People's medicines were safely managed, and systems were in place to control and prevent the spread of infection.

Management sought to learn from any accidents or incidents involving people.

Staff received an induction when they first commenced work at the home and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough to maintain their health and well-being. A strong emphasis was placed on the dining experience to ensure it was enjoyed by all. The home ensured that only Kosher food was used and prepared as everyone living in the home were Jewish. The home also followed meal preparation according to Jewish law.

Staff supported people to live healthier lives and access healthcare services.

The home had a welcoming atmosphere and was homely. The premises was adapted appropriately to meet the needs of people living in the home.

We saw examples of staff interacting positively with people throughout the inspection. Staff provided care and support in a caring and meaningful way. They knew the people in the home very well and had built up kind and compassionate relationships with them. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was always maintained. Where people had additional or different needs relating to equality and diversity, this was recorded and reflected in the care provided.

Our observations and discussions evidenced a positive, learning culture where people were supported to achieve their aims and desired outcomes. The manager and senior management monitored the provision of care and the environment to further improve people's experience of receiving care.

Care plans were detailed and supported staff to provide personalised care. People were encouraged to take part in a variety of activities and interests of their choice. There was a complaints procedure in place and systems in place to deal with complaints effectively.

The home was well managed. There were systems in place to monitor the quality of the service. Actions were taken, and improvements were made when required. Staff told us they were motivated to work with the manager to ensure people received good quality care.

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.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

Rating at last inspection

The last rating for this service was good (published 5 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Norwood - 54 Old Church Lane

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Norwood- 54 Old Church Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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. The registered manager had been promoted to Head of Care services and another manager had been appointed to undertake day to day management of Norwood - 54 Old Church Road.

Notice of inspection

The first day of this inspection was unannounced. The second day of the inspection was announced and we arranged an appropriate time for us to return to the home.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations

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

During the inspection

People in the home had learning disabilities and could not always communicate with us and tell us what they thought about the service. Because of this, we spent time at the home observing the experience of the people and their care, how staff interacted with people and how they supported people during the day. We spoke with one person who lived in the home about their experience of the care provided. We also spoke with members of staff, including the acting manager, deputy manager and two support workers.

On the first day of the inspection we reviewed a range of records. This included two people's care records, medicines records, staff training records, and incident and accidents records. We also reviewed a variety of records relating to the management of the service, including quality assurance audits and checks and records relating to the safety of the premises.

As part of a thematic review, we carried out a survey with the acting manager during this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

As part of the inspection we wanted to look at staff files in relation to recruitment. These records were kept at the provider head office and were therefore not available on the first day of the inspection as the head office was closed. The provider was able to provide these documents to us after the first day of the inspection and we therefore went back to the home for a second day where we viewed four staff files and spoke with a support worker and the manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one relative about their experience of care provided. We also spoke with one support worker.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person we spoke with told us they felt safe in the home and in the presence of staff. One relative we spoke with told us they were confident that their relative was well looked after in the home and was safe. This relative said, "[My relative] is absolutely safe in the home."
- Policies and procedures were in place to safeguard people from abuse. These were displayed in the home. We noted that since the previous inspection, there had been no safeguarding incidents at the home.
- The manager and staff we spoke with understood safeguarding matters and were clear about when to report incidents and safeguarding concerns to other agencies. All staff had received training in safeguarding vulnerable adults and refreshed their knowledge and skills on a regular basis.
- People living in the home were supported with their finances as they did not have the capacity to do so themselves. Financial assessments were completed which showed the level of capacity people had in relation to their finances and the level of support they needed with managing their finances. Checks on people's finances were carried out by management.

Assessing risk, safety monitoring and management

- Care records included risk assessments to guide staff to support people appropriately and safely. These covered falls, mobility, personal care, continence management, epilepsy and behaviour that challenged. Plans were in place to manage and reduce identified risks and keep people safe. Records showed the home used proactive strategies to deal with behaviours that challenged such as giving people space and reassurance.
- Plans and procedures were in place to deal with a foreseeable emergency. The fire plan was clearly displayed in the home indicating fire exits and escape routes. Staff had completed fire safety training and staff we spoke with were aware of the procedures to follow in the event of an emergency.
- Personal emergency and evacuation plans (PEEPs) were in place in case of an emergency. However, we noted that these were not detailed and did not include details of the step by step evacuation procedure for each person. We raised this with the manager and he showed us a new template that the provider had introduced. Following the inspection, the manager sent us evidence that he had reviewed the PEEPs and implemented them into the new updated format so that they included detailed information about the evacuation procedure.
- Fire equipment was appropriately stored and easily accessible in the home. Regular fire drills and checks were carried out by the home and documented appropriately.
- Systems and procedures were in place to monitor the safety of the premises. Risks associated with the premises were assessed and relevant checks on gas and electrical installations were documented and up-to-date.

- Management carried out a weekly premises audit to ensure the home was maintained and any risks to people's health and safety were identified and addressed.

Staffing and recruitment

- The provider followed safe recruitment procedures to ensure employees were suitable to work with vulnerable adults.
- Feedback from the manager and staff indicated that there were sufficient numbers of staff to safely meet the needs of people. On both days of the inspection we noted that the atmosphere in the home was calm and staff were observed not to be rushed or under pressure.
- There was not a high turnover of staff in the home and staff employed had worked at the home for many years. This ensured that people received consistency in the level of care they received, and they were familiar with staff. There was a noticeboard in the home where pictures of staff who were on duty each day was clearly displayed. The aim of this was to ensure that people in the home were kept informed of which staff were on duty.

Using medicines safely

- We reviewed systems, processes and documentation for the storage, administration and safe disposal of medicines. We found they were safe.
- Staff completed medicines administration training and their competency was assessed to ensure they handled medicines safely.
- Where people were prescribed medicines on a when required basis, there was guidance in place to advise staff on when and how to give these medicines.
- We looked at a sample of medication administration records (MARs) and found that these were completed fully with no gaps. This provided assurance people were being given their medicines as prescribed.
- Medicines audits were carried out monthly in order to improve the quality of the service and these were documented.

Preventing and controlling infection

- We found appropriate standards of hygiene and cleanliness throughout the home. People were involved with cleaning the home where possible and were encouraged to clean their bedrooms with the support of staff.
- Measures were in place to protect people from the risk of infections. Staff were provided with, and understood when to use, personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection.
- Hand disinfectants were available throughout the home.

Learning lessons when things go wrong

- Accidents and incidents had been documented and included details about the incident and subsequent action taken by the home.
- Incidents and accidents were reported and investigated appropriately, with lessons shared either with individual staff or in team meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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's care plans showed that their needs had been individually assessed. Details of people's individual needs, including their daily routines, cultural, religious, nutrition, communication, social and emotional support were documented. Preferences were clearly recorded and this ensured that people's individual needs could be met by staff supporting them.
- Staff regularly assessed each person's needs to check their care planning remained effective. Where required, they referred people to other healthcare professionals with a timely approach. Management and staff supported people's changing needs.
- The management team stayed up to date with current legal requirements and best practice guidelines through training and meetings or events organised by the local authority.

Staff support: induction, training, skills and experience

- Staff had the appropriate skills and knowledge to meet people's complex needs. One relative told us, "Staff understand [my relative's] needs and know what they are doing. Training is good. [My relative] had a surgical issue and it needed managing, staff had special training about his medical issue so they were aware of what to do."
- Staff were supported to gain and develop their knowledge and skills to enable them to support people effectively. Staff completed an induction when they started working at the home. Staff also obtained national vocational qualifications (NVQ) in health and social care. There was on-going training to ensure that staff developed and maintained their skills and knowledge.
- Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included moving and positioning, first aid, fire safety, food safety, infection control, mental capacity and safeguarding. In addition to the mandatory training staff had access to more specialist training which included person centred approach to learning disabilities, person centred active support and autism awareness. Staff spoke positively about the training. One member of staff said, "The training is helpful. Always up to date. They plan ahead. We get refreshers."
- There was a system in place to enable management to monitor training staff completed to ensure they received the appropriate training to carry out their roles and responsibilities effectively.
- Staff received regular supervision. Records of supervisions showed they discussed issues affecting their role and actions identified to support staff learning and development. Individual staff performance was reviewed during appraisals.

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

- People were provided with a well-balanced and nutritious diet and people's likes and dislikes were taken

into consideration. One person told us, "The food is Kosher. The food is good. If I want something else I can always ask. Bang I get it."

- Menus were planned a week in advance together with people who used the service and reflected people's cultural and religious needs. The home was regularly monitored by the Kashrut Division of the London Beth Din (KLBD) the leading UK authority on Jewish Dietary Laws. This was to ensure that only Kosher food was used and prepared and that the home followed meal preparation according to Jewish law.
- During lunch on the first day of the inspection, we observed food was freshly cooked and support workers assisted and prompted people only if it was needed. We saw people were not rushed and were able to eat at ease and at their own pace.
- In July 2019, the Food Standards Agency carried out a check of food safety and hygiene and awarded the service four out of five stars, rating the service as "good". The manager explained and showed us evidence that issues that were raised at the inspection had been addressed and the service had made necessary improvements.

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

- Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. Staff helped people arrange and attend medical appointments and to access professional medical advice and treatment when they were unwell.
- The manager and staff made sure people received appropriate support to meet their healthcare needs. People's physical and mental healthcare needs were documented within their support plan. This helped staff to recognise any signs of deteriorating health and included clear written protocols for staff to follow.

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 received training and had an understanding of the relevant requirements of the MCA. Staff sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives.
- Care plans contained information about a person's mental state, cognition, memory and orientation. Areas where people were unable to give verbal consent, records showed the person's next of kin and healthcare professionals were involved to ensure decisions were made in the person's best interests.
- Records showed the relevant processes had been followed. At the time of the inspection, one person's DoLS had expired on 27 September 2019. We noted that the manager had submitted a DoLS renewal application to the local authority for consideration. Nobody else in the home required a DoLS at the time of the inspection. The manager explained that they had previously been assessed.
- The management and staff team considered people's capacity to make decisions as part of the

assessment and support planning process. Where people could not make their own decisions, the best interest decision making process was used.

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

- The home was comfortable and well furnished. People had appropriate space to socialise with others, eat in comfort, or spend time alone if they wished to.
- The home was adapted to promote and support people's freedom and independence. People were supported with their mobility with the use of a wheelchair where necessary. Doorways and hallways were wide to ensure people who used a wheelchair could access other parts of the home. There was a lift in the home for people to use.
- Assisted technology was used in the home to promote people's safety, well-being and dignity. People's bedrooms were fitted with sensor mats which would raise an alarm to alert staff when people were up and may require assistance. People also had alarm pendants that they wore which ensured they were able to call for assistance wherever they were around the home.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person we spoke with told us, "Care staff are kind and helpful." One relative spoke positively about the way people were looked after in the home. This relative said, "Staff are particularly good. [My relative] is at his happiest since being at the home. Staff try their level best to meet his needs. They are caring and kind."
- People's equality, diversity and human rights were respected and recorded as part of the care planning process. We observed good relationships between staff and people in the home. People were happy, comfortable and relaxed in the company of the staff. We observed that people appeared at ease when in the presence of staff. It was evident that staff knew people well and prioritised people's needs and requests.
- People's diverse needs were recognised and supported by staff. People's personal relationships, beliefs, likes and wishes were recorded in their care plans. People's cultural choices were respected and staff we spoke with were knowledgeable about these and knew how to support people to meet these needs.
- Management and staff promoted and encouraged inclusion. They focused on building and maintaining open and honest relationships with people and their families. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- Staff understood their role in providing people with compassionate care and support. Staff responded to people in a warm, kind, caring and friendly manner. They were knowledgeable and respectful about people's individual needs, backgrounds and personalities. Staff spoke positively about the home and were proud of the work they did and believed people received personalised care and support.

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

- The manager worked closely with people and their relatives to deliver care that was focused on their personalised individual needs. There was evidence throughout care records to show people were involved in their support planning where possible.
- People received the support they needed to express their wishes and be involved in decisions that affected them. Staff used their knowledge of people's individual needs to promote effective communication with each individual.
- People had regular opportunities to express their views at monthly residents' and keyworker meetings as well care plan reviews. One person we spoke with told us, "We have meetings. I feel able to speak to the manager and staff openly. No hesitation."
- People were encouraged to make choices about their day to day routines, in line with their personal preferences and encouraged to express their views. One person we spoke with told us they were listened to and staff responded to any requests promptly.

- Staff we spoke with were aware of the importance of seeking consent from the people they supported so that they received support that provided maximum choice and independence. The home had policies and systems in place that supported this practice.
- Person centred plans were in place for each person which included positive behaviour support plans. These included details about people's goals, intervention guidelines, details of triggers and details of proactive, active and reactive strategies.
- The home had a service user guide in place which provided important information about the home in an easy read format. It highlighted procedures, contact numbers and important information about what people could expect from the home and how they could access other organisations and networks.

Respecting and promoting people's privacy, dignity and independence

- One person we spoke with told us that staff treated them with dignity and respect and promoted their independence.
- Support plans were aimed at developing people's independent living skills. Care planning included details about assisting individuals with their needs and guided staff to support them with respect.
- During the inspection we observed staff knocked on people's bedroom doors and waited for a response before entering.
- People's private and personal information was stored securely, and staff understood the importance of confidentiality.

Is the service responsive?

Our findings

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

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

- Person-centred care plans provided the staff with clear guidance about people's needs and how best to meet their needs. This helped to support the effective delivery of care. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs.
- Care plans were detailed and showed people's preferences and interests had been taken into consideration. The staff had reviewed the plans at regular intervals and any changes in needs had been recorded.
- Staff understood people's behaviour needs. They had developed care plans which included guidance on how to provide people with the support they needed with any behaviours that challenged others and the service.
- People received personalised care and support which reflected their individual needs and preferences. Each care plan contained a statement of purpose, contract of residence and complaint procedure. Care plans contained detailed information on the support the person needed with various aspects of their daily life such as personal care, health, communication, eating and drinking, night care and community and religious participation.
- There was some brief information in people's care support plans about people's oral care needs. However, we noted that there were no specific oral healthcare plans. We discussed this with the manager and he assured us that oral care plans would be completed for people, to reduce the risks associated with poor mouth care. He also advised that oral care would be discussed at future meetings with people and staff.
- Care plans provided information on how people communicated and encouraged people's independence by providing prompts for staff to follow to enable people to do tasks by themselves. The manager explained that staff encouraged active support within the home. This meant that people were encouraged to do things themselves where possible. For example, pressing a button to call the lift.
- The provider had set up a positive behaviour support team to help manage behaviour that challenges the service. The manager explained that the aim of this was to find out what causes specific behaviour and then try to reduce this without having to use reactive strategies. A behaviour analyst visited the home on a regular basis to review records to try and identify triggers and causes to see whether the positive behaviour techniques were effective and make adjustments where necessary.
- People's individualised care plans provided staff with clear guidance on their care and support needs, and what was important to the person. Staff confirmed these were easily accessible to them.
- People's health care plan was available in a comprehensive easy read version. Preventative and wellbeing objectives set out in the health care plan included music therapy, massages, pet therapy and physio exercises. A comprehensively completed hospital passport contained detailed information that would be helpful for hospital staff if people needed to be admitted or visit the hospital.

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.

- The service sought people's communication preferences and had processes in place to meet their needs. We saw staff members openly engaging with people during the inspection, which enabled meaningful conversation and helped to avoid isolation.
- Care support plans detailed information about people's communication needs.
- People were provided key information in a way they could understand. The service user handbook was available in an easy read format to meet people's communication needs. We noted that service user feedback forms were also available in an easy read format.
- The noticeboard in the home was used effectively to provide people with information on key topics within the home and some information was available in an easy read format.

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 using the service were supported to maintain relationships and participate in social activities. Activities were planned in accordance with people's skills, likes and dislikes and were discussed with people during monthly meetings and care plan reviews. People also had meetings with a positive behaviour support advisor to look at introducing further activities. One support worker explained that one person liked to go out on the bus and therefore there had been discussions about how to support this person to do this on a regular basis.
- Care plans showed details of people's hobbies and preferences relating to social activities. This included help to access the local community, participate in activities and maintain valued relationships.
- One person we spoke with told us they spent time in ways they enjoyed, such as going to the local community for singalong sessions, relaxation, shopping in town and meals out.
- The home supported people to go on regular annual holidays. Two people had gone on holiday to Devon in June 2019.

Improving care quality in response to complaints or concerns

- There were policies and procedures on raising complaints, concerns and compliments. A complaints procedure was available in an easy to read format and information about this was displayed in the home.
- We looked at the complaints log and saw the service had not received any complaints since the last inspection.

End of life care and support

- At the time of the inspection no one was receiving end of life care.
- People's choices and preferences regarding their end of life care were explored with them and recorded accordingly.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager and staff promoted the provision of person-centred care to achieve the best outcomes for people. We observed a positive and welcoming culture within the home. Staff spoke enthusiastically about working at the home and had a clear commitment to people's continued happiness and wellbeing and supporting people to achieve their goals.
- The manager knew people well and was knowledgeable about their needs and preferences. He worked alongside staff providing people with care and support and had a good understanding of the complexity of people's needs and the pressures placed on staff in challenging situations.
- Staff felt able to speak openly with management and described the manager and deputy manager as approachable. One member of staff told us, "The manager is very good. He is very supportive. He is very easy to talk to and always tries to help as much as he can."
- Staff meetings provided opportunities for staff to obtain information, provide feedback and to discuss best practice guidance. Staff spoke positively about how they worked well together as a team and the effective lines of communication between staff.

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 manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. Staff we spoke with told us management were open, honest and listened. Feedback indicated that there were good relationships between the manager, staff, people and their family members.
- The manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. The manager told us they would speak with people when things went wrong. Any incidents would be fully discussed with staff during meetings.

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

- The service had a clear management structure and staff were aware of who to contact regarding issues or concerns. Staff and management were clear about what was expected of their respective roles.
- Management maintained good communication with the staff team and provider to ensure there was a shared understanding of any quality issues or new risks within the home.
- Staff morale was positive, and staff told us they felt valued and supported. Staff spoke positively about the

way the service was managed and the manager's approachable and open leadership style. One member of staff said, "The support is very, very good. Communication in the home is very good."

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

- Staff involved and engaged people in the home and considered their equality characteristics. The manager encouraged people to voice their opinions. This enabled management to monitor and improve the home and service based on people's experiences.
- The manager communicated with people's relatives by telephone and by email to ensure they were happy with the service provided.
- The manager met with staff and the operations manager to discuss the service and provide updates. Staff confirmed they spoke regularly with the manager.
- Annual feedback questionnaires were completed by people. The last survey was carried out in April 2019 and feedback obtained was positive.
- People had opportunities to feedback about the care provided. The service held monthly meetings with people for them to discuss running of the home and raise issues. People also participated in monthly key worker sessions where they discussed their individual care.
- Where required, the service communicated and worked in partnership with external parties which included local authorities and healthcare professionals and we saw documented evidence of this.

Continuous learning and improving care

- The home had systems in place to monitor the quality of the service and to improve service delivery of care and support. Quality assurance systems and processes included regular audits by the manager looking at key aspects of the service, including the management of people's medicines, standards of care planning, running of the home, risk assessments and infection control practices. The operations manager and head of adult services carried out an internal audit in September 2019 looking at various aspects of the home including the overall running of the home. We noted that no major issues were highlighted and where recommendations had been made, the manager had taken appropriate action.
- The provider shared information and lessons learnt from other services managed by the provider with managers and staff as appropriate.