

Strode Park Foundation For People With Disabilities

Lady Dane Farmhouse

Inspection report

Love Lane
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Lady Dane Farmhouse is a two-storey building with a passenger lift to rooms on the first floor. There is a separate building in the grounds used as an activity centre and sensory room. The service is designed to meet the needs of people who have a learning disability or autistic spectrum disorder, dementia, old age and physical disability. The service is fully accessible and has been adapted to meet the specific needs of people with physical disabilities. The service had started to provide respite care to people providing short stays. Nobody was staying for respite care when we inspected

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

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 15 people. Thirteen people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area.

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

Risks to people had been identified but some of the risk assessments did not contain all the information needed to ensure risks were kept to a minimum and the action staff needed to take if the risk did occur.

Medicines were not always managed safely. This had been identified by the provider and more safety checks had been put in place. However, at the time of the inspection there were still some shortfalls in the safe management of medicines.

The service had an open and positive culture that encouraged involvement of people, their families, staff and other professional organisations. Leadership was visible and promoted teamwork. There were systems of daily, weekly and monthly quality assurance checks and audits to check that the service was safe and effective. However, these checks had not identified the shortfalls we found at the inspection. People and staff were positive about the registered manager and the changes they had made since they had started at the service. The management and staff had a clear understanding of their roles and responsibilities.

People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were compassionate and caring and people felt respected and valued as a result. People had developed relationships with staff, who knew people well and promoted equality and diversity in care. People told us that they felt the staff cared about them. Staff were patient, kind and caring and interactions were warm and friendly.

People were supported to make choices about their care on a daily basis and there was a culture that promoted dignity and independence. People said they were happy living at Lady Dane Farmhouse that staff had a good understanding of their needs and preferences.

Activities were based on people's individual interests, hobbies and wishes. People's individual communication styles and methods were identified and respected.

The registered manager and staff knew people well and quickly identified when people's needs changed. When people were unwell or needed extra support, they were referred to health care professionals and other external agencies.

People received the support they needed to eat and drink and maintain a healthy and balanced diet. Staff knew people's dietary needs and people enjoyed the food. People told us they could choose alternative meals if they did not like what was on the menu.

Assessments were completed before people joining the service to make sure staff could meet their needs. Care plans were developed from these assessments and staff had clear guidance on how to meet those needs. The staff were in the process of transferring the care plans onto an electronic system.

People received care and support they wanted and needed. People were confident to raise any concerns with the registered manager or staff and felt confident that they would be listened to. People were satisfied and happy with the care and support they received.

The registered manager and staff team were committed to providing a high standard of care to the people they supported. They understood their responsibilities.

Staff understood how to recognise signs of abuse and actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment safety checks were done to ensure staff were suitable to work with people.

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

Rating at last inspection

The last rating for this service was requires improvement (published 24 October 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected:

This was a planned inspection based on the registration date of the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lady

Dane Farm House on our website at www.cqc.org.uk.

Enforcement

We have identified a breach of the regulations in relation to safe care and treatment at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Lady Dane Farmhouse

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

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 2 October 2019 and ended on that day.

What we did before the inspection

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 reviewed information sent to us from the provider about significant events that had happened at the service. We used all this information to plan our inspection

During the inspection

During our inspection visit we spoke with four people. Some people living at the service, due to their complex care needs and disabilities were unable to give us their feedback. We spent time with people to see how staff supported them. We spoke with four members of staff, the registered manager, the cook and the administrator.

We reviewed a range of records. This included four people's care records and medicine records, training and supervision records and records relating to the quality monitoring and management of the service.

After the inspection

We visited the provider's main office to look at staff files, as these were not kept at Lady Dane Farmhouse.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had not been consistently assessed and there was not always guidance to mitigate the risk.
- Some people were living with diabetes. However, there was not always guidance for staff about the signs to look for if people's condition was becoming unstable. There was no direction for staff on what action to take if people's blood sugar levels were too high or too low.
- On occasions a person's blood sugar had been higher than it should have been. Staff had not reported the high reading or sought advice.
- Some people were at high risk of skin damage and had special mattresses to prevent their skin from becoming sore and breaking down. A risk assessment stated that if a person went over a certain weight then the pressure in the mattress should be increased. A person's weight had increased but the mattress pressure had not been increased. There was a risk that the person's skin may breakdown. We raised this issue with the registered manager who took action to address this.
- Other people were at risk of choking due to swallowing difficulties because of a medical condition. Several people were under the care of the local speech and language team due to their difficulty swallowing.
- There was guidance in place in relation to choking and how this risk was reduced, for example have a soft or pureed diet and thickeners in drinks. There was no individual guidance for staff on actions to take should a person start to choke.

The registered persons had failed to do all that is practicably possible to mitigate risk. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Act 2014.

Using medicines safely

- Medicines had not always been managed safely. The registered manager had identified that there were shortfalls in the safety of administering people's medicines. New systems and checks had been put in place to reduce the risk of error. However, shortfalls were identified at the inspection.
- Medicines records had not always been completed accurately when medicines had been given. One person's record had been signed to indicate that they had had their evening medicine even though the medicine had not yet been given.
- Another person's medicine record appeared to have been signed for the following morning.
- Some people were prescribed medicines on an 'as and when' basis, such as pain relief and medicine for when people were upset or anxious. There was limited guidance in place for when these medicines needed

to be given to ensure they were given consistently and safely.

- In one person's care plan it was stated that they needed a 'gel' applied to lips and mouth to prevent them from becoming dry and sore. This was not recorded in their medicines record or daily notes. There was a risk that the 'gel' was not applied as their care plan stated. We observed that the person's lips looked very dry.
- The room where medicines were stored had a thermometer in place to check that medicines were stored at a temperature to ensure their effectiveness. Staff said that they looked at this every day but there was no record of this. There was a risk that fluctuations in the temperature would not be identified and the medicines may not be effective.

The registered persons had failed to manage medicines safely. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Act 2014.

Systems and processes to safeguard people from the risk of abuse

- People said and indicated they felt safe with the staff who care and supported them. People were relaxed and happy in the company of staff.
- Staff had received training and understood what to do to make sure people were protected from harm or abuse.
- Staff were aware how to recognise and report any concerns they may have. They were confident that the registered manager would deal with any concerns they may raise.
- The registered manager knew to report any concerns to the local safeguarding authority and take appropriate action to keep people safe.
- There were systems in place to make sure people's money was managed safely and people were protected from the risk of financial abuse. The registered manager and provider's representatives undertook regular audits to make sure people's finances were managed safely.

Staffing and recruitment

- Staff said that overall there were enough staff to give people the support and care they needed. They said they were able to support people without rushing them.
- People told us, and we observed that staff responded quickly when people needed support.
- Staffing levels were planned to make sure there were enough staff on duty to support people to do the activities they wanted to do in the community.
- Permanent staff covered holidays and sickness, when possible to make sure people were supported by people that knew them.
- When there was an identified shortfall in staffing levels the registered manager used agency staff, but this was to a kept to a minimum. When possible, the same agency staff were used, to provide continuity for people.
- Staff were recruited safely following the provider's policy. Checks were completed before staff started work to make sure they were of good character to work with people.

Preventing and controlling infection

- The service was clean and tidy and free from any unpleasant odours.
- There was a weekly and monthly schedule to ensure that all areas of the service were cleaned regularly.
- There were infection control systems to mitigate the risk of harm to people and prevent the risk of cross contamination.
- Staff had completed training in infection control. Staff had easy access to personal protective equipment for supporting people with their personal care.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify patterns and trends. They were reviewed by

the registered manager. They looked at how the accident or incident happened and ways of preventing re-occurrence happening.

- All records of accident and incidents were sent to the provider's main office. They were further discussed and analysed at the providers monthly meetings with all managers within the organisation, so lessons could be learnt.

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.

This is the first inspection for this newly registered service. This key question has been rated 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's physical, mental health and social needs had been assessed and care plans included guidance and information to provide direction for staff in line with current good practice guidance.
- Before people came to live at the service pre-admission assessments were completed and covered areas such as personal care, communication, personal history, and risks.
- If people were considering moving into the service they were given to opportunity to do this gradually. They could stay one night or longer to see if they thought Lady Dane Farmhouse was the right place for them.
- When appropriate, relatives and advocates had been involved in the assessment process which helped to support a person-centred approach to care planning.
- Assessments reflected people's lifestyle choices and preferences to ensure people were treated equally and protected from the risk of discrimination.
- People's protected characteristics under the Equalities Act (2010) such as religion, sexuality, cultural and spiritual needs had been recorded; these were respected by staff.
- Some people at Lady Dane Farmhouse lived there with family members: people's right to privacy was respected by staff.

Staff support: induction, training, skills and experience

- Staff told us they felt the training was "Thorough and good" and met the needs of the people they supported.
- Staff had been supported to develop their knowledge and skills and were confident in the care and support they gave to people.
- There was an ongoing programme of training that was monitored by the registered manager. If any shortfalls were identified in the staff training, then action was taken to make sure staff were up to date with the training they were required to undertake.
- Staff completed continuous refresher courses to keep their knowledge and skills up to date.
- New staff completed an induction that lasted for a period of six months. Staff said they were not rushed through the training programme.
- Initially staff worked alongside experienced members of staff until they had completed their basic training and had got to know people and how they liked to be cared for and supported.
- Staff told us they received regular supervision and an annual appraisal with the registered manager or a senior member of staff. Staff told us the registered manager was approachable and supportive.

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

- People's dietary needs and preferences were documented in their care plans.

- When people were at risk of poor nutrition and hydration, plans were in place to monitor their diet closely. Professionals, including dieticians and speech and language therapists (SALT) were involved when people needed specialist input with their diet.
- Food was provided at the right consistency and texture to meet people's assessed needs and reduce the risk of choking.
- People were supported to eat a healthy diet and nutritious diet.
- Menus were on display in the dining area in writing and in picture format. People could choose what they wanted to eat. If they did not like what was on the menu then alternatives were on offer.
- People were encouraged and supported to shop for the food they liked.
- People had access to a kitchen and were supported to prepare meals and snacks. One person told us they liked making pizzas.

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

- When people moved to or from the service they were supported consistently and, in a person-centred way.
- Staff were vigilant about changes in people's health and wellbeing and ensured concerns were referred to health professionals in a timely manner.
- People's support plans showed they had accessed services such as GP, district nurses, mental health services, dentists and speech and language therapists. Staff followed guidance from health care professionals to ensure people remained as healthy as possible.
- People's mental health had become more stable and were developing relationships and participating in daily activities.
- Appointments were clearly documented with any outcome or actions that needed to be completed. Staff sought medical advice when they noticed a change in people's needs.
- The registered manager and staff were aware about the importance of oral health for people. Staff supported people to ensure they had good oral hygiene.

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

- The service had enough space for people to spend time with others or to be on their own if they preferred.
- The service was homely and comfortable and there was an ongoing maintenance plan to make sure the building remained in good condition.
- Bedrooms were personalised and decorated to each person's individual choice.
- There was a separate building in the grounds used as an activity centre and sensory room and people had access to a safe garden. Some people used the garden independently and enjoyed the outside space.

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 had training in and a good understanding of the MCA and DoLS. They told us how any restrictions they put in for people, should be the least restrictive option.
- When people were unable to make certain decisions, meetings were held with relatives, professionals and staff to make sure decisions were made in people's best interest.
- The registered manager was able to explain clearly the reasons why a restriction had been placed on a person to make sure they and others remained safe.
- Whenever possible people had been supported to make decisions for themselves.
- When people were able to make their own decisions, these were respected.
- Staff had a good understanding of people's communication needs and supported people to make everyday decisions about the clothes they wore, what they ate and how they organised their day.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 and indicated they felt the staff were kind, caring and respectful. We observed good humoured exchanges between people and staff within the communal areas of the building.
- Staff said they enjoyed their role and were focused on ensuring people received the care and support they wanted in the way they preferred.
- One staff member told us, "I enjoy being able to make people smile. We all want the best for the people we support."
- Social and cultural needs were discussed with people and their family. This information was recorded in their care plans.
- People were supported to buy food and have meals from their country of origin. People were supported to practice their religious beliefs.
- People were encouraged to maintain relationships with their family and friends if they wanted to.
- The provider recognised the importance of promoting equality and diversity. A policy was in place to outline the provider's commitment to ensuring everybody was treated equally and without discrimination.

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

- People were encouraged to make day to day decisions about their care. One person told staff that they did not want to go shopping that morning. Staff respected their wishes. Alternative activities were offered to the person and they choose to do something different.
- Staff actively encourage and supported people to make decisions. They used pictures and laptops to help people with this.
- One person was planning a special birthday party and they had been supported to choose a theme and the songs for the party.

Respecting and promoting people's privacy, dignity and independence

- Staff expressed and showed genuine concerns for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- People's right to confidentiality was respected. Care and support records were kept securely with access only for authorised people.
- People were given choice and control in their day to day lives. Staff offered people opportunities to spend time as they chose and where they wanted.
- Staff demonstrated a good awareness of people's lifestyle choices and supported people to maintain

relationships that were important to them.

- People's care plans detailed how staff should protect people's dignity whilst providing care and support. For example, promoting dignity during personal care, supporting them to maintain their appearance, and supporting them to socialise and be part of the local community.
- Staff provided care and support with the emphasis on promoting people's independence and daily living skills. People were developing skills that helped them become more independent. They were socialising more and involved in the day to day activities within the service.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 and support was personalised and provided flexibility to enable them to gain the best outcomes possible. There was information about people's life histories, what was important to each person, and how they interacted with other people and environments.
- The registered persons had been very responsive to some people's individual needs. They had made arrangements within the service so that family members could remain living together and give each other the support they needed at different times in their lives.
- Care and support plans reflected people's choices, wishes, preferences, life aspirations and what was important to them.
- The provider had recently started to use an electronic system to improve and further develop the care planning system. Information was being transferred onto this system at the time of the inspection.
- This was proving to be a more reliable and effective system. It captured all information and guidance about people's needs to ensure they were cared for and supported in the way that they had chosen and suited them best.
- Care plans were regularly reviewed and involved people, their relatives and representatives.

Meeting 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.

- People could communicate with staff and make their needs known. Staff knew them very well and were able to understand what they needed and wanted.
- People communicated with staff in many different ways. They were not rushed when making their needs known or when just chatting. Staff spent time with people and were genuinely interested in what they had to say.
- When people had difficulty communicating information was available in pictorial formats. They also used mobile phones and electronic systems to communicate with others.
- Staff described how they supported people who used non-verbal communication, to make visual choices using objects of reference; interpreting the gestures and movements people made in response.
- Staff told us that some people's communication skills had improved. They were interested in what was going on around them and asking more questions.
- Staff told us there was on-going communication with all involved in people's care, which ensured people's

needs continued to be met.

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 and encouraged to live as normal a life as possible.
- Staff supported people to follow their interests, take part in activities that were appropriate to their needs.
- People had access to a range of activities both in the service and the wider community to prevent isolation. People were supported to live active and interesting lives.
- On the day of the inspection people were busy going out and about. People were smiling and happy. There was a lively and congenial atmosphere within the service.
- The provider employed activities co-ordinators to make sure the staffing resources were available to support people to do what they wanted, when they wanted.
- Three people had recently returned from a holiday in the Lake District which was a great success.
- People had the opportunity to attend local sessions to socialise with others living in different services.
- Some people had attended college course and gained qualifications.
- There were regular trips to places of interest in the local area. People had enjoyed a trip to local gardens.
- If people did not want to go out they had opportunities to do activities within the service. Some people had sessions in the on-site sensory room or preferred to do cooking or playing music or games.
- People told us and indicated that they enjoy the activities they had chosen.
- Family and friends who were important to people were involved in their lives. People were supported to maintain family bonds and friendships. People went to visit relatives and relatives were welcome at the service at any time.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure supported people and relatives to raise concerns and complaints. The information was available in a format that people could understand.
- Staff knew if people were unhappy or concerned. They were able to recognise the signs by people's behaviour or gestures. They said would find out what was wrong and take action to rectify any concerns.
- When one person had raised concerns about issues not directly related to the service the registered manager had taken action to address the concerns.

End of life care and support

- No-one was receiving end of life support at the time of our inspection.
- End of life care plans were in place and recorded some of people's views and wishes. These were on-going and where being further developed make sure all people's wishes were documented.
- The registered manager informed us that when required they would work with people, their relatives and other professionals to ensure the person experienced a comfortable, dignified death with their end of life wishes respected.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

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

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

- There were systems of daily, weekly and monthly quality assurance checks and audits.
- Checks and audits had been completed on the quality of the service. However, these had not been effective at identifying the shortfalls found at this inspection including identifying risks and the lack of guidance for staff to mitigate risk.
- Incidents and audits had identified that there were shortfalls in managing medicines safely. Extra checks had been put in place. However, during the inspection, we found there were still issues that needed to be addressed.

This is an area for improvement.

- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards authorisations and deaths.
- The registered manager had notified CQC about all important events that had occurred.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. This was the first inspection under the new provider. They were aware that they had to publicly display their rating when the final report was published.

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

- There was an open, positive and inclusive culture within the service which was demonstrated by the registered manager and the staff team.
- Staff promoted and empowered people to do as much as possible for themselves and provided high quality to support people to live fulling and active lives.
- There were open discussions with people, their relatives and staff to make sure people were receiving the care and support that they wanted.
- The aims and objectives of the organisation were discussed with staff when they were employed.
- People and staff were comfortable and relaxed with the registered manager. Staff said they could approach the registered manager at any time if they needed any help support or advice.

- Staff were very positive about the changes since the new registered manager had been at the service. They said the registered manager was approachable. Staff said, "You can talk to [registered manager] they listen to what you have to say" and "[The registered manager] asks what we, the staff think. They listen to our ideas and act on them."

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 understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness.
- Good relationships had been developed between the registered manager, staff, people and their family members.
- When anything went wrong it was reported to the appropriate out-side agencies and action was taken to prevent re-occurrence.
- Systems were in place which continuously assessed risks and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents.

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

- People were engaged with the service and asked their opinions. The registered manager operated an open-door policy when people, relatives and staff could give their opinions about the service and share their views at any time
- There were regular staff meetings. Meetings provided opportunities for staff to feedback their views and suggestions. Staff told us they were listened to.
- The provider's quality assurance system included asking people, relatives and staff about their experience of the service. The most recent surveys had been positive. One relative had commented, "People are treated with dignity and respect. The staff take time with [my relative]. They include them in the day to day things that are happening."
- The provider produced a quarterly newsletter for people, relatives, staff and the public so they could keep up to date about what was happening in the organisation.

Continuous learning and improving care; Working in partnership with others

- The registered manager was supported by registered managers from other services within the organisation.
- The registered manager was very keen to learn and continually improve the care and support people received. When they needed support or guidance they asked for it.
- The managers within the organisation meet on a weekly basis with the senior management team. They discussed what had gone well and what areas needed improving within their services. They learnt from each other to improve their services.
- Topics that may have an impact on the organisation had been discussed and contingency plans were being developed.
- Staff worked closely with a range of different professionals, authorities and charities.
- The registered manager kept up to date with changes in health and social care.
- The service worked with other agencies to provide people with joined up care.
- The service also shared their facilities like the sensory room with people from outside the organisation, so they could benefit from this experience.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons had failed to do all that is practicably possible to mitigate risk.</p> <p>Medicines were not always managed safely. There was a risk that people may not received their medicines as prescribed,</p> <p>Regulation 12 (2)(b) (g)</p>