

Mr & Mrs Y Jeetoo

# Beech Lodge - Thames Ditton

## Inspection report

95 Thorkhill Road  
Thames Ditton  
Surrey  
KT7 0UW

Tel: 02083985584

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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:

Beech Lodge is a registered care home in a detached property with people's rooms spread across two floors. The home supports adults with a variety of conditions such as learning disabilities, autistic spectrum disorders and mental health conditions. The home can accommodate up to nine people and there were nine people living at the home at the time of our inspection.

People's experience of using this service:

People were kept safe and supported by consistent staff who knew them and their needs well. Staff communicated effectively with each other about people's needs.

People were provided with a variety of opportunities to go on outings and take part in activities. This included in-house activities, day centres and group outings to encourage socialising and getting to know people.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were enough staff to meet people's needs and keep them safe. The provider's recruitment procedures helped ensure only suitable staff were employed. Staff had the induction, training and the support they needed to carry out their roles effectively. They understood their roles in keeping people safe from abuse and felt able to speak up to management and the local safeguarding team about any concerns they had.

Potential risks to people had been assessed and measures put in place to mitigate these. If accidents or incidents occurred, staff took action to reduce the risk of similar incidents happening again. Medicines were managed safely and staff maintained appropriate standards of hygiene and infection control. Staff supported people to maintain good health and worked effectively with professionals involved in their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were kind and treated people with dignity and respect whilst also promoting and supporting their independence. People and relatives gave positive feedback about staff and the relationships staff have developed with people using the service.

The management of the service was effective. Although the service did not have a registered manager at the time of our inspection, there was a manager in place who was in the process of registering with the Commission. The manager had been involved with the provider for 15 years so had a good knowledge and

understanding of the people that lived at Beech Lodge. The manager also knew staff well and had a positive attitude towards making improvements in people's 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 and update:

At the last inspection the service was rated Good. The report of this inspection was published on 31 January 2017.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection 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 caring?

Good ●

The service was caring.

Details are in our care 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.

# Beech Lodge - Thames Ditton

## **Detailed findings**

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors carried out the inspection.

Service and service type:

Beech Lodge 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 was in the process of registering a manager 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.

What we did before the inspection:

We used the information the manager sent us in the provider information return (PIR). 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.

We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events

which the provider is required to send us by law.

During the inspection:

We spoke with five people who lived at the service. We spoke with three staff members including the manager. We checked care records for three people, including their care plans and risk assessments. We looked at two staff files and records of team meetings and rotas. We also looked at medicine's management, accident and incident records, quality monitoring checks and audits.

After the inspection:

The manager sent us further information, including the home's business continuity plan, and staff and residents meeting minutes. We also spoke with three relatives on the telephone.

# 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 has remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management:

- Risks to people were identified, monitored and continuously reviewed to ensure people remained safe.
- Staff were aware and alert to the risks people may experience because of their health and care needs. Guidance informed staff how to reduce risk which they followed to keep people safe. For example, one person who lived with epilepsy had a detailed care plan and risk assessments in place which explained to staff how best to support them during the day and night and what staff need to do in the event of a seizure.
- People had personalised assessments which identified areas of risk such as going out, eating and drinking, managing their finances and taking their medicines safely. People with behaviours that challenge had Positive Behaviour Support Plans which identified triggers and behaviours which may follow and how staff should support them. For example, one person had a detailed section in their support plan which stated to offer reassurance and focus them on what they have planned for the day. A member of staff told us, "[Person] has challenging behaviour. If she starts to feel anxious then go through her routine with her and what she is doing through the day. Provide her with reassurance."
- The building was kept safe through checks on the environment and equipment. This included fire safety, temperature checks, legionella, gas and electrical testing.
- People had their own personalised emergency evacuation plans (PEEPS) that guided staff how to support each person in the event of an emergency. This included the person's awareness of fire procedures, methods of assistance and how to communicate with them during an emergency.
- At the time of inspection smoking risk assessments were not in place for people at the service who smoke. This was raised with the manager who immediately corrected this and completed risk assessments for residents for smoking. This included awareness for staff, risk of skin burns, the use of flammable skin creams and the manager gave assurances safe equipment such as smoking aprons would be made available when required. The risks had been reduced and managed due to staff's awareness and understanding of the people who smoked.

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

- People were kept safe from the risk of abuse, staff understood their role in protecting people from abuse. There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. A staff member said, "I know to look out for different types of abuse. It is about keeping people safe and free from harm." A relative told us, "[My relative] has had a history of bad experiences and this is the first time that they have felt at home and safe, I can see that they are so much calmer at Beech Lodge and it's really nice to see."

- Staff understood their responsibility to safeguard people. A staff member said, "I would go to [manager] and if he doesn't do anything then I would call the safeguarding number."
- Staff received the appropriate safeguarding training and continued to receive refresher training at least yearly.

#### Staffing and recruitment:

- There were enough staff to meet people's needs. The manager ensured staff deployment accounted for any medical appointments or activities to ensure people could attend them. Rotas and records of people's individual activities evidenced this. A staff member told us, "Two staff for service users is enough. People go to the day centre during the day and most of the times this leaves just two people here." Another staff member told us, "There is enough staff here and the manager will put on extra staff when there is a big activity or outing to do." A relative told us, "There are enough staff around and I can't ever fault the effort they all put in, they keep people happy and well supported. When a staff member leaves I always feel sad but then the next staff member that joins is always high quality which shows they are recruiting the right staff to work there."
- Staff were recruited safely. This meant people were supported by staff who were of good character and suitable to work with vulnerable people. Checks were completed on applicants before they were offered employment. These checks included checks with the Disclosure and Barring Service (DBS). The DBS inform potential employers of any previous convictions or cautions a person has that means they may not be safe to work with vulnerable people.
- Staff had a full employment history evidenced in their files. Any gaps identified were investigated by management during the interview process. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.

#### Using medicines safely:

- People received their medicines safely from staff who were trained and competent to do so. Staff only gave medicines when they had received training. They also had observations of their practice completed by a member of the management team to ensure they were competent.
- We observed staff giving people their medicines in a safe and person-centred way. Before staff gave medicines, they checked instructions from the GP and the person's Medicine Administration Record (MAR). Once staff had checked medicine had been taken, they signed the MAR. We checked these records and saw people were given their medicines as prescribed.
- Some people had 'as required' medicines, (PRN) such as painkillers. There were detailed PRN protocols which advised of maximum dosage, how the person demonstrated they needed the medicine and when to seek further medical advice. A daily check was conducted on PRN medicines to ensure people had received their medication safely and to keep stock on how much medication each person had.
- People's medicines were kept locked in a secure cabinet and were stored in a clear and organised way.

#### Preventing and controlling infection:

- Some areas of the service were not as clean and tidy as others. We raised this with the manager who agreed there were areas which needed attention and they acted on this immediately to ensure that the home was kept clean. In addition, the manager has, following inspecting given us assurances the cleaning of the home will form part of an ongoing review which will also include periodic deep cleans. We are confident that the manager and provider have taken the cleanliness of the home seriously and have acted in a timely way to remedy the cleanliness of the home.
- Staff had all received infection control training. They had access to personal protective equipment (PPE) such as gloves and aprons and we saw these being used as required throughout the inspection.
- Staff were responsible for the cleaning of the home. Where possible, people were encouraged to join in



with cleaning duties. For example, we observed one person being supported to do the hoovering in the home and their bedroom.

Learning lessons when things go wrong:

- The manager told us they have introduced a new process and trained all staff with regards to reporting and recording incidents and accidents. The manager said this will allow them and the provider to monitor incidents and accidents and spot any trends. A staff member told us, "We complete the accident book. [The manager] has told us we need to do this now. We now know we have to record everything." New incidents and accidents had been recorded correctly and action had been taken to try to reduce 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 good. At this inspection this key question has now 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:

- Before people moved in, assessments were completed with them, their relatives and professionals to determine support needs and preferences for care. We were not able to see a recent assessment as no one had recently moved into Beech Lodge. However, during the care tracking of people we saw evidence of assessments, family involvement and health professional input.
- People's needs, and choices were continually reviewed to ensure they were receiving the right care and support. There was evidence people's families were involved and consulted in reviews and were kept informed of any changes. A relative told us, "I have input into [my relatives] care. I speak to staff about all different aspects such as eating and drinking, washing, dressing and the events and activities they like to do. I feel my views are respected and listened to."

Staff support: induction, training, skills and experience:

- People told us staff were skilled to meet their needs. Comments included, "The staff know what they are doing", "I like the staff. I think they are good" and "They know all about me."
- Staff had received training in areas such as moving and handling, safeguarding, mental capacity, first aid and medicines and had the skills and knowledge to meet people's needs. The manager had a good overview of the training ; and staff were up to date with their training.
- Staff had received specific training in epilepsy, mental health and challenging behaviour to meet the needs of people they supported. A staff member said, "We have training in epilepsy and this has been very helpful when supporting [person] as they have seizures and I feel confident in supporting them and knowing how they want to be supported during and after a seizure." Another staff member told us, "I had e-learning and did my medicine training during my induction. It was good. I also did some shadowing. I had enough support. The team were really good."
- Staff received regular supervision. This time allowed for them to discuss any concerns they had, opportunities for progression and ways to improve. One staff member said, "I have supervisions with [manager]. They are very useful, we can talk about things you are good at and your weaknesses."
- Staff had support and the opportunity to progress within the service. A staff member told us, "I feel confident in working here and there is a progress route to take to higher levels within the home."

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

- People's nutritional and hydration needs were met. Staff explained people were able to choose from a menu what they wanted and the menu included pictures of the choices. People had the freedom to ask for

something else if they did not want what was on the menu.

- People had an active say in changing the food choices. During monthly resident meetings the food menu was a topic for discussion. People voiced their opinion on any changes they would like to see to the menu and if they would like any choices replaced. We saw from residents' meetings people's requests to change the menu had been actioned by staff. This meant people had a fresh input into what they liked to eat and were provided with the choices they had made.
- People were involved in the preparation of food. We observed people collecting plates for their lunch and choosing where they would like to sit to eat. Staff also encouraged people to be part of the process when making lunch. One person told us, "The food is beautiful, I can get a sandwich."
- We observed people were offered and given drinks throughout the day. Staff made sure people were encouraged to make their own drinks or supported to do so.

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

- Relatives told us they were happy with the way people are supported to access healthcare services. A relative told us, "I have been to a few appointments, but I know [my relative] is well supported should they need to visit the GP for anything and I am updated with any advice the GP has given."
- We saw in people's records they had support from various health and social care professionals to improve their wellbeing. This included GPs, physiotherapists, occupational therapists, podiatrists, neurologists and hospital appointments.
- People had a hospital passport in place. This document could be taken to hospital with a person to inform staff of their health and care needs.

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

- The building was an older style house which had been adapted to ensure it met the needs of people who lived there. Bedrooms were on two floors and as there was no lift, people who lived on the first floor were mobile and therefore had suitable access to their bedrooms.
- There was a garden which was accessible and used by people. We observed people making use of the outside space by sitting in the garden. One person told us, "It's nice out here."
- People's rooms were personalised and filled with items important to them. People had been able to decorate and personalise their own rooms by adding items such as photographs of their family. One person was keen to show us their room and told us, "It's nice, I like it."
- People's rooms contained furniture which was in need of repair or required replacing. When we spoke to the manager about this they provided us with a list of items they had already requested to be replaced. The list included individual items for people's rooms such as new wardrobes, chest of drawers, chairs and cabinets.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on

such authorisations were being met.

- People's care was provided in line with the MCA. Staff supported people in the least restrictive way possible and any restrictions involved in people's care had been legally authorised.
- Staff received training on the MCA and understood how this applied in their work. Staff told us they always sought people's consent before providing their support and our observations confirmed this. A member of staff told us, "It's important for people to make decisions on what they want, so they can decide for themselves. People here can communicate what they want and their wishes."
- People's capacity was assessed around specific decisions and best interest discussions were in place with regards to people's needs and on-going care. For example, one person had a capacity assessment with regards to them leaving the property due to them lacking capacity around making decisions on road safety. A best interest decision had been made that staff would supervise this person when leaving the property and this was included within the DoLS application for this person.
- Where it was deemed a person lacked capacity the required DoLS applications had been submitted to the local authority and these were monitored by the manager.

# 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 has now 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:

- People told us they liked living at Beech Lodge and staff were kind and caring. One person told us, "Staff are nice." Another person told us, "I like it here." Positive relationships had been built between staff and people. We asked one person if they liked staff and they smiled and nodded.
- Relatives told us they thought the staff were kind and caring. A relative said, "Staff have always been very kind and caring towards [my relative]. In my view they go above and beyond for people at the home." Another relative said, "I have never had any concerns for [my relative] whilst they have lived at Beech Lodge. The staff have always been helpful, polite and friendly." Another relative said, "Staff are extremely calm and compassionate, they have a wonderful disposition."
- A relative told us about their experience at Christmas. The relative said the manager and staff had bought personal gifts for people who didn't have visitors at Christmas, such as a book which reflected a person's interests. The relative added, "It was nice to see people getting personal gifts and not just the same gift for everyone."
- People appeared happy to see staff. Staff knew people well and talked to them about their interests and preferences. One person was talking to staff about their holiday and the staff member was asking questions and was genuinely interested in what the person was saying.
- Staff told us they enjoyed working at Beech Lodge and were committed to their role and the people they supported. One staff member said, "I know you shouldn't get attached but I do. They are all very nice." Another member of staff said, "This is my first job in care here. I love it. Knowing the service users and what is close to them has changed me as a person."

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

- People had regular review meetings which involved families. People had their care needs updated by having regular reviews and where possible family members were included in this process. A relative told us, "I attend for the six-monthly review and I have found that they have been open and responsive to my views and opinions, listening to what I have to say."
- People were supported by staff who knew their interests, thoughts and hopes well. We observed a staff member chatting to a person about how their day was going and what they would like to do. The staff member asked the person if there was anything they could help them with or was on their mind. People appeared happy to be talking to staff.
- People had a variety of ways to support them to express their preferences. For some people, family

assisted them with certain choices. In addition, the manager knew they could approach the local advocacy resources for people who may not have any family support. Advocates are people who are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was promoted at all times by staff. Staff displayed a good understanding of how to maintain privacy and dignity for people. A staff member told us, "You treat people with dignity by the way you talk to them for example, with personal care you close the door to ensure that people don't come in." We observed when personal care was delivered it was behind closed doors.
- We observed people's independence being promoted throughout the inspection. People were supported to get their own drinks and lunch with staff supporting when required. People were encouraged to be independent with parts of personal care with staff assisting in other parts. A relative told us, "Staff are always very supportive when it comes to [my relative's] care. [My relative] will tell you what they would like to do and staff have always been very good to make sure this happens."
- People were encouraged to be as independent as possible by staff. People were encouraged to have dreams and aspirations to maintain independence, which their key workers worked with them to achieve. For example, one person has a personal goal to live in their own flat. Staff are supporting them to learn new skills such as cooking so the person could develop the level of independence they would like to achieve. A staff member told us, "Being independent is important for people to achieve their goals and dreams and it's important we support and promote them."

# 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 has now 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:

- People had their care needs assessed and care plans were developed to guide staff in how to support them. The care plans had been written in a sensitive and individual way which evidenced people and their families or advocate were involved. For example, staff had noted one person when anxious responded well to staff going through their day, and this was reflected in their care plan. Another care plan identified one person was at risk of social isolation so the care plan guided staff in how to manage this and encourage the person to participate in activities whilst still giving the person choice.
- Staff worked with people to achieve goals and good outcomes. One person had been paying to attend a day centre. Staff reviewed their needs and found a local mental health drop in centre which was better equipped to the person's needs. Staff told us the result of this was the person was developing and loved going to the drop- in centre as well as saving money.

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 had input into the planning of activities and a choice over which activity they would like to do. We saw people had been on shopping trips, visited local towns, an Anglican church, and cafés for lunches. People had also planned and been on holidays, most recently to the Isle of Wight, Brighton and Hastings. These were activities people had asked to do in their meetings. Staff kept a photo album with pictures of people and the activities they had done so people could share their experiences with family, friends and visitors. A relative told us, "[My relative] enjoys the trips that staff take them on, it's good that [my relative] is able to get out and about and visit places, I know how much they like going on holiday, it's always nice to see what they have been doing."
- People also visited the local day centre. Staff said people could visit the day centre whenever they wanted to. On the day of our inspection, three people had visited the day centre.
- Staff had thought about ways to encourage people to access the community, when this had previously been a challenge. Staff told us for one person who did not previously want to go out into the community had spoken with staff and the manager to identify what their fears were. Once staff were able to reassure the person they started to go out and do small tasks such as shopping. The manager told us they are looking at long term plans to ensure this support is maintained so people can continue to access the community.
- People were encouraged by staff who cared about making sure people were not isolated. Staff told us how they supported one person who stayed in their room to come down into communal areas and socialise with other people. Staff said this had improved the person's confidence and overall happiness as they were now

engaging with other people and they had a smile on their face.

- People were supported to maintain contact with family and friends. Staff told us about four people who had families come to visit Beech Lodge. In addition to this people were also supported to visit the family home. Another person was supported to visit a friend who was important to them.
- Staff had a good understanding of equality and diversity. They treated each person on an individual basis and understood what made them unique. We saw people's cultural and religious beliefs had been considered and planned for and people's sexuality had been explored and reflected within their care plan. For example, one person was supported to attend a Kingdom Hall. Another person showed an interest in visiting a Hare Krishna temple and was supported to do this.

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.

- Care plans contained guidance for staff about how to meet people's communication needs. Care plans detailed how each person liked to communicate. For example, one person's care plan stated, 'I am able to communicate and sustain a short conversation'. People had access to a pictorial format of choices which made communication clearer and simpler.
- The service provided people with accessible information. This was in the form of easy read documents.

Improving care quality in response to complaints or concerns:

- People and relatives said they knew they could complain should they need too. One person said, "I would talk to the staff if I was fed up. I would talk to [staff member]. I like her." A relative told us, "I have not needed to complain about anything and I am certain that if I needed to then the manager would take it seriously." Another person's relative said, "I have spoken to staff about a couple of small things but have not had any reason to complain as everything was always sorted out."
- There was a formal complaints process in place. There had been one complaint in the last year. This was in relation to a tumble dryer not working. The manager had responded to the complaint and resolved the matter.

End of life care and support:

- At the time of this inspection no one living at Beech Lodge was receiving end of life care. However, all care plans did have a section which referred to end of life planning and looked at death, bereavement and burial wishes. People had their wishes considered with regards to end of life planning and people had been asked what they would like.



# 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 has now 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.

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

- The service was led by an experienced management team who staff described as supportive and very approachable. Staff were clear about their responsibilities and the leadership structure. The manager had recently taken over the management of the home. The manager was currently also the manager for two other services under the provider. The manager told us, "I have known the people here for over 15 years."
- The manager conducted a variety of in-house audits to monitor the service and experiences of people. These audit checks included infection control, fire safety, health and safety, accidents, incidents and complaints. The manager was aware of areas that needed improvement. As they had recently become the manager they were in the process of implementing changes to areas they had identified and we had found on the inspection, such as infection control and risk assessments. The manager stated they would continue to monitor and work on the identified actions.
- The service also sought an external consultant who supported the manager by conducting regular audits. The audits carried out looked at health and safety, finances, care plans and medicines. During these audit checks, recommendations were made which the manager had actioned. For example, a recommendation stated changes needed to be made to a person's care file which had been actioned by staff. The actions were reviewed during the next audit check.
- The management team demonstrated a good understanding of their regulatory responsibilities and kept their knowledge of legislation and best practice up to date. For example, the latest CQC inspection rating was available on the provider's website. This is a legal requirement to inform the public about our inspection findings and ratings awarded.
- The manager understood their responsibilities, including duty of candour and the requirement to submit statutory notifications when required.

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

- People were complimentary of the manager. Some of the comments received were, "I like him", "Good", "Very nice" and "He is very kind and looks after me."
- Relatives told us the manager was friendly and approachable. One relative told us, "[The manager] is friendly and always willing to listen if I need to talk, his staff are incredible and this must be a reflection on

the way they are led, nothing has ever been too much trouble for them. "Another relative said, "I have not had many dealings with the manager yet but in the small time I have I can see a difference already."

- Staff told us they felt supported in their roles and felt listened to by the manager. One staff member told us, "The bosses respect you. You can always get hold of [the manager] on the phone if he isn't here." Another staff member said, "I feel [the manager] is the best at the moment and he knows what he is doing, he listens to me and he is easy to get in touch with. He has a very friendly and approachable manner and will come whenever I have needed him."

- Staff had regular team meetings. The minutes of these meetings showed the manager and staff had discussed people's choices, medicines safety, people's support plans, activities, health and safety, complaints and Incidents. An outcome from the meetings was staff were made aware of their duties when reporting incidents and accidents to ensure they are correctly reported. A staff member told us, "We have meetings. They are useful to discuss everything that is going on and things happening. They ask us about what we suggest to change and they listen to us."

- Staff told us there was an open and honest culture promoted. One staff member said, "We work well as a team, it's like a small family. We always share with each other and this makes sure everyone's needs are met."

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

- The manager was aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. There were easy read feedback forms for people to complete.

- Feedback from people using the service, relatives, professionals and staff was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. Responses from people showed they were happy with the care and support they received. We viewed the most recent surveys received and the feedback was positive. Comments included, "Happy with care," and "Very Happy."

Continuous learning and improving care; Working in partnership with others:

- The manager had a clear vision as to how they wanted to take the service forward to empower the people who lived there. The manager said to us they would like to recruit a deputy manager who would be able to oversee the daily running of the home to support all staff in enabling people to achieve good outcomes. The manager told us, "I want people to be empowered and to be able to access the wider community as and when they want too."

- The manager told us when they took over people did not want to engage in going out or have any motivation to get involved in activities. The manager spoke about two people who had changed since he had been in the manager post. One person who previously did not want to go out or be involved but after the manager had sat with them for some one-to-one sessions the person gained confidence and started to venture out into the community.

- The manager was committed to developing people going forward. The manager said, "I want to make sure service users are safe, happy and involved in the community as much as possible."

- The manager attended a conference with managers from other services to learn and share ideas. The manager also sought support from the consultant who conducted audit checks for the service who had a good in-depth knowledge of the service and the people who used it.