

Glenholme Specialist Healthcare (Southern Region) Ltd

New Generation Care Limited - 13 Manor Crescent

Inspection report

13 Manor Crescent
Byfleet
Surrey
KT14 7EN

Tel: 01932343799

Website: www.glenholme.org.uk/where/manor-crescent

Date of inspection visit:
05 October 2021

Date of publication:
09 November 2021

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

13 Manor Crescent provides accommodation and personal care for up to four people with learning disabilities who may also have a physical disability. The accommodation is on one level and consists of four bedrooms with ensuite bathrooms. There were three people living in the home at the time of our inspection.

There is a care home for people with learning disabilities next door which is owned by the same provider. The registered manager of 13 Manor Crescent was responsible for both locations and all members of staff work between both houses.

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

Risks to people were identified and recorded and staff knew how to respond to these risks in order to keep people safe. There were enough staff to meet people's needs and staff were recruited safely. Since the last inspection, the provider had introduced an additional member of staff on the daytime and night shifts. People received the medicines they required. The service was clean, tidy and well-presented and staff were seen following good infection control practices.

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. Staff were seen to continuously encourage people to share their views and support them to make individual choices and the provider completed decision specific mental capacity assessments for each person since the last inspection. The internal and external environments were much improved, people's rooms were personalised and the home had been redecorated.

The provider ensured that people had access to timely healthcare. There was increased involvement from health and social care professionals since the time of the last inspection and they spoke positively about the support people received. People had access to sufficient and varied food and their nutritional and hydrational needs were met and monitored. Staff had the skills and knowledge to meet people's needs and preferences. They received training, regular supervision and attended team meetings to support them in their roles.

We observed a kind and caring culture at 13 Manor Crescent. Relatives said staff maintained regular contact and updated them on how their family member was. We observed throughout our inspection that people enjoyed spending time with staff and were confident to be in their company.

People's care plans had been reviewed since the last inspection. They were person centred and gave staff the information they needed to support people. We saw people were supported with their communication needs and there was a focus on facilitating people's preferred activities in accordance with their care plans.

Robust good governance arrangements were introduced since the last inspection. Systems were in place to

monitor the service and management acted to address to any identified shortfalls. The registered manager looked for ways to improve the quality of service people received.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

- 13 Manor Crescent is a small care home which can accommodate four people. The building is similar to other houses in the area and has no external identifying features. There were three people living there at the time of inspection. Staff were observed to enable people to make day to day choices, including around food and activities. The care home is located within walking distance of local shops and amenities. Whilst people are not able to travel independently, staff supported them to access the community and there were sufficient car drivers to enable longer trips. The provider engaged with local commissioning partnerships as well as healthcare agencies in order to strive for continuous improvement.

Right care:

- People received personalised support and were enabled and supported by staff to be as independent as possible. Care records were person centred and staff could tell us about an individual's specific care needs and preferences. There were personalised positive behaviour support plans in place. People were supported to access specialist health and social care support in the community. We saw that people's dignity was respected and any personal care required was done discreetly and the person's dignity was not compromised. Staff enabled people to make choices about how they wished to be supported in any given activity. People had been supported to personalise their own rooms and communal areas.

Right culture:

- The service had a positive staff culture that was person-centred and inclusive. Leadership and staff showed commitment to those whom they supported. They spoke with passion about their role, central to which was to empower those whom they supported to live their best life possible. Staff told us how the needs and views of those whom they supported must be respected at all times. We observed that people moved around their home with confidence and placed trust in the staff team to support them safely and in the least restrictive way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 November 2020), when we carried out a focused inspection in the safe and well-led domains. There were other breaches of regulation found during our fully comprehensive inspection (published 25 March 2020). The provider completed an action plan after that inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for New Generation Care Limited - 13 Manor Crescent on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

New Generation Care Limited - 13 Manor Crescent

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

Two inspectors carried out the inspection.

Service and service type

13 Manor Crescent 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.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We spoke with two family members as part of our direct monitoring approach. 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.

During the inspection

People were unable to tell us about their experience. We spent time observing the support they received and their interactions with staff in different parts of the house. We spoke with five members of staff including the deputy manager, regional operations manager and care workers.

We reviewed a range of records. This included three people's care records and their medication records. We reviewed a variety of records relating to the management of the service, including policies and procedures and recruitment processes.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and staff documentation in relation to safe recruitment and supervision.

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; Learning lessons when things go wrong

- Risks to people were recorded and guidance was in place for staff on how to protect the person from harm. They included information and guidance about self-injurious behaviours and choking risks and were regularly reviewed.
- A family member told us staff understood risks associated with their relative's condition and said, "They deal with issues quickly, I cannot fault them for that."
- Where incidents occurred to people, staff took appropriate actions in accordance with guidance in the person's risk assessment. One staff member described action they took in relation to a recent occurrence and said, "I know what is in [service user's] assessment so just followed that."
- Another staff member told us that learning was shared during staff meetings and said, "Fridge temperatures were not being recorded regularly and the manager explained why this could cause a problem. We all record them now."
- Refresher fire training for all staff was booked to take place in the weeks following this inspection. Each person had a personal emergency evacuation plan specific to their support needs in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from harm as staff had a good understanding of what may constitute abuse and what to do in response to it.
- A family member told us, "There have been issues which I wish didn't happen but I don't worry about [relative] anymore, definitely not because they have put in things to keep them safe."
- A staff member told us, "We have a duty to keep people safe and must be aware of changes in people's behaviours as this could be a sign [of abuse]."
- Incidents of potential abuse had been reported to CQC in line with requirements of registration. There was also an internal whistleblowing procedure which staff could follow should they have other concerns.

Staffing and recruitment

- People were cared for by a sufficient number of staff and we observed that staff had enough time to support people with their physical care and emotional support needs.
- The provider continued to actively recruit permanent members of staff. The deputy manager told us agency staff were used and there was an agreement with the supplying agency that the same staff would be provided to ensure consistency for people.
- A family member told us, "There definitely seems to be enough staff whenever I visit." They also said, "It would be good to have more permanent staff; agency staff have to learn [relative's] ways and get to understand them quickly."

- People were funded for one to one staffing hours during the day and we observed people receiving this level of staffing. A member of staff told us, "The quality of the 1:1 support has improved without question."
- An additional member of staff was added to the rota to cover cleaning and cooking tasks which enabled the one to one worker to focus on the person they supported. A staff member told us, "The fourth member of staff on shift means we can do simple things like going into the kitchen to make the person a cup of tea, have a chat with them. It also means we are able to take people out."
- The provider operated safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely

- People received the medicines they required. People had a medicine administration record (MAR). We reviewed the MARs and found these had been completed correctly, with no gaps in the recording.
- Regular medicines audits were completed. These helped check that medicines were dispensed as prescribed. We confirmed that all staff had recently had their competency to administer medication assessed.
- Each person had a medication profile which stated their particular preference for taking their medicine. For example, one person liked to take a particular medicine with yoghurt.
- A member of staff described how when they made a recent medicines error, the registered manager reassessed their medicines administration competency before they were permitted to administer any further medicines.

Preventing and controlling infection

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

At our last comprehensive inspection, the provider had failed to plan care and treatment around people's needs. This included lack of detailed pre-admission assessments, lack of support for people to access healthcare services and the provision of accommodation that was not always suitable for the purpose for which it was being used. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People's care needs had been re-assessed since the last inspection. Each person's record clearly outlined their support needs and included a one-page profile, 'what people like about me.' They also had a Positive Behavioural Support plan in place which a member of staff told us, "This plan is really important, it contains information which is vital to understanding how best to manage their behaviours." There were no new admissions to the service since the last inspection.
- People had access to healthcare professionals when required and staff worked with external agencies to help ensure the most appropriate care and treatment was provided to people. Appointments were recorded and included attendance at a neurology clinic and wheelchair service. There was also evidence of engagement with allied healthcare professionals including occupational and speech therapists.
- A family member told us, "I am generally confident that [relative's] health is well looked after. They have a good relationship with GP surgery which is really good, because [relative] is a bit complex." We saw a follow-up letter from a consultant who wrote, 'according to their most helpful carer,' which went on to describe the depth of understanding demonstrated by the supporting staff member of the service user.
- A healthcare professional told us "Staff are co-operative, well informed and engage well with me. They email me with any issues at other times during the week."
- A staff member told us, "We are so familiar with healthcare professionals now, I think we are very quick to get help and support from a whole range of them."
- People's rooms were personalised and redecorated. The environment was designed to keep people safe and parts of it had been refurbished since the last inspection. There were protective screens around the television and kitchen work top and kitchen units were replaced.

- The décor and furniture had been updated and there was a more homely feel to the environment. There was a large garden which had an in-ground trampoline so that people could access it easily. There was a dedicated sensory room which we observed was frequently used.

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

At our last comprehensive inspection, the provider had failed to meet requirements of MCA and consent to care and treatment were not followed. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Since the last inspection, the registered manager undertook decision specific capacity assessments and best interests decisions and there was evidence that people's liberty was not being restricted. Staff had undergone Mental Capacity Act training and one member of staff told us, "I get how important this is for people's rights."
- There was evidence that decision specific assessments were made to determine whether people lacked the capacity to make these decisions for themselves. This included living at the service, one to one support by staff, use of CCTV and restricted exit via the front door.
- A staff member told us they always checked with the person before engaging in any activity. One told us, "Some can say no very clearly if they are unhappy to do something. With others, I pay attention to their body language to ensure I had their consent, this can be very obvious."

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

At our last comprehensive inspection, we found people were not always supported with their nutrition and hydration needs. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 14.

- Since the last inspection people were weighed regularly and the provider ensured there was a sufficient supply of nutritious food freely available. This helped to ensure that they remained at a steady and healthy weight. A family member said, "I have seen [relative] offered choices of food and drink and plenty of it too, this is a big improvement from how it used to be."
- People's support plans contained information on their likes and dislikes in relation to food and we

observed a staff member prepare each person's lunch in line with their preferences and follow guidance from speech and language therapists.

- A staff member told us, "Nutrition has improved so much [since the last inspection]. There is quality, availability and freedom of choice for people now."
- We were told that there was a weekly meal planning meeting and people were supported to make food choices through the use of pictures of sample menus.
- People had individual snack baskets which contained snacks according to their likes. We saw these baskets were accessed regularly throughout the day.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider undertook effective competency assessments to assure themselves that staff were providing the most appropriate care to people. The provider had made improvements.

- The provider introduced a robust training and assessment programme following the last inspection. The registered manager and the deputy manager frequently worked alongside other staff. The deputy manager said, "In this way, we can immediately identify practice that could be improved upon and give on the spot guidance."
- We found staff were knowledgeable and had skills to carry out their roles and responsibilities. Staff told us they felt supported and received the training they required for the role. Staff training records confirmed this. A family member told us, "I think that in general, they have the right training to understand [relative] well."
- A staff member said, "I have done training around epilepsy; relevant types of activities and meeting people's dietary needs." Another said, "The personal behaviour support training is invaluable and gives me so much confidence to do my job."
- Staff had the opportunity to meet with their line manager regularly to discuss their role, any concerns and professional progression. A staff member said, "I have a one to one meeting every three months with the deputy manager. This covers lots of areas of my role, as well as any training and development needs or requests I have."
- Permanent staff completed a 12-week induction period which was signed off by the registered manager or deputy once they completed two weeks of working alongside an experienced member of staff. Agency staff were inducted on site where they were required to read support plans and care records before working alongside permanent members of staff to support people.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last comprehensive inspection, we found people were not always treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

- People were supported by staff who knew their needs and cared for them in a respectful way. Staff told us they believed that the changes introduced since the last inspection helped them to do this. One member of staff said, "We get regular supervision and the extra staff on duty means that we can take the time to be more thoughtful when supporting the men."
- The interactions we observed were positive, with staff and people engaging well with each other. Staff initiated conversations with people and were attentive to their needs. A family member told us, "I always get a good response when I ring or visit. I feel very welcomed and that staff are open and honest with me."
- We saw how staff ensured they did not discuss anything of a personal nature in front of other people. They knocked and requested entry before entering people's rooms. They encouraged people to dress appropriately in communal areas and supported them back to their rooms to assist them with this.
- People were supported with their independence. We saw a record where a staff member described how they supported a person to make a cup of tea, which was a significant development. They told us, "I firmly believe in encouraging independence all the time; no matter how small the activity might seem, it's still an achievement."

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

- People's communication needs were documented in their care records, which supported staff to understand and communicate effectively with each individual person. A family member told us, "Relative cannot say what they want and I know that staff always make sure that I am involved with helping [relative] when it comes to a big decision."
- We saw that staff worked flexibly, responding to the person's wishes 'in the moment'. A member of staff said, "I find this is very rewarding when I know I am getting the communication right and helping [service user] make a decision about something they really wants to do, eat or drink."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

At our last comprehensive inspection, the provider failed to plan care and treatment around people's needs. Care plans lacked detailed information around people's support needs and people were not always enabled to engage in activities of their choice. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People's support plans were reviewed since the last inspection and clearly evidenced their care and support needs. For example, one plan gave a clear description of how to enable a person to mobilise safely without restricting their freedom of movement. Another highlighted certain sounds that a person found distressing and outlined the behaviours likely to follow.
- Care plans now contained people's social history which family members were asked to contribute to and which contained personalised information. A member of staff said, "It is so useful to have this background of who [service user] is and how they were before coming into residential care. I think it helps me to connect more with them." Another member of staff told us, "Care plans are so relevant now. It is spelled out how to best support and respond to people."
- A family member told us there was frequent communication with staff about their relative and, "I know that I can pop in whenever I want to; they've got a good knowledge of [relative]."
- A healthcare professional told us, "The staff I have been dealing with appear to understand the needs of the patients and present them well."
- A member of staff told us, "The staff team is more accomplished now and we have a better understanding of our caring responsibilities. There is much clearer guidance in support plans to guide us." They also said they maintained regular contact with family members.
- Another said, "Residents have two key workers each and they do a monthly report. These reports will be presented to managers to help increase key workers confidence and ensure quality control."
- People's preferred activities were recorded in their care plans and we saw that activities were discussed and planned at staff meetings. One person went out with a staff member to a local day centre during our inspection and another went out to the local shops.
- A staff member said, "We all pulled together to engage everyone as much as possible during the real COVID times. Things are opening up much more now and we are able to take people out in the community

more regularly. This is helped by having more car drivers on shift too."

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.

At our last inspection we recommended the provider ensured people were supported to use their communication device. The provider had made improvements.

- Information was made available in a way that would be understood by people. We observed pictorial information, guidance and communication cards were available for staff to use when engaging with people.
- We observed that staff members understood how to communicate with people and their particular sensory stimuli. We saw they responded to a potential escalation in behaviours in accordance with the person's communication guidelines.
- People's rooms contained sensory items specific to their particular preferences. For example, one person had a board fitted with switches, bells and locks which we saw them engaging with during this inspection and it was a way for staff to be alongside the person and encourage communication.

Improving care quality in response to complaints or concerns

- The provider's complaints policy was in picture and written format.
- There were no complaints received since the last inspection. A family member said they had not needed to make a complaint, "Because [registered manager] and [keyworkers] keep in touch with me and explain when something has happened."

End of life care and support

- At the time of our inspection no one using the service required end of life support. The provider had an end of life care planning policy and procedure in place. The registered manager told us during a recent monitoring call that 'People's end of life care plans need to be developed; this is an on-going action for me. Families find this a difficult topic since their family members are young people.'

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A new registered manager had been recruited to the service since the last inspection. They had been instrumental in making improvements to the service. Whilst the registered manager was unavailable at the time of this inspection, we observed that people at the service, as well as staff engaged with the deputy manager and other members of the management team.
- Audits were completed for a range of checks to ensure the service was safe and met regulatory requirements. Where areas were highlighted, action was taken to resolve this. For example, it was identified that face to face fire training was delayed due to COVID-19 restrictions, and this was booked to take place soon after this inspection.
- Staff were clear about their roles and understood what the provider expected from them. One told us, "Team meetings are a good place where we can discuss what our roles and what the expectations of us are. We discuss topics and set actions which are then reviewed the next meeting."
- We observed a very positive and relaxed culture throughout the home during the inspection day. There was music and laughter and it was clear that those who lived at the service were the focus of staff's attentions.
- Staff told us they worked well as a team and supported each other. One said, "We now have good permanent staff and so much else flows from this, including the best care we can give to people."
- Another said, "[Registered manager] is a nurturing and hands on manager, they are a proper leader. I just feel that the manager and deputy run things very well"

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

- Relatives told us staff were very efficient at communicating and consulting with them around people's care or changing needs.
- A family member told us, "The manager communicates well with me, they are feeling their feet and settling in well. They are very open to speaking with me about things."
- We saw regular contact was maintained with family members and newsletters were sent every three months. These included photographs of all the activities people had been involved in.
- Staff told us they felt valued, one said, "I really do feel valued, I get nice feedback as well."
- Staff had the opportunity to get together through monthly staff meetings to discuss aspects of the service.

We saw from minutes that policies, training, shift planning, rotas, handovers and people were discussed. Actions from the previous meeting were discussed and updated accordingly. Suggestions were made which were put into action, for example, a trip to London, which subsequently took place.

- The provider understood their legal responsibility to be open and transparent with people. There was one Duty of Candour incident reported since the last inspection. We saw that the facts of the incident were shared with a family member with an explanation of measures adapted to minimise the risk of a recurrence.

Continuous learning and improving care; Working in partnership with others

- The management team demonstrated an open and positive approach to learning, development and feedback. One member of the team said, "We have on-going conversations with key workers and ask what they need and what more or better can we do [for people and their family members]."

- We saw that improvement actions were taken following an analysis of incidents. For example, the layout of the lounge and kitchen was improved to enable more free flowing movement thus reducing potential negative interactions between people.

- We saw examples of working with other agencies including local authorities and a wide range of healthcare professionals. A member of staff from the local authority told us, "The registered manager and deputy manager have been very proactive in contacting me for advice."

- The registered manager said during a recent monitoring call, "Partnership working was especially significant when enabling people to have the COVID-19 vaccine. This was planned in advance with the local GP practice who agreed to send vaccinators out to the location in order to minimise distress to people."