

Adelaide Care Limited

Fiveways

Inspection report

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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

Fiveways is a small care home for five adults with learning disabilities sited in a residential area of the town. At the time of this inspection the service was full.

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

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

We observed that people were calm, happy and relaxed during our inspection. Those who could told us about the things they liked to do when at home in the service and when out in the community. We saw that people with more limited verbal communication were able to make their needs and wishes understood by staff who understood their preferred means of communication. People received information in formats they could understand. They showed themselves to be comfortable around staff, approaching them to make requests for support.

We observed and heard staff speaking respectfully and kindly to people. Staff showed they understood people's needs. New staff told us how they had spent time reading peoples plans when they first commenced work to help them understand peoples support needs Staff said they were kept informed about any changes to these at shift handovers and staff meetings, so they could continue to provide the care people needed.

Relatives and health and social care professionals spoke positively about how people were treated and cared for by staff. They told us that they were asked to contribute feedback about service quality which was analysed and published.

People ate well and enjoyed their meals. Easy read menus with pictorial prompts were developed to help them make meal choices. Any special dietary requirements were taken account of in meal planning.

Easier to read version of the complaints and safeguarding procedures were provided. People were asked by staff about any concerns they might have at resident meetings and when they spent one to one time with staff. Relatives told us they had not had cause to make a complaint and thought that any minor concerns they had raised had been dealt with immediately and resolved.

People had received support from staff and relatives to make known their preferences in how they would wish their last wishes to be carried out. These had been recorded and added to the support plan to ensure people received the care they wanted when they approached the end of their life.

Staff received an appropriate induction to the service, so they had the basic care skills and knowledge to support people safely. Training updates were provided to all staff at regular intervals. Staff had learned about abuse and how to respond to any suspicions they may have by raising and escalating alerts, they showed commitment to protecting people and keeping them safe.

There were enough staff available to support people's individual needs safely and provide the appropriate level of support to them when at home and out in the community. People's consent was sought daily and where people lacked capacity appropriate authorisations had been applied for and obtained. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Staff showed respect for people's privacy dignity and confidentiality and were alert to people's wellbeing. They supported them to access health appointments and receive medical attention when needed. Accidents and incidents were recorded and improvements in their recording ensured these made clear the actions taken. When things went wrong the provider and staff learned from this and implemented changes to practice and procedure to minimise recurrence.

People lived in a safe, clean and well-maintained environment. Staff attended fire training and drills to understand how to respond in the event of a fire. Policies and procedures guiding staff practice were kept updated. People were able to spend time alone but had worked with staff to develop activity programmes tailored to their own interests and preferences. Relatives told us they were consulted and informed about the important things in their family members' life and had become involved in best interest decisions as required.

People were supported by staff that enjoyed where they worked, felt well supported and worked well together as a team.

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

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

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

Rating at last inspection

The last rating inspection for this service was requires improvement (published 12 February 2019) when there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection Programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Fiveways

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 conducted by one inspector.

Service and service type

Fiveways 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority safeguarding and commissioning staff and from Healthwatch (Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England). The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We met all the people living in the service and spoke with three who were able to tell us a little about their experience. We met and spoke with four support staff, the registered manager and, quality assurance manager. We looked at one care plan in detail and two others for specific information. We reviewed information about the operational management of the service such as staff records and quality assurance. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional training and quality assurance information sent to us. We spoke with two relatives who had regular contact with their family members and received feedback from a health professional and two social care professionals who know the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection in January 2019 the provider had failed to ensure staff were recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had acted to address the shortfalls and enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- All appropriate checks on new staff suitability were in place. This included proof of personal identity, employment history, references from previous employers, criminal records check, and a statement of personal health. Improvements addressed previous shortfalls found regarding the robustness of employment histories and provision of professional references.
- There were enough staff to support people's needs, we observed and spoke with four staff on duty in addition to the registered manager. People told us how staff were available to support them with activities inside and outside the service.
- Relatives told us they were happy with staffing levels and that staff were always staff available when they needed to speak to them.
- Staff felt well supported by the availability and presence of enough staff to work safely with people.

Using medicines safely

At our last inspection in January 2019 the provider had failed to ensure that medicines were audited and recorded safely this was an area for improvement. Enough improvement had been made at this inspection to meet the previous recommendation regarding medicine management and audits.

- People's medicines were managed for them by staff. Staff administering medicines were trained and this was kept updated. Some staff were also trained to administer insulin injections. Medicines were stored and secured appropriately.
- A review of medicine administration records showed these to be well completed and showed that people had received their medicines in timely way.
- At the previous inspection we had found issues with the arrangements for ordering medicines. To address this medicine ordering had been revised to ensure medicine ordering was completed earlier in the medicine cycle. Liaison between GP surgery, home and pharmacy improved, and email contact ensured issues were identified and dealt with early. For example, the registered manager was able to give us a recent example where a medicine had been missed off a prescription by the GP surgery. The pharmacy had alerted the service to this. Email contact between surgery, pharmacy and service enabled this issue to be resolved quickly.
- We sampled and reconciled two people's medicines with daily audits of medicines and found these to be accurate. Carried forward amounts of medicines recorded onto mar charts however were incorrectly

recorded in two we checked. This did not impact on the availability of medicines to people, but we discussed these recording errors with the registered manager to address with staff.

- Some people were prescribed as and when required medicines and guidance was in place to inform staff when these should be given. There were no medicines requiring safer storage in use currently.

Learning lessons when things go wrong

- The number of incidents reported had lessened following the move by one person to a more appropriate placement for them. Accidents were minimal and these and other incidents that occurred were appropriately recorded and analysed so lessons could be learned, and improvements made.
- When things had gone wrong appropriate action had been taken by staff to reduce the likelihood of a similar occurrence. This had involved the review of any procedures and of the support and risk plans for the person concerned. This could sometimes involve consultation with health and social care professionals and relatives.
- Recent behavioural incidents had led to a review of environmental risks within the house and safer storage of some items. This did not impact on the freedoms and access people enjoyed within the service but did help towards protecting staff and other people in the service from potential harm.

Systems and processes to safeguard people from the risk of abuse

- The risks to people's safety had been reduced because staff had been trained to understand and be aware of the types of abuse people could be subject to. Staff understood how to respond to abuse and alert their suspicions through the proper channels.
- Staff demonstrated through conversation their commitment to the people they supported and in keeping them safe "They (management) know I would say something if I saw anything wrong."
- Staff were aware of how they could escalate their concerns to external agencies if they thought these had not been acted on.
- An easy read version of the safeguarding procedure was displayed, and this had previously been discussed with people. People continued to be asked through one to one meeting with staff if they had any issues or were concerned about anything.

Assessing risk, safety monitoring and management

- Health and safety checks of the premises were effective in identifying where there were shortfalls. Actions were taken for repairs or replacement to mitigate the risk to people. Staff completed a maintenance book for any outstanding minor works and these were completed in a timely way.
- People lived in a safe environment. All checks, tests and routine servicing of electrical and gas installations, portable electrical appliances, fire alarm and emergency lighting systems were up to date.
- An appropriate system was in place to assess individual and environmental risks and identify and implement effective measures to minimise the risk of harm occurring.
- Staff were trained to support people to manage their anxieties and keep them and others safe, individualised guidance was provided to inform staff what worked well with each person. Staff kept records of incidents and analysed them and staff responses to ensure these remained effective and consistent.
- A health professional told us "I have a good working relationship with the staff namely [Name] the manager. I find they are good at bringing people to my attention to be seen when needed and good at recognising when issues can be managed through non-medical means with behaviours."

Preventing and controlling infection

- The service was clean and odour free. Staff took responsibility for maintaining the cleanliness of the service, and people were encouraged to help with this.
- Staff received training to understand about the spread and control of infection. They were provided with

aprons and gloves and appropriate guidance to minimise the risk of infection spread.

- The laundry was appropriately resourced to manage the needs of people in the service.
- Staff completed food hygiene training at regular intervals and understood how to prepare and manage food safely. Environmental Health had awarded a five-star rating for their kitchen, cleanliness, operation and record keeping.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed daily to ensure staff responded flexibly to people's preferences, for example people choosing not to participate in an activity.
- Staff completed monthly progress reports for each person. They spent time individually with people to discuss aspects of their current care and support. This gave people an opportunity to talk with staff about things they might want to change. People's care plans were reviewed every three months, if no changes had occurred before then.
- People referred to the service received an in-depth assessment of their needs. This helped to ensure that any protected characteristics under the Equality Act 2010 were considered. Also assessment of their support needs regarding their physical, mental and social well being so these could be appropriately supported. People were offered opportunities to visit and their transition was arranged to suit how they responded best to change.

Staff support: induction, training, skills and experience

- A staff member new to care explained how they had learned about the service and its values through the induction process. They said they had also worked alongside more experienced staff, to understand how people wanted to be supported. The staff member told us that they had completed a range of basic mandatory training including positive behaviour support. This had been important in giving them an understanding of how to support people appropriately and safely. They felt the induction and training had given them confidence to work with people more knowledgeably.
- All staff completed a regular series of refresher training to keep their knowledge updated. Some of this was provided online other training was provided face to face. For example, staff told us about face to face they were currently completing which would help when managing people's behaviour safely.
- Staff said they felt well supported by each other and the management team. They received regular personal supervision which they found helpful in discussing their development and training needs. Staff also had support through handovers and staff meetings. A system of annual staff appraisal was in place.

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

- People were involved in making choices about the meals they ate and menu planning.
- People met weekly with staff to discuss issues arising including food choices. People told us about the things they liked to eat including fast food favourites which were treats.
- Pictorial menus were provided to enable those who could not vocalise their needs to make choices. One person had a reduced sugar diet to ensure their diabetes was kept as stable as possible.
- Another person's nutrition plan said they should eat softer moist food but was unclear about the

consistency. We asked the registered manager to discuss this with the speech and language team to ensure there was no risk attached to the person following their current diet preferences.

- People had access to drinks when they wanted them. No one was assessed as nutritionally at risk and everyone was maintaining good healthy weights.

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

- Relatives and staff told us that people were supported by staff to attend their routine and specialist health appointments. Relatives said they were happy with the support their family members received around their health care needs and were kept informed of changes in health. Staff understood people's needs well and were alert to when they showed signs of illness

- Staff told us they were responsible for ensuring people attended appointments and regular health checks, including dental and optician appointments. A health professional spoke positively about how staff liaised with them and referred people for appointments.

- The registered manager and staff were aware of the new oral care standards. These had implemented into oral care plans to ensure people were supported around this. For example, one person had been advised by the dentist to have a special tooth brush. The toothbrush had been purchased for them, so they could follow the correct cleaning routine.

- People had health conditions which needed monitoring, such as diabetes. Guidance had been developed to inform staff how this should be supported, and when professionals needed to be contacted for advice.

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

- The accommodation continued to provide people with a homely, well maintained environment that met their needs.

- People in the service were growing older and the service had responded accordingly for example installing grab rails in some areas following an occupational therapy assessment. A social care professional told us "They are now experiencing an aging client group and facing the challenges that brings, however they appear to be actively solving problems as they arise."

- Staff had taken advice from health professionals when specific equipment has been suggested. Staff had arranged for its purchase. For example, an orthopaedic bed for someone with posture problems.

- There were enough communal toilet, bathing and leisure spaces for people to use. People had unrestricted access to communal spaces around the premises. A sensory room provided a safe calming space where people could be quiet.

- People had their own bedrooms, and these were decorated and personalised to reflect their own tastes and preferences. For example, one person told us their bedroom was blue because that was the colour of their favourite football team.

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. Which they were.

- We observed staff giving people choices daily and sought their consent to support offered. Staff received training to understand the MCA and DoLS and worked in line with its principles. Where a need was identified staff used communication tools such as pictorial prompts and easy read information to help people understand when making decisions.
- People lacked capacity to make some important decisions about their lives such as when they needed health treatment. People who knew them best helped to make these decisions in their best interest. A relative told us that they had been involved in a recent decision for a minor operation for their family member.
- Applications had been made for DoLS authorisations for everyone in the service. The manager had a record of when these were due for renewal and made applications at the appropriate time. Staff understood and were complying with conditions requiring monthly reporting for those approved authorisations.

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 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 were smiling and showed they were relaxed and comfortable with each other and staff. Relatives spoke positively about how their family members were cared for. A care manager told us "I felt the gentlemen I visited were happy and well cared for." Another told us "I am impressed by the support staff interaction with service users and activities in the large day room that involve everyone."
- The provider and registered manager recognised and promoted the importance of equality and diversity. This was reflected in the diverse makeup of the staff team and the people receiving support. Policy and procedure supported staff practice and staff received training and guidance about respecting people's identities and lifestyle choices. For example, two people without firm religious beliefs wanted to attend church events and services which they found uplifting. Staff supported them to fulfil their wishes.
- Staff showed that they knew people well and tailored the support they gave to each person. They showed affection and compassion in their interactions with people and were committed to supporting them with high quality care. A staff member told us "it's all about the residents here."
- A relative told us "I am very pleased with his care, I am always made welcome, [name] is very happy there, It's the best place for [name] he copes so well there."

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

- People were asked about their care and support through one to one meeting with their key worker and during resident meetings. Relatives told us they were informed and consulted about their loved one's care and helped with more complex decisions.
- Most people had family members or care managers who ensured decisions were made in their best interest. Where necessary the service used advocates (these are trained ensure the rights of vulnerable or disadvantaged people are being upheld) to help support and represent people's views.
- Communication tools were used such as, sign language or pictorial prompts. This enabled people to express their choices, views and feelings. Communication guidance about each person helped inform staff how people engaged. This enabled staff to understand people's support needs better.
- A relative told us "They listen to him, staff are 100% for the people they support they are all very lucky here and treated so well."
- People were supported to express preferences around their care and support, for example at inspection a person said they would like to go to the pictures and expressed a preference for who they wanted to accompany them. The registered manager said they would consider whether this could be accommodated. Another person using sign language showed they wanted to go out. Staff explained the car was not working. The person was asked if they wanted to go on the bus, which they were very happy about.

Respecting and promoting people's privacy, dignity and independence

- People respected each other's private space. A set of household rules developed with people guided how they behaved in the service and expected to be treated by each other and staff.
Staff were mindful to provide personal care support to people discreetly, to protect their privacy and dignity.
- People were encouraged to be involved in aspects of their daily support. This also involved learning new skills at their own pace, such as helping with meal preparation, making cakes, undertaking tasks around the service.
- A relative told us "[Name] is always well groomed and clothing looks good, he is very demanding, but staff are so accommodating."
- Confidentiality was maintained. Staff had received training to understand the importance of maintaining confidentiality and security of peoples and their own private information. The provider was promoting a paperless service and records were gradually being transferred into the electronic records system. Paper records were stored securely in the office and electronic records were password protected.

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 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

- Relatives told us they saw care plans and were consulted about people's needs and attended reviews annually. "I see a yearly report." They told us that they were kept informed when important changes occurred.
- People received person centred support in line with their assessed needs and care plans. Staff made daily notes about this to inform whether the planned support remained effective.
- Staff were able to describe people's support and how it needed to be given. Staff met with people on a one to one basis to discuss aspects of their support and agree changes if needed. We observed people following their daily routines. However, where there was a change to this we saw that staff spoke with people about the change. For example, using other forms of transport whilst the service vehicle was out of action and impact on their routine. People were happy with revised arrangements.

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.

- People's individual communication needs were assessed prior to their admission. This informed communication support plans and helped staff understand how people best received information.
- People were provided with information in formats that they could understand and best suited their needs. Where necessary staff were provided with communication training such as Makaton, to aid their engagement with people who used this.

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 told us about the activities they enjoyed. One person told us how they went to music therapy each week and how much they liked music and dancing "I play the Tambourine". People were relaxed and felt at home in their environment. One offered to make the inspector a cup of tea and whilst this was being made they were observed doing dance steps in the kitchen.
- A relative told us "I visit on a regular basis and we have weekly phone calls, {name} is also supported to have visits home." Another relative told us "[Name] does lots of activities he is always going out has just started a new swimming activity and goes out for drinks and meals."
- We observed one person who asked if they could call their relative. The person was reminded this was arranged to take place in the afternoon when the relative was available. We later observed in the afternoon

that the person had been supported to have their phone call.

- People were supported to develop their independence regarding carrying out daily tasks and encouraged to think about interests they would like to aspire to. A care manager told us "They try to ensure the gentlemen have activities that they want to take part in." and "One gentleman wrote a list of things he wanted to do i.e. go on a boat, a holiday, a hot air balloon, we agreed they needed to complete risk assessments. The next time I visited he had photographs of all the activities he had completed including those on his list. "

Improving care quality in response to complaints or concerns

- An easy read version of the complaint's procedure was displayed in the service for people. People approached staff when they were upset, distressed or angry. Staff had guidance in place for those people who were unable to vocalise how they were feeling. This informed staff about what to look for and how to respond.
- The registered manager informed us that no new complaints had been received since the previous inspection.
- Relatives told us they had no cause to complain "[name] (the registered manager) is very good, I have never had to complain." Another relative said "I've never had any concerns they have always dealt with any minor concerns."

End of life care and support

- No one at the service was in receipt of end of life care.
- People supported are an aging group. Staff had spoken with people and their relatives to capture their preferences around last wishes should the person become gravely ill or die. This information was recorded to show how people wanted to be cared for. This informed staff and ensured they took care to carry out each person's wishes when required.

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 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; Continuous learning and improving care; working in partnership.

At our last inspection the provider had failed to ensure that all the checks and audits of service quality were carried out robustly. This was a breach of regulation 17 (Good governance) 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 17.

The provider sent us an action plan of the steps they had taken to make necessary improvements to the shortfalls found in the staff recruitment records and medicines and accident audits. We found these improvements had been implemented at this inspection.

- Effective quality checks were completed for different aspects of the service on weekly, and monthly intervals, for example health and safety, finances and medicines. A quality assurance manager undertook spot checks and announced visits, any shortfalls identified through these visits were monitored through an action plan.
- It is a legal requirement that a service's latest Care Quality Commission 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 judgements. Our most recent rating was conspicuously displayed both in the service.
- Appropriate out of hours on call arrangements were in place so staff were able to access a member of the management team in a crisis for advice and guidance.
- The registered manager kept informed through accessing internet websites for guidance and updates. For example, the provider website operated by CQC, and the National Institute for Health and Care Excellence (NICE) website. The registered manager attended and received peer support through manager forums within their own organisation. They were aware of local manager forums facilitated by the local authority commissioning teams, and any relevant training offered by the clinical commissioning groups (CCG's). They attended these to network with a wider range of managers and to listen to and share good practice.
- Staff said they were kept updated with changes to policies and procedures, via staff meetings, handovers and email. Staff were required to read updates to understand how changes could impact on their support of people.
- People received joined up care that met their needs. This was because the registered manager and staff had taken time to develop and nurture relationships with people in the community and other professionals. A health care professional told us "I have no concerns" and "I have a good working relationship with staff

namely [Name] the manager."

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

- The views of people relatives, staff and other professionals were sought through survey questionnaires a minimum of annually.
- Returned surveys were analysed to inform the provider and registered manager what the service did well, and what they may need to improve on. Suggestions for improvement were considered and either acted upon immediately or added to an action plan of service improvements.
- Survey results were aggregated with those of other homes and published with any actions taken. We discussed whether these could be separated out to enable people and their relatives to understand how their own service was performing. The Quality manager agreed to discuss this with senior management.
- Service user meetings gave people opportunities to express their views about aspects of their own or general service delivery. People were able to make suggestions about things they wanted to try or change.
- Staff meetings were held regularly. Staff thought that communication was good. Staff were informed about important changes through staff handover meetings, staff meetings, a communication book and through emails.
- Relatives were encouraged to be involved and felt able to approach the registered manager or staff at any time to discuss their family members support.

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

- Relatives told us they were satisfied with the way their family members were cared for within the service, and they spoke positively about the management of the service.
- Staff were familiar with the lines of accountability and responsibility. There was a clear management structure in place. They told us that they enjoyed working at the service. We observed how the registered manager engaged with their staff which showed that they valued, appreciated and listened to them.
- The quality assurance manager provided support to the registered manager. Both showed a strong commitment to driving improvement to benefit the quality of life experienced by people in the service.
- There was a relaxed calm atmosphere in the service, staff were kind to each other and supportive. Their interactions with people they supported were, friendly respectful and compassionate. A social Care professional told us "The whole atmosphere is homely as well as being a modern service." Another told us "I believe the service is well managed with a consistent manager."

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

- Accidents and incidents were analysed. Analysis reflected on whether there were emerging trends patterns or triggers for staff to be aware of. This informed staff whether support plans and risk assessments needed review, to avoid recurrence.
- When things went wrong the registered manager and staff ensured that relevant people such as care managers, relatives and health professionals were informed.
- The registered manager understood the regulatory requirements to report notifiable events and had done so when these had occurred. However, they had notified CQC about DoLS applications made instead of DoLS applications approved. This oversight was discussed during inspection with the registered manager and quality assurance manager who were confident this would not be repeated.