

Mrs P M Eales

Pymhurst

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

About the service

Pymhurst is a residential care home without nursing providing personal care to up to six people living with learning disabilities, some of whom may have additional physical and dementia support needs. At the time of our inspection there were three people living at the service.

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 ensured that people who used the service could live as full a life as possible and achieved 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 received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

Staff valued people as individuals and provided with caring support at every stage of their lives, even if this meant thinking out of the box to arrange the multidisciplinary input and additional resources. People's choices were listened to, and they were provided with dignified, comforting and caring support.

People were supported to live active lives and felt valued. They enjoyed their favourite activities and had support to maintain relationships that were important to them. Staff involved people and supported them to communicate and express themselves.

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

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

There were enough staff so people could spend time chatting or enjoying one to one support with activities. Staff were competent and supported people effectively. Staff had up to date training and felt supported by the management and listened to. The registered manager followed safe recruitment practices.

Staff protected people from abuse and the risk of avoidable harm. Risks to people were assessed and multidisciplinary support was sought to ensure people could access equipment and support they required to keep well, safe and healthy. Staff knew how to safely support people with their medicines.

People's nutritional needs were met and people could regularly access health services. The registered manager followed best practice guidance when planning care so people could be provided with high quality

person-centred support responsive to their changing needs.

The provider had created a caring, homely and person-centred culture within the service. The registered manager ensured the quality and safety of the service was monitored and action taken to continuously improve the service.

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

Rating at last inspection

The last rating for this service was Good (published 26 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Pymhurst

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Pymhurst 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted Healthwatch prior to the inspection to gather any feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed notifications of significant events we received from the registered manager since our last inspection as per legal requirements. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and observed staff communicating and supporting people throughout the day. We spoke with four members of staff, including the registered manager and senior manager. We reviewed a range of records. This included two people's care plans and medicines records. We looked at one staff file in relation to recruitment, staff training and supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We contacted one relative and two health and social care professionals working with the service to gather their feedback. We continued to seek clarification from the provider to validate evidence found. We looked at records of compliments, provider's audits and reflective practice records, staff training and meetings.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and felt safe at the home. People we spoke to confirmed this and we observed they had good relationships with staff members and appeared comfortable. A relative we spoke to confirmed staff would always keep their loved one safe.
- Staff knew how to raise any concerns and felt confident the management team would act to protect people when needed. One staff member told us, "I would inform the manager, safeguarding team and the proprietor. We would not stand for anything if we see it could harm people, we would act straight away. We have to think about their safety." All staff received regular training in safeguarding adults at risk.
- The provider had robust systems in place to protect people from risk of harm and abuse. Staff had regular opportunities to raise any concerns during staff meetings or individual supervisions. The registered manager recently reminded staff to ensure the safety and security of the premises by checking visitors' identification documents.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm. Risks to people were appropriately recorded and managed. For example, risks to people due to their reduced mobility were assessed and appropriate equipment was used by staff to minimise the risk. We observed staff providing support to people in line with their risk assessments.
- People's safety had been considered and assessed in the event of an emergency, such as a fire. People had personal emergency evacuation plans in place which detailed the individual support they would require to evacuate the building. There was a clear fire procedure in place and its effectiveness was monitored by the registered manager.
- Staff were required to regularly update themselves on any changes to people's needs and had access both to electronic and a paper copy of risk assessments. Updates were discussed during staff meetings and the registered manager regularly observed staff practice to assure themselves support was provided in line with the risk assessments.

Staffing and recruitment

- There were enough staff to provide effective support and timely care to people. A staff member told us, "I feel there is enough staff, we can go out with people whenever possible." The registered manager ensured staff rosters were flexible, so people could enjoy regular outings and be supported to healthcare appointments. Staff were enabled not only to support people with day to day tasks, but also spent time talking and providing social support to them.
- People requiring one to one care received this. This was evidenced by staff rotas we reviewed. The registered manager was also closely involved in people's day to day support and joined their staff team to

provide care when required. The home worked closely with the provider's other local services, meaning competent and consistent staff could be shared across the services in case of last-minute changes or staff sickness. There was a clear on call procedure and staff knew how to request additional support in the event of any emergencies such as hospital admissions.

- The registered manager followed safe practices when recruiting new staff. They obtained proof of identity and address, proof of right to work and references from previous employers. Staff also underwent a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Using medicines safely

- The provider had safe systems of managing people's medicines. Medicines were securely stored and any warnings or special instructions such as a person's allergies were written on medicine administration records (MAR). Medicines were regularly checked and counted to ensure any discrepancies were identified and investigated as early as possible.
- Staff were trained and competent to provide people with safe support to take their medicines as prescribed. Staff completed MAR charts in full, and protocols for 'as and when' medicines were available for staff. These advised the maximum dosage a person could have of a medicine in a 24-hour period. Where medicines were changed, for example after hospital discharge, this was clearly recorded on MAR charts and signed by two members of staff to confirm it adhered to prescriber's directions.
- People's preferences as to how they liked to take their medicines were recorded in their 'hospital passports'. Medicines care plans were in place for people and provided with guidance on what additional 'when required' medicines are prescribed to them and how to use them safely. This included guidance for staff on what symptoms the medicines are for, what possible side effects may be observed and what were the maximum doses.

Preventing and controlling infection

- Staff knew how to protect people from the risk of infection. Staff completed regular cleaning tasks to ensure the home environment was tidy and pleasant. The registered manager worked closely with the owner of the building to address any maintenance issues and improvements. Staff were regularly reminded of cleaning standards which was evident in staff meetings minutes.
- People's bedrooms were clean and tidy and people had access to handwashing facilities. Staff used personal protective equipment when providing personal care to people. Staff knew how to handle people's laundry and ensured it was washed adhering to infection prevention principles.

Learning lessons when things go wrong

- The provider had implemented reflective practice sessions to enable staff team to reflect on how to make improvements to people's care following an accident or incident. This was also used to celebrate success where positive outcomes had been reached for people.
- One person was known to remove all signs and pictorial communication from notice boards. Staff discussed the possible triggers to this behaviour and found a solution so other people could still access the information. Staff identified this person did not remove any art work from the displays. As a result of this, the art teacher was asked to prepare pictorial information which could stay on display and benefit all people.
- The incidents and accidents were analysed by the manager and action was taken to prevent reoccurrence and protect people from avoidable harm. For example, risk assessments were updated following falls or additional equipment was used when people's mobility had changed.

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

- The provider had systems and processes in place to ensure best practice guidance and updates on legal requirements were shared and implemented in the service. Updates such as guidance on discussing people's needs around their sexuality, monitoring equal access to healthcare services for people living with learning difficulties were discussed during provider's senior meetings and then would be cascaded to staff team.
- The registered manager was aware of current national guidance. They followed best practice principles for planning care for people at the end stage of their life and worked together with other healthcare professionals to respect their wishes. Oral care and health guidance had been introduced into their care plans following an update in best practice guidance.
- There had been no new admissions to the service since our last inspection. Therefore, we did not review any pre-assessments.

Staff support: induction, training, skills and experience

- Staff were experienced and had the relevant skills and training to provide people with good care. The team consisted of long-standing members of staff. Staff told us they had both face to face and online training in areas such as moving and handling, first aid, medicines management, fire and health and safety among others. Records confirmed staff completed regular refresher training to ensure their knowledge was up to date and current.
- Staff received training which enabled them to effectively support people with specific needs. One staff told us, "We have a lot of training, some of us have done courses on autism, anxiety and depression, widening our knowledge around behaviours." Staff were also trained in supporting people living with epilepsy as some people lived with this condition.
- Staff felt supported to develop their skills and the registered manager regularly checked their competency following training courses. One member of staff told us, "We ask questions after the training. [The registered manager] checks if everyone is confident, we are observed and supported until we feel competent. If you need help, someone more experienced will take lead. It is all noted and the registered manager signs off when we are competent."

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

- Staff supported people to maintain a healthy diet and their hydration. People with specific dietary requirements were supported to eat safely. For example, people who were at risk of choking had their meals pureed and drinks thickened in line with guidance from the speech and language therapist. They were also supported to sit upright when eating or drinking to reduce the risk of choking. People were given adapted

cutlery or crockery where needed. This ensured people could eat safely and as independently as possible.

- Staff protected people from risk of malnutrition and dehydration. People's food and fluid intake was monitored to enable staff to identify any concerns such as rapid weight loss. Staff knew how to fortify people's meals and introduce additional calories into their diet to help maintain the weight of people with low food intake. One staff member told us, "We try to follow healthy diet and give choices, we use full fat milk for [some] people."
- People's weight was monitored monthly and staff communicated any significant changes with people's GP. People could access speech and language therapist support and their needs, including those related to specific health conditions and preferences were clearly assessed in their nutritional care plans.

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

- Staff made sure people were supported to access relevant healthcare professionals when their needs changed. This was done in a timely and effective way. One relative told us, "They respond well. They have always involved other professionals." Referrals to healthcare professionals such as community nurses or community learning disability team were made when required.
- People were supported to regularly use available health services. They visited their GP for annual health checks. They could access regular support of chiropodist, optician or specialist support when living with dementia. The relevant professional's guidance was then incorporated into their care plans and the registered manager communicated any changes with the multidisciplinary team.

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

- The home was adapted to meet people's needs and preferences. People could access the communal garden. The communal areas were equipped with adapted seating which enabled people to socialise throughout the day and remain comfortable. There was a lift which people with mobility needs could use to move between the floors. People had access to a communal adapted bathroom as well as washing facilities in their bedrooms.
- People's rooms were personalised and decorated with pictures and objects relevant to their interests and likes. There was personalised signage present to orientate people who lived with dementia. The home was decorated with people's art work and objects of personal significance. People could access books, had space to enjoy activities of choice and meet with friends and family.

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.

- The registered manager worked in line with the principles of MCA. Relevant applications were made to

local authority when people needed to be deprived of their liberty when receiving care and support. The registered manager ensured the least restrictive measures were in place and people were supported to be as involved and independent as they could, even when decisions had to be made in their best interests.

- One person was assessed as lacking capacity to understand the risks associated with their mobility needs. A mental capacity assessment was completed for this decision, and a best interest decision was made and recorded. The registered manager immediately applied to local authority for the relevant authorisation. Although a multidisciplinary team were involved in making a best interest decision, records did not always reflect this. We raised this with registered manager who immediately updated the records.
- Staff were aware of the MCA principles and knew how to enable people to make and express their own choices. One staff member told us, "We give them as much choice as they can make." Another staff told us, "They can say or show what they want." We observed a staff member used pictures to communicate with one person so they could choose what activities they wanted to do in the afternoon.

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

- Staff were kind and caring to people and spent time with them to meet their social and emotional needs. On person told us, "I love it here. I want to stay." The registered manager told us, "The ethos of the company is very much to have time to spend with individuals." This enabled staff to have a good understanding of people's feelings and emotions and to address them in caring way. We saw one person greeting staff with a kiss on their cheek and a smile when staff greeted them warmly. Staff also completed daily diaries with people to record how they felt the day went.
- One person sometimes asked to 'go back home' when distressed. Staff explored this comment and learned where they previously lived. Staff was able to identify they referred to their family home and took the person for a drive in that area which reassured the person. The registered manager told us, "It is important to really listen to them and what they want."
- Staff treated people as individuals and respected their privacy and dignity. We observed people were addressed in a respectful and friendly way and were included in all conversations. People had discreet support with their mobility and continence needs where required to preserve their dignity. People looked smart and were supported to dress how they liked. One person was wearing new clothes they had chosen, and another wore their jewellery which they were proud of.
- People were supported to be as independent as they could. Staff told us, "We want to include people in doing things. For example, when it is breakfast time, I will take [person] in the kitchen with me so they can prepare it themselves. They also do laundry, water plants. We want to involve them in everything. If they do not feel up to it, they stay with us and watch." Adapted equipment such as raising chairs enabled people to remain as independent as they could and maintain their dignity during transfers from sitting to standing.

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

- Staff supported people to be involved in their care and listened to their wishes on a day to day basis. People's care plans were based on feedback received from them as well as staff's and relative's knowledge around their wishes, life stories and preferences.
- Staff knew how to involve people even if it was difficult for them to express themselves. One person struggled with communication and could get upset if staff did not understand what they wanted. The registered manager told us, "I know to reassure [person], put the emphasis on me not understanding not to pressure [the person]. I come back in a minute if needed." We observed staff involving people and asking them how they wanted to be supported, even if people could not respond straight away. Staff were patient and provided reassurance to enable people to make their own choices.

- People had opportunities to voice their opinions and wishes during individual and residents' meetings with staff. Records confirmed they were involved in arranging events and activities and their feedback about care was regularly sought and actioned by the management team.

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.

End of life care and support

- People's wishes were fully respected at the end of their lives. The staff team did all that was possible to ensure people remained at the home as they wanted and passed away surrounded by a familiar environment and caring staff who knew them well. Staff put people's wishes and comfort first.
- The service worked closely with healthcare professionals to ensure one person was able to receive community nursing care whilst remaining in the service in their final days. Staff also supported the person emotionally and were complimented for a sensitive and caring approach to communication with the family in this difficult period. As the person became unwell before Christmas, staff organised for them to unwrap their gifts and extra staff were allocated so the person had someone with them at all times. Staff were provided with ongoing training and support to be able to respond to any changes in this person's health.
- The provider championed strong caring values which enabled the registered manager to support everyone through bereavement. This included people's families, other people living at the service and staff. The registered manager explained, "We supported the family, took care of each other and senior management was grieving with us as well. We enabled people to access counselling, worked very closely with community nurses who prepared us to be able to care for [the person] until the end of their life."
- The registered manager acknowledged people's bereavement when losing someone they had lived with and had grown close to. They told us, "I would speak to them personally and be honest. I would reassure them without breaking confidentiality, but it is important to explain what is going on in the home. They were very tight and they do worry about each other. We also thanked people individually for support they showed to the person who passed away." People were supported to spend time with their friend, pray together and talk when they wished to do so. People had regular opportunities to talk about their loss and express their feelings. Those who wished to attend the funeral service were supported to do so.
- People were enabled to express their wishes and preferences around what type of care they would like to receive when they become unwell. These were recorded in their care plans and staff knew how to approach the subject in a sensitive and caring way, involving others in those discussions. This ensured people received the care they wanted and their views were heard.

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

- People living with complex physical and behavioural needs received personalised care. One relative told us, "The care is excellent, they meet [person's] needs in a brilliant way." One person required medical treatment and the registered manager accompanied them and their family member to hospital. When complications arose, the registered manager remained with the family member to support them and the medical team to ensure the person felt comfortable and their specific needs were known and addressed

appropriately.

- Staff showed their dedication and innovative thinking when addressing people's changing needs. One person was diagnosed with dementia and their personal care needs had changed. Staff ensured this was raised with other healthcare professionals but also thought 'out of the box' to support the person to enable their independence and preserve their dignity. They used art work and linked this with person's interests to enable them to orientate themselves and remain independent.
- People were supported to maintain relationships important to them, to have spiritual support and follow their cultural interests. One person was supported to enjoy the outings and spend time with their boyfriend and friends. Another person had regular visits from a vicar and their family. They were also enabled to visit the church. Another person was interested in British seasonal events and watched them on television. Activities were planned around themes which met people's interest and preferences.
- People were supported to take part in activities that were meaningful to them. People were supported to visit the local town, go shopping, go for trips to garden centres or attend art and music therapy sessions
- Staff took interest in people's life stories and knew them well. One staff member told us, "We have conversations around their life story and record what we learn." They explained to us how this helped to address people's anxieties and provide them with quality support when they were distressed or struggling to communicate. For example, one person sometimes spontaneously talked about past events as they experienced flashbacks. Staff was able to effectively support the person as they were aware of the events from their past and how these affected them emotionally.
- People were supported to take part in different projects with achievements recognised and appreciated. Staff supported people to make a Christmas scene using cardboard houses and lights which people painted and decorated themselves. Their effort was recognised as the provider awarded them with an award during their Christmas event.

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 were supported to communicate verbally or using pictures, signs or objects of reference. The art therapist ensured suitable signs, photos and pictures were personalised and available for people to use on a day to day basis. People had pictures of their preferred food so they could choose their meals or complete a shopping list for the home.
- Staff were aware of how to best support people to communicate their choices. For example, one person was known to say 'You know' when asked for their choice but engaged better when provided with pictures. Staff encouraged them to communicate further and did not assume they knew what the person wanted.
- People had communication plans in place. These confirmed if people had impaired vision or hearing that staff should be aware of. People could access easy read documents or have written information provided in large print.

Improving care quality in response to complaints or concerns

- Relatives were confident to share any suggestions and complaints with the registered manager and knew how to contact them. One relative told us, "I have no problem at all, the manager and home are supportive." The social care professional we spoke with confirmed the home was responsive to feedback and they had no concerns to raise.
- The provider had a suitable policy in place which informed people how to make a complaint. This was also accessible to people using the service. There were no formal complaints addressed to the home since our last inspection. The service received multiple compliments from relatives around quality of care.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had created a homely and open culture where supporting people, their wellbeing and safety were a priority. The provider placed a strong emphasis on creating a caring and inclusive environment for people and staff. One relative told us, "The staff are very caring and with us for many years. That says a lot when people stayed for a long time. The staff make everyone welcome and it is homely."
- The management team acted as positive role models for the staff team and created a supportive working environment. One staff member told us, "The [service is] just like a home, warm and friendly. Not too many people live here so we can give them our full attention. This is why I wanted to stay with the company." The registered manager felt fully supported by the provider. They told us, "It is all about the [people]. If they need it, we will find the way to do it, even if it means we need to maintain careful balance when it comes to business side of things."
- Staff felt appreciated, empowered and listened to. One staff told us, "The manager is really good, very caring and a very genuine person." Staff told us the provider contacted them regularly to check how they had been and the manager ensured they received continuous support, both professionally and when their personal circumstances had changed. Staff communicated well and supported each other so people could receive consistent and good quality support. One member of staff told us, "I think we work very well as a team."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was strong management and leadership in place which enabled the provider to continuously improve the service. The registered manager told us, "The service lead manager is absolutely fantastic, and they support me to put new things in place. For example, we recently turned over to [an electronic] system for care planning." This enabled a consolidation of care records and provided the registered manager with new tools such as sharing updates on any changes in individual needs with staff in real time.
- The provider had good governance systems in place. Periodical reviews of quality and safety were carried out by the provider and the service lead visited the home regularly to support the registered manager. The audits explored areas such as observation of staff's practice, the environment, documentation checks, and people's and staff's feedback. Actions were identified following the audits and their completion was monitored closely by the registered manager. Records confirmed all actions from the last provider's audit were completed.
- Staff were clear about their roles and felt supported. One staff told us, "We get full support from the

management." Records confirmed staff attended regular staff meetings and supervisions where they discussed their needs and performance.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibility to notify CQC about certain important events and were aware on how to work in an open and transparent way. They had submitted all relevant notifications of significant events which happened in the service since the last inspection.

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

- People and their representatives were involved and listened to. One relative told us, "They are very good to involve me." People and their representatives had regular opportunities to share their feedback, for example on residents' meetings, via pictorial satisfaction surveys or by contacting the manager directly. People were also regularly informed about any changes to staffing or any possible new people moving in and their feedback was recorded. The management and staff team made sure this feedback was included as the basis for any decisions about the service.
- People had key workers whom they regularly met to discuss their support. A key worker is a member of staff who helps a person to voice their opinions and arrange their support in a way which best meets their wishes and needs. One staff member told us, "I would sit with [person], discuss the last meeting and what has been done since. I ask what they are happy with and what they don't like, write it up and then at the bottom of it we make a plan, the [registered] manager looks at the records and includes planned activities on the staff rota. We would listen and meet people's preferences."
- Staff were regularly consulted by the management and felt involved in developing the service. There were regular surveys, staff meetings and opportunities for staff to share ideas and suggestions. One member of staff told us, "You are never dismissed. If action needs to be taken, it will be. If something needs to be resolved, it will be." Another staff member said, "Any suggestions will be listened to and taken on board. The [registered] manager is very hands on and she will be there to support us if any problems or ideas."

Working in partnership with others

- The registered manager had good working relationship with healthcare professionals from local community learning disability team, community nurses or hospice team. The provider was a part of local care association.
- The provider championed close partnership working between its services. Staff built links with local facilities and services to enable people to socialise and attend activities in the local community. For example, people were informed of events organised by charities such as Age UK. People chose not to attend regular day centre events.