Southdown Housing Association Limited

Brook Court

Inspection report

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Date of inspection visit:
09 November 2021

Date of publication:
16 December 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
Brook Court is a supported living service providing personal care and support for people with a learning disability and / or autistic people. Support was provided to five people who lived in their own flats within a purpose-built house.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
People told us that they felt safe and this was reinforced by relatives. A relative told us, "They are all kept safe and well." Staff understood risk, they were confident in raising concerns and demonstrated an understanding of individual risks, triggers and contingencies.

There were enough staff, and all had been safely recruited. Some people were supported with their medicines and this was done by trained staff with appropriate records being kept. Infection prevention and control measures were in place and the registered manager had followed government guidelines throughout the pandemic. Accidents and incidents had been recorded, investigated and any learning shared with staff.

People's care and support needs were assessed and regularly reviewed. Staff received training and refresher training in all areas relevant to meet the needs of people. People's health and social care needs were met, and the staff worked with other statutory partners and professionals to achieve this. People were provided with choices in all aspects of their lives and peoples capacity to understand the decisions they were making had been considered.

People were supported in a caring way by staff that knew them well. People's privacy was respected, and independence promoted in all aspects of their lives. Staff told us how important respecting people's dignity was and treating people in the way they would like to be treated.

Support for people was person centred. Staff and the registered manager, who had only been in post a few weeks, knew people and communicated with people in a clear, supportive way where what was said was understood. Pictorial and photographic images were used around people's homes to help with understanding and all staff had received training in Makaton. Makaton uses hand signs and gestures to represent words. People led full lives with many activities available daily. A transparent complaints procedure was in place. Discussions had been held with people about their care towards the end of their lives.

There was a positive culture at the service promoted by the registered manager. Everyone spoke well of the

registered manager who had quickly established themselves at the service. The registered manager was aware of their responsibilities under the duty of candour. Auditing processes were in place and a system for securing feedback from people, relatives and staff was used.

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.

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 statutory guidance which supports CQC 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 the underpinning principles of Right support, right care, right culture.
Right support:
Model of care and setting maximises people's choice, control and independence. People enjoyed living in their flats and had a range of activities and personal items available to them. People were supported to engage in a range of activities each day and people's independence in all aspects of their lives was promoted.

Right care:
Care is person-centred and promotes people's dignity, privacy and human rights. People could live their lives how they chose and were supported to achieve this safely by staff key workers who took responsibility for people's needs. People lived in their own flats and their privacy was respected.

Right culture:
Ethos, values, attitudes and behaviours of leaders and care staff ensure people using the services lead confident, inclusive and empowered lives. Staff told us they were passionate about providing the best care for people. The service was relaxed, friendly and people knew each other and the staff team well. Relatives confirmed this positive style and told us that communication between the service and loved ones was good, relatives being kept informed of people's day to day life events.

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

Rating at last inspection
This service was registered with us on 25 November 2019 and this was the first inspection.

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.

Brook Court

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
The inspection was carried out by one inspector.

Service and service type
This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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
We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
We reviewed information we had received from the service. 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 requested that some policy documents were sent to us by e-mail. We used all of this information to plan our inspection.

During the inspection
During the inspection we spoke with four people using the service and four members of staff including the registered manager. We looked at three care plans and documents relating to risk and medicine management. We also looked at documents relating to auditing and accidents and incidents.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at the documents sent to us including safeguarding and complaints policies, training data and quality assurance records. We spoke to four relatives and three professionals who had regular contact with the service.

Good

Is the service safe?

Our findings

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

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People lived in a safe environment and were protected from harm. We saw staff supporting people during the inspection in their own flats and as they went out of the building for visits and activities away from the service. A relative told us, "At first you can't help be worried but we quickly knew they were fine and safe."
- Staff had a good understanding of safeguarding and told us they were confident to raise any issues they were not happy with. A staff member said, "I'd report to a senior or manager, higher if needed. Remove any immediate danger and document what had happened."
- We saw a safeguarding policy and training records that confirmed all staff had received safeguarding training and regular refreshers. The registered manager confirmed that there had not been any safeguarding issues to report but they were confident in the process and had a positive relationship with the local authority safeguarding team. The registered manager shared any learning from incidents with all staff.
- Staff were aware of the service whistleblowing policy and told us they felt confident to use this process if needed. Whistleblowing enables staff to raise concerns whilst protecting their anonymity.

Assessing risk, safety monitoring and management

- Within care plans there were a series of comprehensive risk assessments bespoke to each person. Risk assessments described steps that staff could take to reduce risks and the contingency options available if needed.
- For example, people had risk assessments in place to cover the potential risks involved when going out. The detailed assessments considered whether people had received road safety training, whether they carried identification and if they knew how to safely ask others for help in an emergency. Following a fall an occupational therapist had carried out a risk assessment for a person, recommendations had been actioned including additional support when mobilising.
- People's care plans contained 'hospital passports.' These documents summarised people's health and social care needs and documented any risks for example those living with health conditions for example, diabetes.
- Disability Distress Assessment Tools (DisDat) were used. These tools are designed to support people with learning disabilities and document recognised distress signals that people may show when upset. Triggers that may cause distress included, unfamiliar environments, use of complicated words and loud noises. Staff were trained how to use the DisDat tool and knew the options available to reduce or minimise risks and anxieties.
- We were shown records of fire equipment checks and regular fire alarm and evacuation procedures being followed. People had personal emergency evacuation plans (PEEPs) in place which were easily accessible and gave details of the level of support people would need in an emergency.

Staffing and recruitment

● There were enough staff on each shift to safely support people. We were shown shift rotas that confirmed this. During the inspection we saw staff supporting people and responding to their needs. People lived in their own self-contained flats but needed support with various tasks and activities each day. A professional told us, "They appear to be well staffed. Staff are always available when I visit."

● Staff were recruited safely. Part of the interview process involved time spent with people. This gave people a chance to meet and speak with potential new staff members. People then provided feedback to managers. People's views formed an important part of whether a person would be selected to work at the service.

● Staff files contained all the required paperwork including photographic identification, interview notes, employment history, references and Disclosure and Baring Service (DBS) checks. DBS checks provide information to registered managers to help them make safer recruitment choices.

Using medicines safely

● Medicines were ordered and delivered regularly, and most were stored securely in people's rooms. Records were kept of temperature checks on medicine cupboards to ensure medicines were safely stored.

● People needed different levels of support when taking medicines. Staff were trained in medicine administration and we were shown medication administration records (MAR), correctly completed including name and signature of the staff member administering, the date, time and number of medicines left after each administration. Staff had regular competency checks completed by the registered manager to ensure they gave medicines safely.

● As required (PRN) medicines for example medicines for pain relief, were recorded on MAR charts and were clearly marked as PRN. We were shown a separate protocol for PRN administration.

● The registered manager audited medicines each week which included stock monitoring checks. Some people went to stay with family members at weekends and medicines were accurately counted out and sent with people when away from the service.

● Staff knew what steps to take in the event of a medicine error. A member of staff told us, "Report and call 111 or GP for advice."

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.

Learning lessons when things go wrong

● Accidents, incidents and near misses had all been recorded and reviewed by the registered manager. We were shown documents that included thorough investigations into incidents, the triggers, causes and how the incidents were managed by staff.

● Examples included where people had displayed different behaviours where a trigger had been identified

as relatives that usually visited several times each week were unable to visit. In these circumstances people were provided additional one to one support and were constantly reassured about the reasons for their loved ones not being able to visit that week.

● There had not been enough incidents recorded to identify any patterns however each time something happened the registered manager brought to the attention of all staff to share any learning. During the inspection we listened to a shift handover where a very thorough account of each person's day was provided to the incoming staff.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

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

- There had been no recent admissions to the service, but a system was in place for a robust pre-assessment. The registered manager told us that they were keen to keep admissions from the local area and that an important aspect was how people got on with others living at the service. Time spent at the service with other people formed part of the pre-assessment.
- Pre-assessments also included ensuring that people's care and support needs could be managed by staff, and that they were equipped with the training and skills to match those needs.
- Care plans included details of the support each person needed. The plans focussed on what people could do independently for example, take their own medication, dress and discuss plans for their day. Plans also included a wellbeing timeline chart. These documented changes over time in people's support needs. For example, from the chart it was clear to see how a person's support with mobility had increased over time. This provided an overview for staff and a measure of dependency for the registered manager so that enough appropriately trained staff were then used to support people.
- The wellbeing timeline was a key document used in reviews of people's changing needs. Professionals and relatives were involved in reviews. A professional said, "They would contact me for any changes or reviews." A relative told us, "I'm involved in reviews."

Staff support: induction, training, skills and experience

- Following selection, staff undertook a thorough induction which formed part of a six-month probation period. Staff appraisals took place at 10 and 22 weeks. A compulsory two-week shadowing period took place which could be extended if needed. A member of staff told us, "The induction was second to none."
- During the induction period staff started working towards their care certificate, a nationally agreed set of standards for staff working in care. Staff were also trained in positive behaviour support (PBS) as part of their induction. This training provided staff with the necessary skills to support people showing signs of distress or showing behaviours that were out of character.
- We were shown a training matrix that confirmed that all staff received regular training and refreshers. Some face to face training had been moved to online sessions during the pandemic but small group training sessions had been re-started. Training included for example, safeguarding, medicines and equality and diversity. A staff member told us, "Training is very good, it gives you the skills you need to do the job." Another said, "You can flag up additional training that you'd like to do as well and they'll sort it."
- Staff continued to be supported through a regular process of supervision meetings and appraisals. A staff member told us, "I have a monthly meeting. I can say what I like and issues are addressed."

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

● People were supported with choosing their meals and then preparing food in their own kitchens. A person told us, "Food is good. I get help. My favourite is fish."

● During periods of lockdown throughout the pandemic, staff prepared meals in a central kitchen area to then provide to people. People during this time were not able to go out to restaurants and cafes and additional support and reassurance was provided to people.

● Within care plans we saw fluid charts and records of food eaten. People's weight was monitored to show that people's intake was balanced.

● Some people were at an increased risk of choking. We saw records showing the involvement of the speech and language team (SALT). Records showed that there was a link between what people liked to eat and how this was prepared in line with SALT guidance. For example, this might involve food being cut up into small pieces. During one lockdown a video call took place where a member of the SALT team observed a person eating to monitor their progress.

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

● People were supported to access health and social care professionals. Some appointments involved visits to services and others involved professionals attending the service. People had annual health assessments, details of which were in care plans. These assessments took place more frequently if there was a change to a person's needs.

● A relative told us, "(person) has visits and appointments, they go to hospital quite a lot. The staff always help and support."

● People were involved in their health assessments and were able to use pictorial signs to support how they were feeling. These signs were placed in the assessment and were accessible to people.

● The registered manager told us they received support from professionals and that they worked together to achieve positive outcomes for people. A professional told us, "The staff are very responsive to changing needs. I've noted that care plans get updated the same day as my visits." A relative said, "When (relative) developed health problems, they were brilliant. They asked my opinion and got the GP involved."

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

● People lived in their own self-contained flats. We were shown into three flats and saw that they were all furnished and decorated according to the wishes of people. Each room having personal affects for example, pictures, photographs and containing things that people enjoyed for example, videos, DVDs and drawing materials. People told us they were happy with their flats. Comments included, "Really like it here" and "It's good."

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was

working within the principles of the MCA.

● The registered manager told us that consideration was always given to people's mental capacity and that in all cases people had the capacity to make daily decisions about their care and support needs and to make daily choices relating to what eat, wear and what activities to do that day. A professional told us, "Staff have appropriately taken clients mental capacity into account during appointment."
● We were shown mental capacity assessments that were decision specific relating to management of finance. These had been completed with people and their relatives or advocates.
● We saw several interactions between staff and people. People were supported to make decisions. For example, we saw a member of staff talking with a person, "What shall we do today? Shall we go for a walk?" a staff member told us, "They are given choices, we dig down into what they want."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us that their loved ones were cared for. Comments included, "The manager and staff praise them for what they do," "Absolutely happy and safe" and "They are well looked after and cared for."
- The registered manager had established a positive rapport with people and spoke with people in a respectful way. We were shown into a person's room and the registered manager said, "Would you mind if we came in? What are you doing today? What are you looking forward to?" Although the registered manger was quite new in post people already knew them and responded by smiling and engaging in conversation.
- We saw staff supporting people when communicating to make sure conversations were understood. All staff were trained in the use of Makaton signs and throughout the service there were pictorial representations of food, activities and photographs of staff that were working each day.

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

- People's preferences, likes and dislikes were recorded in care plans. Staff told us they worked with people and supported them to make decisions about their daily needs. A member of staff told us, "We give people choices and that includes the levels of support we sometimes provide. Some days people need a little extra help with a shower and I'll always ask." Another member of staff said, "Care plans are 'live' documents that regularly change according to people's needs."
- A person had to attend a hospital appointment and before going staff had helped them to prepare questions that they had about their possible treatment. Questions included, 'Can staff be with me all of the time?' and 'Can I have food and cups of tea if I have an operation?'.
- A relative told us about choice, "They definitely go above and beyond to make sure they do what they want. She wants and has a voice."
- Throughout the inspection we saw people being offered choices. These choices related to all aspects of the care and support provided for example, food and activities. People were able to change their minds if they decided they did not want to do something for example, staying at home rather than going out to a café for lunch. Staff regularly met with people and provide opportunities for them to feedback about the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. People lived in their own flats and we saw staff knocking on people's front doors, calling out who they were and waiting for the door to be answered or for people saying that it was alright to enter. Care plans and documents containing personal information were kept securely in a locked

cupboard.

● People were treated with dignity. A member of staff said, "When helping with bathing I always cover up and will leave them, if safe, for a few minutes to fetch something." A professional told us, "Staff appear very caring and respectful." A member of staff told us, "We teach them that they are entitled to their dignity."

● People lived independent lives. Independence was promoted by the registered manager and staff. Some people needed some support when preparing food however they were encouraged to complete kitchen tasks and staff only supported when the need arose. People needed support when away from the service whether in cafes, out for walks or other activities. People were encouraged to pursue activities and to choose what they wanted to do each day.

● Some people had been supported to purchase a car, adapted to transport people who used wheelchairs. People were able to go out on trips using the car whenever they wished. A person told us, "I sometimes take people out in my car."

Good

Is the service responsive?

Our findings

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

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

This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care and support. Care plans were tailored to ensure people's needs were met and included a section, 'What I can do myself,' which included taking medicines and preparing some meals. Also 'What I need help with,' which included keeping to routines and having someone with them when out on trips.
- A summary of the care plan was available in a 'hospital passport' document that contained key information about people that other professionals might need to know in the event of an emergency or hospital admission.
- Throughout the inspection it was clear that staff knew people well and responded to their needs. We saw one staff member talking with a person explaining that they were going out to one of their favourite places for lunch. A staff member told us, "Care plans are fluid because people change all the time. For example (person) mobility has changed over time. I see it because I'm with them every day."
- Relatives told us that staff knew their loved ones well. Comments included, "I can't praise them enough for their support. Clubs are starting again now and they are being supported back to do what they enjoy" and "(person) has a particular illness and they know the condition so well."

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.

- Throughout the home there were pictorial representations and photographs to support people with their communication. A notice board in a communal area had the days of the week listed with photographs of staff working each day so people could see who was supporting them.
- People could communicate verbally but all were supported by using Makaton, a hand signing language that helped with conversations. All staff completed basic Makaton training, learning between 50 and 100 signs, as part of their induction.
- Care plans had sections that were accessible to people. Some documents had pictures to help people during reviews. For example, pictures of faces with different expressions to represent how people were feeling.
- During the pandemic the service made use of technology and loved ones and professionals were able to communicate with people using video messaging and conferencing.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People had full weekly itineraries of activities and visits. Most external activities had resumed following the pandemic. Staff supported people with visits and most people went out every day for walks, a drive and visits to shops and cafes. A relative told us, "They love going out for coffee or to the cinema. They love the disco karaoke too."

● We saw people's flats, and each contained hobby and craft materials that people enjoyed at home. Some people had large collections of films, some had pictures of vehicles and others, collections of items of a particular colour. People told us they enjoyed spending time in their flats and that there were always things to do. A person told us, "Better than other places. Always busy."

● Relatives told us that a lot of activities and meetings had had to stop during the pandemic but that alternatives were laid on for people. A relative said, "It was amazing what they laid on for them. The tents were great and they loved them." Three large tents were erected outside, at the front of the service to facilitate visiting during the pandemic. People had enjoyed using these tents so much to meet their loved ones and to use the space for activities, that one had been left for people to continue using.

● People were supported to take breaks from the service and spend some weekends at home with their loved ones. Care plans had details and pictures of people that were important to them including birthdays so that cards could be sent.

Improving care quality in response to complaints or concerns

● We were shown a complaints policy that was available and accessible to everyone. Easy read versions were available to people. The registered manager told us that no complaints had been received for a long time but that the process was clear to follow open to anyone.

● We spoke to relatives who told us they were confident in the complaints process and what steps they would take if they had an issue. One said, "I'd speak to the manager and take it from there." Another said, "I did raise an issue which was looked at and I got a letter of apology."

● People had opportunities to speak with staff every day and to raise any issues or concerns. A relative told us that their loved one, "Would definitely let them know if there was ever a problem."

End of life care and support

● No one was in receipt of end of life care at the time of the inspection. The registered manager told us that conversations had taken place with people and their loved ones about their end of life wishes and they were discussing options for funeral plans. We saw that notes relating to these conversations were recorded in care plans.

Good

Is the service well-led?

Our findings

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

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

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

- People received person-centred care that considered all of people's needs. For example, people's dental needs were linked to the way their food was prepared which also considered monitoring people's food intake and weight. Care plans had a section that focussed on independent living skills for example, people's management of income and finance.
- In the short time that the registered manager had been in post they had maintained a positive atmosphere at the service. Staff and people were clearly happy to work and live at the service. A staff member said, "I feel 100% supported. The new (registered) manager is so good with people, they instantly like them." The registered manager told us that their short-term goal was to completely return the service to where it was before the pandemic to re-establish people's routines. The registered manager had met all relatives and loved ones of people living at the service.
- People and their loved ones spoke positively about the service. A person told us, "Other people are nice. Staff are good." Comments from relatives included, "Brilliant service" and "All the staff are lovely, they are very good at what they do." Relating to the registered manager a relative told us, "Not been there long but took time to introduce themselves and ask if I had any concerns or problems."
- Another relative said, "Such a positive feeling in the home. (person) has really come into themselves. I feel positive about the new 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. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Throughout the inspection the registered manger was open and honest with us and demonstrated an understanding of the duty of candour. Registered managers are legally compelled to inform CQC about events that affect their service and this obligation had been fulfilled.
- The registered manager told us that reporting incidents and learning from mistakes was important to: "Move on from and learn."
- A system of auditing was in place, overseen by the registered manager. Accidents, incidents, health and safety and medicines were audited weekly by the registered manager. There was daily oversight of all health and safety issues. The area manager met regularly with the registered manager to discuss auditing processes and any issues that had arisen.

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

● People felt comfortable around the staff. We observed several interactions between staff and people including a person who knocked on the staff door which was immediately opened. A staff member straight away helped them and said, "Let me straighten your jumper for you," and "Of course we will get you some new slippers."

● There were regular staff meetings held and staff told us they had lots of opportunities to speak to managers and raised issues if they needed to. We saw minutes of team meetings which were available to staff unable to attend the meetings. A staff member told us, "During lockdown they were done over zoom (video conferencing) but now we have monthly meetings off site. We can discuss anything."

● People were supported to complete a 'customer service questionnaire.' Questions covered all aspects of the service and provided an opportunity for feedback. The forms had pictures of smiling or sad faces to help people who could not read. The feedback we saw was positive and included sections on what people enjoyed the most and what they would like to do more of. For example, people enjoyed the tents that had been put up to help with visiting during lockdown so it was decided to keep one of these in place.

● Although there were no specific questionnaires for relatives to complete there were opportunities for relatives to speak to the registered manager and staff to raise issues, concerns of to provide verbal feedback.

● People's equality characteristics were explored during the pre-assessment process and people had opportunities to discuss things that were important to them if they chose to. A member of staff told us, "We run an activity on abuse. Covers all aspects of people being treated differently because of sexuality or skin colour." People were supported to take part in religious services if they chose.

Continuous learning and improving care

● The registered manager told us they were getting to know the systems and processes and were looking for ways to improve the service. They told us they had scheduled regular meetings with other professionals linked to the service for example, the day service manager and were looking at some systems that needed updating.

● The registered manager attended manager forums arranged by the provider where best practice and learning were shared. They kept up to date with government guidance and bulletins provided by the local authority and CQC.

Working in partnership with others

● The registered manager and staff worked well with professionals and statutory partners to provide support for people. A professional who regularly visited the service told us, "The communication with the manager is good. They listen to my advice and will make changes and improvement very quickly." Another professional said, "Staff have always been respectful of my appointments and recognised the need of good communication and handover of information."