

# Mr Adelindo Pavoni & Mrs Rosemary Adele Pavoni

## Rosedale Care Home

### Inspection report

25 Kings Road  
Horsham  
West Sussex  
RH13 5PP  
Tel: 01403 265236  
Website:

Date of inspection visit: 2 July 2015  
Date of publication: 28/08/2015

### Ratings

#### Overall rating for this service

**Good** 

Is the service safe?

**Good** 

Is the service effective?

**Good** 

Is the service caring?

**Outstanding** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

### Overall summary

We inspected Rosedale Care Home on 2 July 2015. This was an unannounced inspection. The service was registered to provide accommodation and care, including nursing care for up to 18 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 17 people living in the care home.

A registered manager, who was also the provider, was in post and present on the day of the inspection. A registered manager is a person who has registered with

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy, comfortable and relaxed with staff and said they felt safe. One person told us "I'm very well looked after, couldn't be better." Relatives also spoke very positively about the home and the care provided. One relative told us "The place is safe, clean and hygienic and

# Summary of findings

because it's comparatively small all the staff know where everyone is and what they're doing. It really is a homely place and if anyone needs anything they get responded to quickly."

People received care and support from dedicated staff who were appropriately trained, confident and highly motivated to meet their individual needs. They were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their manager. Formal personal development plans, such as annual appraisals, were in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately..

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

There was a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were protected by robust recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people received a safe level of care.

Medicines were stored and administered safely and accurate records were maintained.

Comprehensive systems were in place to regularly monitor the quality of the service. Concerns and risks were identified and acted upon.

Good



### Is the service effective?

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities.

Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected.

People were able to access external health and social care services, as required.

Good



### Is the service caring?

The service was caring.

People were supported by dedicated staff who were committed and highly motivated to provide personalised care. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

People and their relatives spoke very positively about the kind, understanding and compassionate attitude of the registered manager and care staff.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Outstanding



### Is the service responsive?

The service was responsive.

Staff had a good understanding of people's identified care and support needs.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received.

A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

Staff said they felt valued and supported by the established and very experienced manager. They were aware of their responsibilities and felt confident in their individual roles.

There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect.

People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Good



# Rosedale Care Home

## Detailed findings

### Background to this inspection

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

The inspection took place on 2 July 2015 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of a range of care services.

Before the inspection we looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. On this occasion we did not request a

Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with nine people who lived in the home, two relatives, three care workers and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

The service was last inspected on 4 September 2013 when no concerns were identified.

# Is the service safe?

## Our findings

People and relatives spoke positively about the service and considered it to be a safe environment. People said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. One person told us “I do feel very safe and I’m very happy here, it’s like a family.” One relative told us “I’ve never got any worries and I come in at all different times of the day.” Another relative told us “The place is safe, clean and hygienic and because it’s comparatively small all the staff know where everyone is and what they’re doing. It really is a homely place and if anyone needs anything they get responded to quickly.”

There were enough staff to meet people’s care and support needs in a safe and consistent manner. The manager told us that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They confirmed that staffing levels were also reassessed whenever an individual’s condition or care and support needs changed, to ensure people’s safety and welfare. This was supported by duty rotas that we were shown. The manager told us “If we have more high dependency needs, including end of life care, I can always bring in more staff.” They also spoke about the importance of consistency and continuity of care and told us “I’ve never used agency workers here.” Throughout the day we observed positive and friendly interactions. People were comfortable and relaxed with staff, happily asking for help when they needed it. We saw staff had time to support and engage with people in a calm, unhurried manner. People and relatives we spoke with had no concerns regarding the number of staff on duty at all times.

Medicines are managed safely and consistently. We found evidence that staff involved in administering medication had received appropriate training. A list of staff authorised to undertake this was kept with the medication folder. We spoke with the manager regarding the policies and procedures for the storage, administration and disposal of medicines. We also observed medicines being administered. We saw the medication administration records (MAR) for people who used the service had been correctly completed by staff when they gave people their medicines. We also saw the MAR charts had been appropriately completed to show the date and time that people had received ‘when required’ medicines.

People were protected from avoidable harm as staff had received relevant training. They had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. Staff told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Records showed that all staff had completed training in safeguarding adults and received regular update training. This was supported by training records we were shown. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. One member of staff told us “If you walk by someone who is being abused and do nothing, you are as bad as that person doing the abuse.” This was supported by the manager who told us “They (staff) don’t accept poor practice here, even raised voices are not tolerated.”

The manager told us that the safety and welfare of people at Rosedale was their priority. They said they took their responsibilities very seriously and they were confident that all the staff there shared that responsibility. They were ‘chair’ of the local Care Association, worked closely with the local authority and they also sat on the West Sussex Safeguarding Board. We saw comprehensive safeguarding policies and procedures in place, including whistleblowing. We saw documentation was in place for identifying and dealing with any allegations of abuse. The whistleblowing policy meant staff could report any risks or concerns about practice in confidence with the provider or outside organisations.

The provider operated a safe and robust recruitment procedure and we looked at a sample of three staff files, including recruitment records. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government’s Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

There were arrangements in place to deal with emergencies. Contingency plans were in place in the event of an unforeseen emergency, such as a fire. We saw the

## Is the service safe?

home was well maintained, which also contributed to people's safety. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed

that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines.

# Is the service effective?

## Our findings

The service ensured the needs of people were consistently met by competent staff who were sufficiently trained and experienced to meet people's needs effectively. People and relatives spoke positively about the service and told us they had no concerns about the care and support provided. One person told us "The staff are very efficient. They know me very well, it's just like an adopted family." A relative told us "The manager is very knowledgeable about dementia and has so many years' experience. I think we're very fortunate, they cope with anything here." Another relative told us "The carers have a very good understanding of dementia and (the manager) is fantastic. She knew Mum suffered from a high level of anxiety and referred her to a dementia nurse, took her to the appointment and got her medication all sorted out."

Staff said they had received an effective induction programme, which included getting to know the home's policies and procedures and daily routines. They also spent time shadowing more experienced colleagues, until they were deemed competent and felt confident to work unsupervised. One member of staff told us "Training is important and there's certainly plenty of it." A senior care worker told us that a key part of their role was supporting colleagues and said they were trained in providing formal supervision.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager was aware of the process and fully understood when an application should be made and how to submit one. Where people lacked the mental capacity to make decisions the service was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. The manager told us that to ensure the service acted in people's best interests, they maintained regular contact with social workers, health professionals, relatives and advocates. Following individual assessments, the manager had made DoLS applications to the local authority, as necessary, and was waiting for decisions regarding authorisation.

Staff had received training on the MCA and DoLS and understood the importance of acting in a person's best interests and protecting their rights. They were aware of the need to involve others in decisions when people lacked the

capacity to make a decision for themselves. This ensured that any decisions made on behalf of a person who lived at the home would be made in their best interests. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks. During lunchtime, we saw examples of this when staff asked people before fitting aprons or, where necessary, discreetly supported them with eating.

We observed lunchtime in the dining area, which looked attractive and welcoming. Tables were laid with linen tablecloths, serviettes, cutlery, and glasses of juice, fresh flowers and condiments. Lunch was served in a polite and friendly manner. The food itself looked very appetising. People spoke of enjoying their meal and described it as being "Tasty" and "A very nice meal." Most people ate independently but some were asked if they needed any help. Although most people sat in the dining room for lunch, others chose to sit in a quiet cluster in a separate area. We heard a member of staff ask one person "Where would you like lunch today (X)? Would you like it here with (X and X) by the window?"

One person told us "If I don't like the food I just tell them and they get me something else. We had salad yesterday and I really enjoyed it." Another person, in the lounge/own room told us "There's a good variety and they know I have to be careful of too much sugar or salt. I usually go into the dining room but sometimes I might just fancy a sandwich in here." Staff were aware of the importance of good hydration and we observed people were offered and had access to a range of hot and cold drinks. Tea and coffee was provided throughout the day. One person told us "You can just ring your bell in the middle of the night and if you wanted a drink or a bite to eat they'd do anything to meet your needs."

People were supported to maintain good health. The manager confirmed that a local GP visited Rosedale on a weekly basis for their "ward round" and a district nurse came in daily to administer insulin. The manager also told us that in the past, the home has cared for the mothers of doctors, nurses and social workers. This was confirmed by the district nurse who said they had "Absolutely no concerns" and told us "One of our colleagues has a family member here, so that says it all really." People and their relatives told us they were happy regarding the availability



## Is the service effective?

of health professionals, when necessary. Care records confirmed that people had regular access to healthcare professionals, such as GPs, speech and language therapists, podiatrists and dentists. We saw that, where

appropriate, people were supported to attend some health appointments in the community. Individual care plans contained records of all such appointments as well as any visits from healthcare professionals.



# Is the service caring?

## Our findings

We received very positive feedback from people and their relatives regarding the caring environment and the kind and compassionate nature of the manager and staff. They told us they had the opportunity to be involved in individual care planning and staff treated people with kindness, dignity and respect. One person told us “I’m very well looked after, couldn’t be better.” Another person told us “They just do any little thing I need and they are very, very kind to me. I didn’t want to come into a home, I’ve been very independent, but there’s no problem here at all. It’s unbelievable and they’re so kind to everyone. You always get a cheery good morning off everyone. It’s the best you could get.” One person, who had lived at Rosedale previously, described to us how they had gone to live with their family some way away “But it didn’t work out and I just wanted to come back here, this is my home. It was just like coming back home.”

A relative told us “The staff have a challenge on with Mum and she can be very difficult at times but they do a great job. It’s their approach and the way she is spoken to. Her keyworker has got a way of talking to her which encourages her to get up or to have a shower. And she’s always very comfortable with staff.”

Another relative told us “This home came highly recommended, by the church and other friends. We felt this was very homely and the staff were lovely. A place came up elsewhere but we decided to wait for a place here as this is what we wanted. It’s been a huge success, her health has improved and she’s started to eat regularly. It’s as though all the pressures have been taken away and because her health is better it seems like her dementia is better. They said that as a family they had been “devastated” at the thought of full time residential care but the manager had been “so supportive and reassuring.” They told us “It’s important for Mum to know exactly what’s going on and they always make sure she knows and never let her down. The improvements in such a short period of time have been amazing.”

These views were reinforced by a visiting district nurse who told us “The staff here are always very professional in their approach and people receive a very high standard of care.” Throughout the day we observed staff to be consistently very helpful, compassionate and caring. We saw and heard staff speak with and respond to people in a calm,

considerate and respectful manner. We observed staff speak politely with people. They called people by their preferred names, patiently waited for and listened to the response and checked that the person had heard and understood what they were saying. Their conversations with people were not just task related and we saw them regularly check out understanding with people rather than just assuming consent. A member of staff told us “Oh we chat about allsorts here. We talk about everyday occurrences, the news, what’s going on, that sort of thing.” We also saw staff knocking on people’s doors and waiting before entering. In other examples of the consideration and respect people received, we saw that people wore clothing that was clean and appropriate for the time of year and they were dressed in a way that maintained their dignity.

The manager and staff demonstrated a strong commitment to providing compassionate care. The manager told us people were treated as individuals and supported and enabled to be as independent as they wanted to be. We observed that staff involved people, as far as practicable, in making decisions about their care and support. For example we saw a person who enjoyed sitting out in the garden. As they were unsteady on their feet, a member of staff supported them to a chair in the shade, where they had coffee with a friend. At intervals throughout the morning, staff checked they were okay and regularly asked if there was anything else they needed. We spoke with the person who told us “The staff here are wonderful, so kind and helpful. Nothing is too much trouble.”

A member of staff told us that people were encouraged to take decisions and make choices about all aspects of daily living and these choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend reviews. They said they were kept well-informed and were made welcome whenever they visited. One relative told us “Yes every so often, time is set aside, so there are regular sessions to discuss Dad’s care. But communication here is very good and I can talk to (the manager) anytime – about anything and everything.”

Relatives emphasised the manager’s expertise of dementia. The manager and staff recognised that dignity in dementia care also involved providing people with choice and control. The manager knew what type of dementia people



## Is the service caring?

were living with. There was a strong homely feel and this was enhanced by staff not wearing uniforms.. The staff group were clearly dedicated to the people at Rosedale and there was superb team work with happy, confident and enthusiastic staff. This created a calm but engaging environment, where people were smiling, relaxed and responsive.

The manager was directly involved in providing 'dementia friends' training and told us that relatives had been invited to take part. Relatives we spoke with told us they "Really appreciated" the opportunity and said they had "gained a lot from it." Staff and the manager were aware of the barriers to communication for people living with dementia. They understood the frustration it caused for people and their relatives. They devised ways of working that acknowledged people's frustrations and also took account of their relatives' experiences. The dementia friends training sought to share strategies to positively overcome the challenges presented. We observed that staff were aware and very understanding of people's individual reality and happily accommodating of this

In 2014, Rosedale Care Home achieved the Gold Standard Framework (GSF) Quality Hallmark Award. The GSF provides structured guidance and training to all those providing end of life care, to help ensure better lives for people through high quality standards of care. The national accreditation recognised the 'outstanding care' that Rosedale provided. At the award ceremony, in London, the dedication and efforts of the manager and staff were acknowledged in the following tribute: 'Homes like Rosedale are a beacon for others to follow, as they provide the right care, in the right place, at the right time. Offering their residents the sort of care we would want for ourselves and our loved ones.'

We saw people's wishes in respect of their religious and cultural needs were respected by staff who supported them. Within individual care plans, we also saw personal and sensitive end of life plans, which were written in the first person and clearly showed the person's involvement in them. They included details of their religion, their next of kin or advocate, where they wished to spend their final days and what sort of funeral they wanted.

# Is the service responsive?

## Our findings

Staff emphasised the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet those needs. We looked at a sample of files relating to the assessment and care planning for four people. Each care plan had been developed from the individual assessment of their identified needs. We saw that people were assessed before they moved in to the service, to ensure their identified needs could be met. Plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history (My life before you knew me), interests and guidelines for staff regarding how they wanted their personal care and support provided. However we found that care plans were bulky and cumbersome and contained too much historical information, such as diary sheets going as far back as 2011. The plans were also disorganised and lacked structure, including any index or dividers, making it difficult to access specific information. These issues were discussed with the manager who acknowledged the plans could be more concise, so making information more readily accessible. •

Staff worked closely with individuals to help ensure that their care, treatment and support was personalised and reflected their assessed needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. One person told us "There's quizzes, word searches, crosswords and we go out into the garden, have you seen our garden, it's lovely?" Another person told us "Oh there's all sorts, bowling, skittles, shopping. They even took me to the pantomime even though I'm in a wheelchair. They know I like my music." We spoke to one person who was busy knitting in the lounge. They told us "I do knitting for Oxfam. I knit squares and there's a member of staff that sews it together and then we go to Oxfam together to take it."

Relatives also spoke highly of how responsive the service was. One relative told us "X loves her music and they make sure she gets that. They have dogs and cats, bingo, ball

games. They know that music is her thing though and if she is anxious they sing to her and it relaxes and calms her." Another relative told us "They involve X in as much as they can; it gives her a feeling of purpose, things like folding clothes. There's lots for her to do. She loves her roommate and we all went out for her birthday." One relative spoke of the importance of routine and the need for consistency. They told us "X is really driven by routine and they are so understanding about making sure she knows what's happening and when." This was reinforced by another relative who told us "We've worked together to work out with Mum what routine suits her and it all works around that. (The manager) was great at offering advice and guidance about all of that."

Throughout the day we observed friendly, good natured conversations between people and individual members of staff. Whilst we were chatting to someone in their room they began to cough and used their call buzzer. A member of staff came quickly and was happy to get a drink of water. They said "Do you fancy a cup of tea as well?" On returning with the drinks the carer said "X can I suggest that because you're a bit shaky today I put this (clothes protector) on for you in case you spill your tea, as it's quite hot." The person was entirely happy with this and the table was pushed closer and the person then held up a cloth and said "Could you take that?" The member of staff replied "Yes of course, do you want me to take it to be washed X...anything else? Can I put your buzzer on the table so you can call us easily if you need to?"

People and their relatives told us they were satisfied with the service, they knew how to make a complaint if necessary. They felt confident that any issues or concerns they might need to raise would be listened to, acted upon and dealt with appropriately. Records indicated that comments, compliments and complaints were monitored and acted upon and we saw complaints had been handled and responded to appropriately and any changes and learning recorded. For example, we saw that, following a concern raised by a relative, a person had their care plan reviewed and their support guidelines amended. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The manager showed us the complaints procedure and told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring, wherever possible, a satisfactory outcome for the complainant.

# Is the service well-led?

## Our findings

People, relatives and staff spoke very highly of the manager and felt the home was well-led. People said they felt there was an open and honest culture within the home of speaking up about any issues or concerns and that all the staff were approachable. The manager was mentioned positively on many occasions during our discussions throughout the day. One person told us “We couldn’t do without her, she’s wonderful and kind and so is her husband. They go out their way to make you happy. They are both so dedicated.” Another person told us “She is pretty thorough and I see her regularly. Her office is always open for us or I can talk to the staff first, either really.”

Relatives said that they were always made to feel welcome when they visited and spoke of the “very homely” environment. . One relative told us “I’m always made welcome, the kettles always on and I can have a cup of tea and talk to them.” Without exception, everyone we spoke with wholeheartedly said they would be happy to recommend the home. Typical comments included “I would definitely recommend this home, especially because of the intimacy” and “Yes bring your mum here, she’ll be well looked after – and the boss is very good.”

During our inspection there was a lot of emphasis and comment regarding the manager’s support, which went beyond providing supervision and appraisals. There was also clearly a great emotional investment in the staff group in conjunction with more practical support, such as training. One member of staff told us “Of course the residents are her priority but she (the manager) also genuinely cares for the staff and always checks out how we are, to make sure we’re okay.”

People also said they felt there was an “Open and honest” culture throughout the home and they were encouraged to “Speak up” and raise and discuss any issues or concerns they may have. They told us the manager was “Very approachable” and “So easy to talk to.” This was supported by members of staff who we spoke with. One told us “We have an open culture here, where residents and staff are encouraged and expected to raise and discuss any concerns or issues they might have.” Relatives confirmed they were asked for their views about the service. They spoke positively about the level of communication and said they felt “well informed.”

The registered manager, who with her husband, is also the provider has owned and managed Rosedale Care Home since 1998 and has a high public profile within the local care sector. As previously documented, she is ‘chair’ of the local Care Association and sits on the West Sussex Safeguarding Board. The manager also confirmed that she has a close working relationship with the reputable training organisation ‘Skills for Care’.

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service, and said they would have no hesitation in reporting any concerns. They were also confident that they would be listened to, by the manager, and any issues acted upon, in line with the provider’s policy. Staff had confidence in the way the service was managed and described the manager as “approachable” and “very supportive.” We observed the manager engaging in a relaxed and friendly manner with people, who were clearly comfortable and open with them.

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service and said they would have no hesitation in reporting any concerns they had. They were also confident that they would be listened to, by the manager, and any issues acted upon, in line with the provider’s policy.

The manager notified the Care Quality Commission of any significant events, as they are legally required to do. They also took part in reviews and best interest meetings with the local authority and health care professionals.

Quality assurance systems, including audits and satisfaction surveys, were in place to monitor the running and overall quality of the service and to identify any shortfalls and improvements necessary. Through regular audits, providers can compare what is actually done against best practice guidelines and policies and procedures. This enables them to put in place corrective actions to improve the performances of individuals and systems.

There were systems in place to record and monitor accidents and incidents. We reviewed these and found entries included details of the incident or accident, details of what happened and any injuries sustained. The manager told us they monitored and analysed incidents and accidents to look for any emerging trends or themes.

## Is the service well-led?

Where actions arising had been identified, recording demonstrated where it was followed up and implemented.

For example, following a medication error, we saw that procedures were reviewed and amended. After the accident we were able to see the actions that had been taken and how the on-going risk to this person was reduced.