

Residential Care Providers Limited

# Residential Care Providers Limited

## 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

We undertook an unannounced inspection on 22 January 2020 of Residential Care Providers Limited – 11 Kenton Road. Residential Care Providers Limited - 11 Kenton Road is a service providing accommodation and personal care for up to six people with learning disabilities and complex needs, in central Harrow. At the time of this inspection, six people were using the service.

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

All people in the home had learning disabilities and could not always communicate with us and tell us what they thought about the home. We therefore spent time on the inspection observing the experience of people and their care. We also observed how staff interacted with people and the support they provided. We observed that people appeared at ease when in the presence of staff. Staff spent time with people.

Relatives informed us that they were satisfied with the care and services provided. Relatives also told us that they were confident people were safe in the home.

Systems and processes were in place to help protect people from the risk of harm. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Appropriate risk assessments were in place and included guidance for staff on how to minimise risks to people.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

Appropriate recruitment checks had been carried out. The home had adequate staffing levels and staff were able to attend to people's needs.

We found the premises were clean and tidy. There was a record of essential maintenance carried out at the home. Bedrooms had been personalised with people's belongings to assist people to feel at home.

There was a positive, open and supportive culture at the service. The registered manager, deputy manager and staff team were committed to ensuring people were at the heart of the service and provided with personalised care.

Staff received the training, guidance and support they needed to do their job well and to effectively meet people's needs. Staff spoke positively about their experiences working at the home and said that they received support from management. Teamwork was effective in the home.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way

possible.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. DoLS authorisations were in place where appropriate.

People were respected and treated with dignity. Staff encouraged and promoted people's independence.

People had the opportunity to participate in a broad range of social activities. They were supported to live life to the full despite many people having complex needs.

People's individual communication needs were understood by staff and management. A range of tools were used to support and promote people's individual ways of expressing and communicating their needs and wishes. Staff understood and valued people's differences.

An appropriate complaints procedure was in place. We noted that since the last inspection, the service had not received any complaints.

There were quality assurance systems in place to identify and address any shortfalls and make improvements to the home. The registered manager and staff team were continually seeking ways to develop and improve the service for people.

The home was managed effectively and had an open and inclusive culture. Morale among staff was positive and they spoke enthusiastically about working at the home.

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

People benefited from living in a care home which provided effective, caring and well-led care and support.

Rating at last inspection

The last rating for this service was good (published 27 June 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.

# Residential Care Providers Limited

## **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

Residential Care Providers Limited –11 Kenton Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 (CQC). 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

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. 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.

#### During the inspection

All the people in the home had learning disabilities and could not always communicate with us and tell us what they thought about the service. We therefore spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day. We spoke with members of staff, including the registered manager, deputy manager and three care workers.

We reviewed a range of records. This included three people's care records, medication records for six people, staff training records, four staff files in relation to recruitment, and incident and accidents records. We also reviewed a variety of records relating to the management of the service, including quality assurance audits and checks and records relating to the safety of the premises.

#### After the inspection

We spoke with two relatives about their experience of care provided. We also spoke with one care worker.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to keep people safe. They demonstrated a good understanding of the indications of abuse and were clear on how to report concerns under safeguarding and whistleblowing procedures. There was a calm environment in the home. Policies and procedures were in place to safeguard people from abuse and the risk of avoidable harm.
- When asked if people were safe in the home, both relatives told us, "Yes, (my relative) is safe in the home."
- The registered manager was aware of the need to report safeguarding concerns to the local authority and to the CQC. Since the previous inspection there had been no safeguarding incidents at the home.
- People living in the home required assistance and support with their finances as they did not have the capacity to do this. Care support plans we looked at included information about the level of capacity people had in relation to their finances and the level of support they required from staff with managing their finances. We checked a sample of financial records for two people and found no discrepancies. Staff carried out checks on people's finances as part of the daily staff handover. Management also carried out quarterly checks on people's finances to check that people's monies were managed safely and appropriately.

Assessing risk, safety monitoring and management

- Systems to keep people safe and manage and monitor risks were in place. Comprehensive risk assessments were person specific and included clear details of potential risks and a detailed management highlighting how to support people to minimise risks. Where people displayed behaviour that challenged the service, there were proactive strategies in place to help people and staff remain safe and protected from foreseeable risks. These reflected people's individual needs. Staff we spoke with were aware of how to keep people safe from these risks.
- Daily handovers and clear communication within the team enabled staff to keep up to date with changes in relation to risks.
- Health and safety checks and maintenance of the building and equipment were carried out. A health and safety risk assessment of the premises had been completed to ensure the home was maintained and any risks to people's health and safety were identified and addressed. Risks associated with the premises were assessed and relevant checks on gas and electrical installations were documented and up-to-date. The registered manager carried out a regular premises audit to ensure the home was maintained and any potential risks to people's health and safety were identified and addressed.
- Systems were in place to deal with a foreseeable emergency. The fire plan was clearly displayed in the home detailing fire exits and escape routes. Staff had completed fire safety training. Personal emergency and evacuation plans (PEEPs) were in place in case of an emergency. These were specific to each person and included details of how the person should be supported in the event of an evacuation.

- Regular fire drills and checks were carried out and documented appropriately.
- Water temperature was controlled in the home to ensure it did not exceed the recommended safe water temperatures. Staff checked and documented hot water temperatures.

#### Using medicines safely

- The service had a policy in place which covered the recording and safe administration of medicines. There were no gaps in people's medicines administration records (MARs) we looked at. This showed that people received their medicines as prescribed.
- Medicines were stored securely in the home. The temperature of the medicine cabinet was monitored and recorded daily.
- Staff completed medicines administration training and their competency was assessed to ensure they handled medicines safely.
- Detailed personalised protocols for the administration of medicines that were given when needed by the person (PRN) were in place. These had been written and signed by a doctor. PRN protocols were in people's care records and also fixed on the medicine's cabinet in the office. This ensured protocols were easily accessible to staff.
- Each person's care records included a list of their prescribed medicines which included details of the reason why it was prescribed and potential side effects.
- Staff completed weekly medicines stock checks to confirm people's medicines had been correctly administered.
- The deputy manager confirmed that she carried out checks on MARs but these were not documented. We discussed this with management and they confirmed that in future they would ensure audits carried out on MARs were documented.
- A medicines audit was completed by an external pharmacy in February 2019. We noted that no issues were raised.

#### Staffing and recruitment

- Recruitment and selection procedures were in place to ensure prospective employees were suitable and did not pose a risk to people in the home. Records showed appropriate checks had been undertaken.
- We discussed staffing levels with the registered manager and care workers. Feedback indicated that there were sufficient numbers of staff to safely meet the needs of people.
- We observed that staff worked at a relaxed pace and were available to assist people in a timely way. Staff told us they felt there were enough staff to safely meet people's needs. A nurse informed us they would speak with the registered manager if they felt that more staff were needed. They were confident they would be listened to and any staffing shortfalls would be addressed.

#### Learning lessons when things go wrong

- Accidents and incidents had been documented and included information about subsequent action taken by the home.
- The registered manager reviewed accidents/incidents to look for patterns and trends. Action was taken to minimise the risk of them happening again.
- The registered manager carried out a regular review of accidents and incident forms to see if there were any patterns and to ensure lessons could be learnt when things went wrong.

#### Preventing and controlling infection

- Systems were in place to minimise the risk of infection. The home was clean and free from unpleasant odours. Regular checks of the cleanliness of the environment were carried out.
- Staff we spoke with confirmed that they were provided with personal protective equipment (e.g.



disposable gloves and aprons) to reduce the risk of cross-infection.

- In September 2018, the Food Standards Agency carried out a check of food safety and hygiene and awarded the service four out of five stars, rating the service as "good". The registered manager explained that they had actioned recommendations made.

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

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff who had the necessary knowledge and experience to perform their roles. One relative told us, "[My relative's] communication is limited but they seem to understand [my relative] more than I do." Another relative said, "I feel confident that staff who have been there for a long time know what they are doing."
- Staff completed a range of relevant training appropriate for their job roles. Training included safeguarding, fire awareness, first aid, health and safety, nutrition and diet and medicines administration. Staff also received training in specialist areas relevant to the needs of individual people, such as positive behaviour techniques and epilepsy.
- There was a matrix in place which outlined what training individual staff members had received and when they were due to update this training. This ensured that the registered manager was able to continuously monitor this and ensure staff remained up to date with training.
- Newly employed staff received an induction to assist them to understand their role. The induction which incorporated the Care Certificate Standards consisted of training and competency checks. The Care Certificate is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.
- Staff were provided with regular supervision and appraisal of their development and performance. This and staff meetings provided staff with opportunities to discuss any issues and share best practice.

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

- People's needs had been individually assessed and care plans illustrated this. Details of people's needs, including their daily routines, cultural, religious, nutrition, communication, social and emotional support were documented. People's preferences were clearly documented to help ensure people's specific needs could be met by staff supporting them. People had an 'essential lifestyle plan' in place which included details of non-negotiable aspects of their life, routines, strong preferences, highly desirables and communication preferences.
- Records of people's progress were completed by staff. Staff told us they were kept well informed about people's needs through effective communication systems, which included detailed handovers of people's care and support needs. This helped ensure that staff always provided people with personalised effective care.
- Care plans were regularly reviewed and amended when changes occurred or if new information came to light.

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.

- Care support plans included information about people's capacity to make decisions, and their communication needs. Care plans included a communication section which provided specific details about people's communication needs and preferences.
- The registered manager understood when an application to deprive someone of their liberty should be made and appropriate applications had been made. Standard authorisations were in place for people where it was recognised that there were areas of their care where their liberties were being deprived to ensure people were supported appropriately. We noted that one person's authorisation had expired. The registered manager explained that they had previously informed the local authority of this and were waiting for them to conduct a further review. The registered manager showed us documented evidence of his communication with the authority.
- Staff received training in the MCA principles and staff we spoke with had a clear understanding on how it should be reflected in their day-to-day work and had a good working knowledge of DoLS.
- On the day of the inspection we observed staff repeated questions if necessary in order to ensure that people understood choices available. Staff also sought people's agreement before helping them.

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

- People's dietary needs were understood by the service. People's nutritional and dietary needs were assessed and monitored. Guidance had been sought from relevant healthcare professionals when required.
- Staff consulted with people about what type of food they preferred and ensured that food was available to meet people's diverse needs. Care support plans included comprehensive information about people's dietary needs.
- Staff monitored people's food and drink intake to ensure people received sufficient amounts each day.
- On the day of the inspection we observed two people having lunch in the dining area. Both people were provided with the support they needed in a calm and engaging manner.

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

- People accessed community healthcare services including doctors, dietitians, dentists, chiropodists, and specialist nurses. The home worked with professionals to ensure people's healthcare needs were met.
- People's care records included information about their medical history and the management of medical conditions including clear written protocols for staff to follow.
- Each person had a health passport place in an easy read, pictorial format. These included detailed information about people's healthcare needs, medicines, allergies, preferences and areas they need support. This ensured people received appropriate support and minimal disruption to their care when

admitted to hospital.

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

- The home was comfortable and well furnished. People's rooms contained personal possessions to reflect their individual personalities and the décor took account of people's individual needs and preferences.
- People had appropriate space to socialise with others, eat in comfort, or spend time alone if they wished to.
- We noted that some areas in the home looked tired and in need of refurbishment. We raised this with the registered manager and he advised that this was an area that they were looking into.

# 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 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

- Staff understood people's communication needs and engaged with people in a friendly and respectful way. Staff did not rush people when providing them with care and support. They spoke with people in a polite way, giving people time to understand and respond. Relatives told us that staff were kind, caring and patient. One relative said, "Care staff are very helpful. They are very much caring. [My relative] has two very good carers. [My relative] loves them to bits. I can't ask for more." Another relative said, "The manager is keen to maintain high standards."
- Staff had a good understanding of the importance of understanding and respecting people's differences and were knowledgeable about diversity and human rights. Staff knew how to support people's diversity needs including their religious and cultural beliefs and traditions in areas such as diet and personal care needs.
- People appeared at ease when in the presence of staff. Staff knew people well and prioritised people's needs and requests. Staff were respectful to people and provided them with assistance in a kind and considerate manner. For example; on the day of the inspection, we observed one person become agitated. The registered manager responded to this swiftly, reassuring and engaging with the person. This immediately put the person at ease.
- Staff were aware of the importance of not intruding into people's private space. When providing personal care, staff closed the door.
- Staff recognised the importance of providing care in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles.

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

- Relatives told us they were fully involved in decisions about people's care. One relative said, "They let me know about things that I should know about." Another relative told us, "They keep me informed of what is going on. I always ask questions. They keep me very much involved."
- People had the opportunity to take part in resident's meetings. These meetings gave people the opportunity to be communicate with one another and make suggestions. The registered manager understood the importance of involving people in making decisions for themselves wherever possible.
- People's care plans contained 'communication passports'. This provided personalised information on how people communicated and how staff should communicate with them making specific reference to key words and gestures.
- Staff used their knowledge of people's individual needs to promote effective communication with each individual. During the inspection, we observed one person was unable to verbally communicate, however

she used particular gestures to communicate. The registered manager and a care worker were fully aware of what this meant and responded to the person using words of reassurance and support.

- A key worker was allocated to each person. The key worker carried out monthly review meetings with people to assess their emotional wellbeing, changes in behaviours, cultural needs and social skills. Annual review meetings were held to discuss and review people's care to ensure people's needs were being met effectively.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support people with dignity. We observed caring and positive interactions from staff who knew people well. During the inspection, staff supported people in a manner that maintained their dignity. Relatives told us they felt people's dignity was upheld. They told us staff respected people's privacy and made sure people were told about care tasks before they carried them out.

- People's care records and other personal information were stored securely. Staff were aware of the importance of confidentiality and held meetings or telephone conversations with relatives or healthcare professionals in private.

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care plans contained personalised information about people's care and treatment needs. They included guidance for staff on how to provide people with safe and effective care. Staff told us they read people's care plans and were kept well informed about their needs.
- Staff knew people well and could tell us about people's needs including their individual likes and dislikes. Staff told us how they communicated with people and their relatives to obtain important information in relation to people's needs and preferences.
- Alongside people's care plans, there were daily files in place. These were completed each day so staff had up to date information about people's current needs. This provided staff with up to date information about people's current needs and they were therefore able to provide appropriate support according to people's specific needs.
- Staff completed training about positive behaviour techniques. Staff had knowledge of possible triggers of behaviours that may challenge and the skills to support people to help make them feel at ease and minimise escalation. One relative told us, "They monitor [my relative] well. If [my relative] lashes out they know what to do to manage the situation. They are looking after [my relative] well and adapt to changes."
- People's care plans also contained positive behaviour guidelines which included information on gentle deflection techniques to ensure people safely received appropriate support according to their specific needs and behaviours.
- Care support plans included an oral health assessment tool, information about people's oral care needs and details of the support people required to meet their needs.

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 were provided with opportunities to take part in a range of activities. Each person had a weekly time table of activities. These included a range of indoor and community activities and events. Activities included going to the day centre, shopping in town, meals out, a cinema night and a weekly music session.
- The home had a dedicated activities and sensory room. People were able to get involved with activities which included puzzles, arts and crafts and board games.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were detailed in their care plans. Care plans included personalised details and guidance for staff to follow to meet those needs
- Staff used a range of ways to communicate with people. Care staff told us that they showed people a choice of clothes and meals to support people to understand and make choices. Pictures, signs, hand gestures and eye gaze communication were tools used to help staff communicate with people.
- Key information was provided in a way people could understand. This included use of noticeboards. Parts of people's care plans were written in a user-friendly way using an easy-read style with pictures and graphics. There were signs around the home in pictorial form.
- On the day of the inspection, we observed numerous instances where staff respectfully repeated explanations to people in a way they could understand. For example; the registered manager assisted one person with their medicines and he used various means to engage this person's attention using gestures and specific words.

#### Improving care quality in response to complaints or concerns

- Policies and procedures on raising complaints, concerns and compliments were in place. Relatives we spoke with told us that if they had any queries or concerns they would contact the registered manager without hesitation. One relative said, "I can absolutely can speak with the manager and deputy manager - no problem." Another relative said, "If there are any problems, there is always someone to talk to."
- Records showed the home had not received any complaints since the last inspection.
- Staff told us that if there was a concern, they were confident that it would be investigated thoroughly.

#### End of life care and support

- The home was not supporting anyone with end of life care at the time of the inspection.
- People's preferences and choices regarding their end of life care were explored with them and recorded in their care support plans.



# 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 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

- Staff promoted a person-centred approach to people's care and support. People were involved where possible in developing and reviewing their care plans.
- The atmosphere in the home was relaxed and calm, people appeared to be comfortable in the environment.
- There was an established a culture in the home that emphasised the importance of providing people with person-centred care. Relatives spoke highly of the management and running of the home. When speaking about the registered manager and deputy manager, one relative said, "I have known them for many years. They are fantastic. They treat my son like family." Another relative said, "They are open to suggestions and criticism. We talk things through. [The registered manager] has a high standard."
- Staff spoke positively about working at the home. They described a positive and inclusive culture within the home and felt able to openly speak with the registered manager. One member of staff told us, "I like the way they are very invested in the residents. For example; with their wellbeing, nutrition and physical health. This is the first place I have worked at where people are really looked after with their physical health. I am really impressed by the service. Any little thing, management want to be informed. They are hands on and involved."
- Monthly staff meetings provided opportunities for staff to obtain information, provide feedback and to discuss best practice guidance. Staff spoke positively about team working in the home and said there were effective lines of communication between staff. One member of staff said, "Good communication - one thing that is really important here. No worries at all. Everyone gets along and works with each other. Everyone communicates and gets on well."

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

- The registered manager and deputy manager carried out a range of checks of the home to ensure care provided was safe and effective. Audits were completed which covered areas such as health and safety, maintenance and care support plans. This was to check that the quality of care was regularly monitored and evaluated.
- Staff we spoke with were clear about their roles and responsibilities and spoke positively about teamwork and communication between staff about the service and people's needs.
- The registered manager was clear about their role, and all the registration requirements were met. The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns

and near misses, and report these internally and externally as necessary. The registered manager knew what incidents required to be notified to the CQC. CQC uses this information to monitor the service and ensure they responded appropriately to keep people safe.

- The registered manager had clear oversight of the running of the home. Both the registered manager and deputy manager were able to provide in-depth information about people's needs and had a thorough knowledge and understanding of the running of the home.
- The registered manager maintained good communication with the staff team to ensure there was a shared understanding of any quality issues or new risks within the home.

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

- There were systems in place to review, analyse, reflect, review and learn from accidents and incidents.
- It is a legal requirement that a service's latest CQC inspection report rating is displayed at the home where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered manager had ensured that the displayed the rating in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People and relatives were kept informed of changes within the home. A stakeholder survey was sent out in November 2019. At the time of this inspection, the registered manager was waiting to receive some responses.
- There was an open-door policy in the home. Relatives told us that the registered manager and other staff were very approachable. On the day of the inspection we observed staff freely went into the office and the registered manager was available to listen to any queries and to provide solutions. One member of staff said, "Support is good. I can always ask questions to the managers if I need to." Staff we spoke with confirmed they were listened to by management and felt any suggestions they made were taken seriously.
- Where required, the service communicated with external parties which included local authorities and healthcare professionals and we saw documented evidence of this.