

Gresham Care Limited

Upfield

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

Upfield is a small residential care home providing accommodation and personal care support to up to six people living with learning disabilities and/or autism. At the time of the inspection six people lived in the home.

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

People and their relatives told us they felt safe in the home and could live the lives they wanted and enjoyed. There were enough well-trained and competent staff to support people in a flexible way meeting their needs.

People were valued and seen as individuals and their support was tailored to what they could and wanted to do, with positive risk taking being enabled and appropriate support in place when they found themselves in difficult-to-manage by themselves situations. People and their relatives told us staff were nice, caring and intuitive.

People received safe support to stay healthy. This included help to take their medicines, to access healthcare services when needed and to maintain a healthy, balanced diet.

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 meeting the underpinning principles of Right support, right care, right culture.

Right support:

Model of care and setting maximised people's choice, control and independence;

People were supported to do what they wanted and to live the lifestyle which met their preferences and supported their independence and learning new skills. They were also consulted and involved in who they lived with, how their home looked and how it was maintained and organised. Where people had moved into the home, they had had an opportunity to meet everyone and see if they liked it as part of the preparation.

Right care:

Care was person-centred and promoted people's dignity, privacy and human rights; People received personalised support which addressed their individual needs and risks respecting their unique personalities, wishes, preferences and interests. Staff supported people in a way which was seamless and gave control to people over how their day went. Staff respected people's independence, privacy and dignity and involved them in their support.

Right culture:

Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives;

People were supported to develop their skills, to manage their challenges and to enjoy what they liked doing. The atmosphere in the home was friendly, fun and homely and created by people living there. This was also recognised by people's relatives who told us people felt at home. The management team and staff understood well who people were and what support they needed. When they spoke about people, they did that in a caring, appreciative and animated way.

The management team had good oversight of the quality and safety of the home environment and support provided and told us they were well supported by the provider. The managers continuously improved the home and listened to people, their relatives and staff when making changes. They were praised for their leadership and staff told us they worked well as a team.

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 9 May 2019 and this is the first inspection. The last rating for the service under the previous provider was good, published on 8 August 2017.

Why we inspected

This was a planned inspection following the changes in registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Upfield

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Upfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with and communicated with five people who used the service and six relatives about their experience of the care provided. People who lived in the home communicated with us using verbal communication, simplified Makaton, objects of reference and their body language. Makaton is a communication system which uses signs and symbols to help people to communicate. We spoke with six staff members, including the registered manager, assistant manager and support staff. We observed support provided to people by staff and interactions between people and staff. We reviewed one person's support and care records and multiple individual medicines records. We also reviewed one staff file in relation to the pre-employment checks and staff training. We looked at a variety of quality and safety monitoring and management records as well.

After the inspection

We continued to review further evidence. This included one person's support and care records, as well as the provider's policies and procedures, infection prevention and control records and further quality and safety audits. We also reviewed staff training records, various people and staff meeting records and satisfaction survey outcomes.

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 of 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 were protected from abuse and neglect. People's relatives told us their loved ones felt comfortable and secure in their own home. One relative said, "As a whole as long as [person] is happy, I am happy. [Person] came back for the Christmas, but they could not wait to go back home." We observed people approached staff freely and without hesitation. For example, one person was anxious and sought reassurance from staff who supported them in a respectful and caring manner. Some people completed specific training on how to keep safe and safeguarding.
- People received support in a non-restrictive way when they became anxious. Staff followed clear step by step guidance in people's care plans on how to de-escalate any potentially dangerous situations without using restraint. The records we reviewed confirmed this was successful. Staff were also trained in how to support people in a safe way should the situation escalate, and although they did not need to use these support methods, they were prepared to keep everyone safe in a least restrictive way.
- Staff knew how to recognise and report any concerns and told us the registered manager would listen and act on them. One staff member said how they would report safeguarding matters, "In house to [the registered manager] or [the deputy manager]. We have MASH Surrey (local authority safeguarding hub), I could go to there. I could also go to senior management." All staff, not only senior staff, had been trained in how to place a safeguarding referral with the local authority.
- The registered manager reported any safeguarding incidents to the local authority and CQC as required and took action to protect people.

Assessing risk, safety monitoring and management

- People received support to keep safe but were also encouraged and helped to take positive risks. For example, one person found certain ordinary day to day places difficult to cope with. Staff knew to avoid them but when the person felt like to challenge themselves and try to overcome their fear, staff supported them to do so safely and celebrated with them when they managed to do so.
- Staff helped people to develop their independence and skills even when it meant finding alternative ways and working together to overcome possible risks such as around food safety or using the kitchen equipment. Staff told us how they worked with people, using their preferred method of communication and step by step guidance to develop an ability to safely enjoy cooking. We saw on the day of the inspection people indeed took great pride in preparing meals for everyone.
- People's support plans included clear guidance for staff on how to support them safely and protect them from avoidable harm. Staff assessed and regularly reviewed individual risks around health needs, finance and home environment, things people liked doing or day to day tasks. Where people had allergies, this was also recorded and known by staff. People had individual plans on what support they needed in the event of any emergencies.

- The provider monitored health and safety of the home environment and addressed any improvement needs. Staff regularly checked if the home was safe and people were included in performing those checks.

Staffing and recruitment

- There were enough staff to support people in a timely and flexible way and in line with their individual needs. People we talked with confirmed there were staff around and always available which we also saw on the day of the inspection. No one needed to wait for support and staff were flexible in making sure people could go out with support when they wanted to do so, including late afternoon.
- Staff told us there were enough of them to ensure people received support safely and when they needed. One staff member said, "Overall we have a stable team and we are ok with staffing." Another staff member said, "Staff seems to be happy; it feels calm"; and commented appropriate staffing levels were maintained every day.
- The registered manager ensured pre-employment checks were completed to ensure new staff were suitable to work in social care. This included a Disclosure and Barring Service (DBS) check which helps employers make safer recruitment decisions and include a criminal record check.

Using medicines safely

- People and their relatives told us support with medicines was safe. One relative said, "[Person] comes home sometimes, and they send over their medicines with a sheet. I can see what is going on and it all seems ok." People's medicines administration records were completed correctly and in line with the national best practice guidance for safe management of medicines.
- We asked one person using signs what they thought about how their medicines were stored and how they were supported to have them. They replied with 'thumbs up', a nod and a smile which indicated they were happy with the support. We also saw this person was encouraged to take control over applying their cream with staff encouragement and guidance on how to do it safely and correctly.
- Staff were trained, and competency assessed around safe management of medicines. We observed on the day they followed good practice. People had their own secure storage for their medicines and were supported with their medicines in the privacy of their bedrooms.
- Where people needed 'when required' medicines, there was clear guidance on what they were for and how they should be taken. People's support plans included clear risk assessments on medicines they were taking. Where people were taking specific high-risk medicines, this was regularly reviewed with their prescriber and closely monitored by staff to avoid using it when not necessary.

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.
- The provider was supporting people to host visitors in the home and to go out in accordance with the current, at the time of the inspection, guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals

visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Learning lessons when things go wrong

- The registered manager regularly reviewed incidents, accidents and medicines errors to establish any lessons learned, trends or correlations in order to better support and protect people going forward. They received weekly support from the provider's senior management and specialist teams to do so.
- Staff reflected on any incidents and lessons learned and changes were made to minimise any future risks to people. For example, staff implemented additional ways of communicating with people's families around their medicines and providing support to ensure the information shared was easy to understand and to follow.
- Staff reviewed any incidents of people becoming anxious or upset and reacting toward others and the environment to establish what could be improved in their support to avoid those difficult situations or to support them to better manage their response in the future.

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

- The registered manager ensured people and their representatives, as well as any relevant health and social care professionals were included and involved in making decisions on where and how they would like to be supported. One person moved into the home recently. This was carefully organised. Their relative told us, "Things are going well, the transition was well co-ordinated."
- This person had a robust plan in place which included an individual needs assessment around their support needs, communication, life story, preferences and things important to them. The registered manager also organised workshops for staff involving their previous supporters, to enable them to better understand the person, their likes and needs and how to support them successfully. Staff also worked together to arrange pre-move visits to ensure all people involved could meet each other and show or tell staff if they wanted to live in one home.
- The management team were knowledgeable around current national best practice guidance, including the guidance on restraint reduction or stopping over medication of people with learning disability. They worked in line with this guidance. For example, all people had clear plans on how to help them in difficult situations and their medicines were regularly reviewed by a healthcare professional.

Staff support: induction, training, skills and experience

- People indicated staff were good, some by nodding and some by showing us 'thumbs up'. People's relatives were complimentary around staff skills, knowledge and attitudes. One relative said, "Overall, the staffing is good, very able, intuitive and caring."
- Staff were well-trained and told us they felt competent in their roles. One staff told us if they requested in house or external training to improve their practice, they would be supported by the provider and explained what additional training they had been offered.
- New staff received robust induction, training and support from the team to learn about people and how to support them. One staff member said, "I read through every care plan, had it described to me verbally and shown how to do things. I did not need to think 'what do I do'. Time was taken for [people] as well. Staff made it very clear I need to build trust. I was also introduced to [people], it was a nice touch some places forget."
- Staff completed a range of basic and specialist training including learning disabilities and autism training, courses around different communication methods, how to safely support people in distress or when they reacted to different difficult to them situations, epilepsy, dementia awareness, documentation or equality and privacy.

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

- People were involved and supported to prepare nutritious meals and have regular drinks. On the day of the inspection, people were cooking their meals with support of staff and told us they liked the food. One relative said, "They did say they create a menu for the week, and they all get to choose what they want."
- People were supported to eat healthily and to celebrate their achievements around good nutrition and physical activity. One relative said, "Nutrition is good, it has got even better since they got a new manager." Another relative said, "They all look trim and healthy." Where relevant, staff supported people to monitor their weight to stay well.
- People had achieved a lot with staff support over the past few years. One relative said, "[Person] used to be overweight before the new manager took over but now he looks healthy and eats really well even when he comes home. [Person] does not demand the wrong foods, I think it might be the structure."
- People's records confirmed this was achieved by supporting people to choose healthy options and to enjoy a variety of foods, enabling their choice but also guiding them to healthier alternatives. This led to people being healthier, more active and able to do more things which were fun for them. People also enjoyed a variety of festive and cultural foods and their likes, dislikes were clearly addressed in their plans and known by staff we spoke with.

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

- People had regular access to all range of healthcare professionals depending on their needs. For example, people's health action plans included records of visits to the optician, dentist, GP and health checks with a specialist nurse. When necessary, staff were able to recognise people were very unwell and had called an ambulance.
- People had robust health action plans which included all relevant information around their health needs and healthcare professionals involved in their care. When people needed to go to hospital, staff ensured hospital passports were shared with medical personnel so their individual needs could be considered to give them equal access to healthcare and best support possible during their treatment.
- People's risks around COVID-19 were assessed and staff worked well with people, their families and healthcare professionals to ensure people had access to testing and COVID-19 or flu vaccines. The registered manager created individual support plans and risk assessments addressing people's circumstances to keep them safe where relevant.

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

- The home was cosy, personalised and accessible for people. Three people agreed for us to visit their rooms and showed us around, all of them were smiling and showing pride in their home. One relative said, "[Person] is so lucky to be there, the décor has been updated, new sofas etc." Another relative said, "The house is homely with good ambiance."
- People had access to their own space and communal areas, including a spacious and well-equipped garden. People's rooms were personalised, and people told us they chose how they were decorated. One staff member told us how a person had wanted new furniture and to paint their room recently and staff acted on their wish straight away, completing the project with them.
- People's sensory needs were addressed in their support plans and where needed they were supported to have access to sensory equipment, such as weighted blanket.

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 MCA 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.

- People were encouraged to make their own choices. We observed staff were asking people what they wanted to do, where they wanted to go and waiting for a response, encouraging communication in a way best suited for the individual. One staff told us, "I give them as much choice as possible, ask them what they want."
- Where people lacked capacity to make certain decisions, staff completed mental capacity assessments with people and followed the correct process to ensure those decisions were made in people's best interests. They also involved all relevant representatives and social care and medical professionals and made clear records.
- The registered manager applied to the local authority if people were deprived of their liberty. People were supported in least restrictive ways and their needs were regularly reviewed.

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

- People indicated to us staff were nice and caring. We observed staff interactions with people which were reassuring for them, friendly and fun.
- People's care plans talked about them as individuals, in a dignifying and respectful way even when providing information on the difficult emotions which they could experience. This was reflected in how staff talked about people. One member of staff said, "They are all amazing. I am very biased but they are all amazing"; and went on describing what they appreciated about each person.
- People had clear plans in place on how to reassure them, distract or re-direct them depending on what they needed and how they showed it. Staff knew those fears and difficulties and talked with respect and compassion about how they would support people in those situations.
- We saw people were in control of their day to day life and staff supported them in a non-intrusive way. One person spent the day doing their own things, occasionally joining in for things they wanted to do with others and staff were always around to help them when they needed, including when they found certain things difficult to cope with. When the person wanted to go out, it was them leading it with staff simply following suit to help them to get where they wanted to. When they came back, staff were interested in their day and if they enjoyed it. A relative of this person said, "They allow him to be as independent as possible. They keep him busy; he has a job."
- A staff member echoed the principles they followed when supporting people saying, "Anything they can do I encourage them to do themselves. I am happy to step in and support if needed but they are all very able and very capable, just need prompting with most things." Staff showed appreciation of people's abilities and talents when talking about them, for example when people had specific hobbies or interests which they excelled in.

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

- People were involved in their support and had an opportunity to talk to staff regularly about their wishes, goals and preferences. Staff also supported people to access advocacy services when needed.
- Staff reviewed plans with people and supported around any specific needs and aspirations. For example, outings were organised according to people's wishes or staff supported them to learn new skills such as money management when they wanted to. People's support plans were created with them which was confirmed in their records.
- Where relevant, people's representatives were involved in creation and reviews of their support plans. One relative said, "We have been very involved with his care. We have a meeting next week with the staff to discuss his assessment. They send me the care plan but also ask for my comments pre-meeting. My

comments are taken into consideration. I am amazed at how they manage to arrange things."

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; End of life care and support

- People received personalised support led by them. Their support plans included information around their life story, things important to them, their preferences and individual needs. A relative commented, "[Person] comes home during Christmas and birthdays and even then, they ask 'when am I going back to Upfield?'. It is absolutely brilliant."
- Staff understood people's personalities and needs and valued them as individuals. The registered manager told us about one of the people they supported, "[Person] needed to do adult things. We see he is very settled, enjoying life." This person's support plans included clear guidance for staff how to enable the person to enjoy doing a variety of things on their own with staff ready to support, being mindful on what help they may need if they found some situations difficult to cope with.
- People and their relatives were encouraged to talk about their wishes for future care, including in the event of emergencies or if they became very unwell. The registered manager offered opportunity for such conversations in a sensitive way.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People communicated with staff using a variety of methods, including verbal communication, simple signs, pictures or body language. Staff knew how people expressed themselves and were patient and encouraging when communicating. For example, one staff member said in friendly and reassuring way to a person, "Use your words" and helped them to continue to engage in a conversation. Another person needed time to say what they wanted to say and staff supported them by giving additional word clues and asking simple questions.
- People were supported to develop their communication skills. One relative said, "[Person] said [staff] read with them. His communication has improved." Every person had a clear and detailed communication support plan where different ways of them communicating, including how they showed emotions were described. Staff were aware of those plans.

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

- Staff supported people to do what they wanted, to follow their interests and hobbies and to access employment. For example, one person was volunteering in the local garden centre. When people liked certain music or shows, they were supported to attend events.
- Due to the COVID-19 pandemic, people's opportunities had been restricted but staff made an effort to maintain important-to-people's emotional health routine's and enable them to do what they liked. One relative said, "We were totally impressed with the way it was managed and organised. They kept them busy by setting up small groups of activities." Hence, arts and crafts or cooking classes were replicated by staff to ensure people did not lose out on things they previously did in the local day centre they attended.
- People were offered a variety of things to do, including support with developing life skills, physical exercises, walks and outings in the local area and themed events in the home. People's relatives commented people were not feeling bored. One relative told us, "It is absolutely brilliant with lots of activities. [Person] seems to be getting out and about because that is what he likes to do."
- We saw people engaging in a range of different things to do on the day of the inspection. For example, when we arrived people were making Chinese lanterns, some went out later, for example to do shopping. One person went to work. When people were exercising, staff joined in and exercised with them which brought a lot of laughter and fun into the home's atmosphere.
- People were known and valued in the local community. For example, where they built a tank model and displayed it in the front garden for VE Day celebrations which was well-recognised and praised by the local community. People were also supported to take part in charity events when they wanted to and to have a good relationship with their neighbours.
- People could access different methods of communication to keep in touch with their family and friends. One relative said, "We used face time to communicate and continue to do so, the staff are supportive with that." People were also supported to safely visit their families and to maintain friendships. For example, people were preparing to go out to celebrate their friend's birthday in the week of the inspection.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any complaints and said they were comfortable approaching the registered manager. One relative said, "She deals with issues as they arise." People had access to easy read versions of information on how to raise a complaint and were asked for feedback monthly.
- The registered manager had a clear process for how complaints would be acknowledged, investigated and responded to. They told us, "We would try to find solutions, to compromise. It is very important to try to find reasonable adjustment satisfying all parties." There were no complaints since the change in registration.

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

- The home had a friendly and buzzing atmosphere well reflecting the personalities of people who lived there, and the support staff provided. One relative told us, "[Person] is getting on very well, we could not fault the home. It is fantastic."
- Person-centred support provided by staff supported people to improve their overall quality of life and work towards their personal goals. For example, one relative told us how a certain reaction of one person when distressed was quite common before they moved into the home but now it had reduced which positively impacted on their overall wellbeing and independence.
- The registered manager was approached by people freely and we observed they knew each other well and had a positive relationship. They were also praised for their caring and supportive attitude by relatives and staff alike. One relative said, "The manager is great, she calls to know how I am and updates us about my son." A staff member told us, "We rely quite heavily on [the registered manager], she is our little fountain of knowledge and wants what is best for the guys."

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

- People's relatives told us they thought the home was well managed. One relative said, "They have my full support. [Person] is so happy, staff are great and everything is organised. It is down to the staff and particularly the manager."
- The management team had a good oversight of the quality and safety of the home and support provided. They completed a range of home checks and were supported by the provider with other audits such as health and safety. There were clear plans on how any areas for improvement would be addressed and we saw these had been actioned. For example, some outside work had already been completed and care documentation had been updated.
- The registered manager ensured continuous improvement also in response to feedback. For example, satisfaction questionnaire showed people's relatives did not feel as included in the day to day lives of their loved ones as they all wanted. To address that, the home started a newsletter where people's achievements and any news were presented. This was well-received by the relatives. One relative said, "The newsletter once a month is perfect. It means I get to know what they are up to and see the pictures."
- Staff continuously explored how support could be improved and made more meaningful for people. For

example, meetings where people looked through cookbooks and chose their meals for the next weeks were now held in a pub to create a more social and enjoyable event for people. Staff commented management supported that work. One staff said about the assistant manager, "He has been really positive influence, fresh face and fresh opinion, very experienced he has been a blessing."

- The provider understood the duty of candour and the registered manager complied with their responsibility to work in an open and transparent way. They also informed CQC of any important events in the service when required.

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

- People were involved in the day to day life of the home and had monthly meetings where they discussed matters important to them. For example, around outings and plans for the next month. We saw records of these meetings confirming staff updated them on changes made in response to their feedback and planned with people.

- People's families were involved as well. One relative said, "It is great because they read and reply to my e-mails, the manager makes time to listen, so you find you don't have a long list of requests." Another relative told us, "I have a good relationship with the staff."

- Staff told us they felt supported and involved in the home. One staff said, "The culture is ok, everyone seems to discuss everything, double checking things, no one's avoiding anyone. It is a bit like a big oversized professional family."

- The management team built good links with the local healthcare, social care and community services.