Standwalk Ltd

92 Carlton Road

Inspection report

92 Carlton Road
Whalley Range
Manchester
Lancashire
M16 8BE

Tel: 01612493349
Website: www.standwalk.com

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
92 Carlton Road is a residential care home providing accommodation and personal care to five people with a learning disability or autism at the time of the inspection. The service can support up to six people.

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

Right Support
● The service supported people to have the maximum possible choice, control and independence over their own lives. Staff supported people to pursue their interests, aspirations and goals.
● The service gave people care and support in a safe, clean and homely environment that met their sensory and physical needs. People had the option of personalising their bedrooms to reflect their preferences.
● The service adopted least restrictive practices supported by appropriate training underpinned by a positive behaviour approach. Each person had a positive behavioural plan that described de-escalation and support strategies that staff had to follow to respond to distress.
● People received the medicines they needed to support their health needs. Managers closely monitored the use of any 'when required' (known as PRN) medicines prescribed to manage severe distress to ensure they were used appropriately and only as a last resort.
● Staff helped people to make decisions using methods that reflected people's communication styles and preferences.

Right Care
● The service had enough appropriately skilled staff to meet people's needs and keep them safe. The service tried to match staff with people's preferences to enhance their experiences.
● Staff knew people's individual communication styles well. They knew how to interpret their signs, gestures, behaviours and body language. They ensured people had access to information in formats they could understand.
● Staff knew people well and responded to them appropriately and sensitively. People's care, treatment and support plans reflected their range of needs and promoted their wellbeing.
● People took part in activities and pursued interests tailored to them. The service gave people the opportunity to try new activities.

Right Culture

● The service had a positive culture that focused on person-centred care and meaningful outcomes for people.
● Staff understood the values of the service to keep people safe and well and give them the best care they could in the least restrictive way.
● Staff knew and understood people well. They got to know people as unique individuals and personalities regarding this as a key element of person-centred care.

Rating at last inspection
The last rating for this service was Requires Improvement (published 13 November 2020).

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

Why we inspected
We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed. We were seeking assurance about this decision and to identify learning about the DMA process.

Prior to our visit, we received notification of a specific incident in which a person using the service sustained a serious injury. This incident is subject to further investigation. As a result, this inspection did not examine the circumstances of the incident.

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.

92 Carlton Road

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.

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed. We were seeking assurance about this decision and to identify learning about the DMA process.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
One inspector carried out the inspection.

Service and service type
92 Carlton Road 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 is required to have 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. At the time of our inspection, the home did not have registered manager as they had recently left. The home had an interim manager in place while the provider recruited a new manager.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the care home to support the inspection.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed the information obtained from the recent DMA assessment, which included feedback from three relatives. We used all of this information to plan our inspection.

During the inspection
We communicated with three people who used the service about their experience of the care provided. People who were unable to talk with us used different ways of communicating including body language, facial expressions, and signs. We spoke with five members of staff including the interim manager, quality assurance manager and support workers.

We reviewed a range of records including three people's care records and two medication records. We looked at two staff files in relation to recruitment and staff supervision. We also reviewed a range of records relating to the management of the service, including audits and policies.

After the inspection
We spoke with three relatives. We sought feedback from the local authority. We looked at training data and quality assurance records. We continued to seek clarification from the provider to validate our evidence.

Good

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse and avoidable harm. Staff received mandatory safeguarding training and knew how to recognise and report safeguarding concerns.
- The manager and senior staff ensured they reported any concerns to the appropriate agencies such as the local authority and Care Quality Commission as well as keeping people's commissioners and social workers fully informed.

Assessing risk, safety monitoring and management

- The service used a range of risk assessments to assess each person's risks from which they developed plans and strategies to manage them. Each person had a risk assessment associated with their individual health needs, for example, epilepsy. People also had individual hazards risk assessments that identified risks and support needs associated with a wide range of activities of daily living, for example, self-care, eating, making hot drinks, managing money, and road safety.
- The service aimed to provide a safe environment for people. The provider's health and safety assessment included a range of common risks in the home environment such as trip hazards, sharp edges, clutter, and poor lighting. The service's environmental risk assessment included potential hazards in the home, for example, hot surfaces and sharp objects.
- The service mitigated any risks identified through a range of methods. For example, people's bedrooms and the spaces they used reflected their individual risk profile. Staff locked kitchen cupboards and drawers that held sharp knives and cleaning materials; people received one to one support if needed to keep them safe in the home or in the community; risk management plans included safety procedures such as ensuring the person walked on the inside of the path, away from the road, when outdoors.
- The provider made sure all servicing of the premises and equipment took place at the appropriate time. The provider employed a team of maintenance workers, which helped ensure any repairs were dealt with promptly.
- The service supported a 'no hands on' approach to intervention to manage unsafe behaviours. Staff rarely used restrictive practices such as physical intervention. Staff had received training in the Assess, Response, Care (known as ARC) model, which incorporated a positive behaviour support approach that promoted non-physical intervention strategies such as de-escalation, diversion and distraction.
- People had positive behavioural plans that described de-escalation and support strategies that staff had to follow to respond to distress. These included warning signs, triggers and positive behavioural strategies that helped staff recognise and support distress in the least restrictive way. The relatives we spoke with confirmed that staff knew people's individual signs and behaviours.
- Staff kept accurate, complete, legible and up-to-date records, and stored them securely. The service

stored detailed records in the office but staff had easy access to 'All About Me' outcomes-based summary files kept in people's rooms.

Staffing and recruitment
● At the time of our inspection, the home had a stable staff team and enough staff to meet the needs of people using the service. Most people living in the home received one-to-one staff support most of the time.
● The service had contingency plans for addressing any gaps in staffing such as access to bank staff. The service occasionally relied on agency staff as a last resort.
● The home had an on-call system during out of hours, which offered access to one of the provider's managers.
● The provider had safe recruitment systems and processes. The staff personnel records we reviewed contained the appropriate information and checks.

Using medicines safely
● The service had good systems and processes for managing medicines that included safe administration, secure storage, safe disposal and good recording keeping.
● The service understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability or autism). For example, the service closely monitored the use of 'when required' (known as PRN) medicines that can be used as a form of chemical restraint. Chemical restraint is the use of medication to calm people.
● Records showed that staff rarely used chemical restraint, and only as a last resort, for managing unsafe behaviours. Staff required a manager's approval before they could use PRN medication and had to demonstrate they had tried preventative and least restrictive techniques to reduce people's distress and agitation, and that further intervention was needed to keep people safe. Out of hours, managers had copies of each person's de-escalation plans so they could refer to strategies that should have been followed.
● People prescribed PRN medicines had protocols and regular reviews for each medicine. Staff monitored and recorded the effects of the medication when it was administered.
● At the time of our inspection, only senior staff could administer medication although all staff had received training. This helped ensure consistency in practice and safety. Staff recorded all medicines errors on the incident reporting system.
● Staff monitored the impact of each person's medicines on their health and wellbeing. They held weekly meetings with the GP at which people's medicines were reviewed.

Preventing and controlling infection
● The provider had good infection prevention and control policies and practice in place including a service-specific COVID-19 risk assessment.
● The care home had very good standards of cleanliness and hygiene throughout. All staff had received training in infection prevention and control. Staff used personal protective equipment (PPE) effectively and safely. The home had plenty of PPE stock. Staff tested regularly for COVID-19.
● People received visitors in line with the current government guidance. Relatives told us they could visit whenever they wanted to. The service offered relatives COVID-19 tests and asked them to wear face masks.
● Health and social care professionals had to show a negative COVID-19 test result and wear PPE in the home.

Learning lessons when things go wrong
● Staff knew how to report incidents and recorded them fully. Since our last inspection, the service had installed a new electronic incident reporting system that had helped them develop a robust incident recording and management process. Staff had access to the system on their tablets so they could record

incidents straightaway.

● The service completed their own investigations into safety incidents and safeguarding concerns as well as cooperating fully with external partners in their investigations.

● The provider analysed the data on incidents, accidents and complaints to identify any themes, patterns and learning. We found examples of immediate actions taken and changes made following serious incidents. One relative we spoke with told us, "I'm very pleased they take action when things go wrong."

● The provider showed a strong commitment to learning lessons and continuous improvement. They had a continuous improvement strategy plan for the service, which showed an open and honest review of the service, issues found and actions taken to address them.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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 service had robust admission processes that included a comprehensive assessment, initial care plans and reviews, and a person-centred transition process.
- The care records we reviewed showed up-to-date assessments with individual care plans for people's identified care needs, for example, epilepsy, allergies and communication.
- Staff developed care plans that were underpinned by positive behavioural support (PBS) principles and reflected a good understanding of people's needs. They included strategies to encourage learning and skills development and enhance independence.
- Care records included examples of safety promoting initiatives such as a missing person grab sheet. These contained a description of the person and useful information such as where they might go.
- Key workers completed monthly reviews and summaries for each person that captured their events, appointments, achievements, health and wellbeing, visits, and incidents in the past month. Staff went through these with the person. These offered a summary and appraisal of key events experienced by a person and set out future goals and aspirations.
- Senior staff attended daily handovers at which they received detailed updates about people and the service. Senior staff completed handover sheets, which had been updated recently to address information gaps found following an incident.
- Staff used a daily outcomes checklist to show what each person had achieved that day. Many of the tasks were written in the first person to promote the person's choice and autonomy, for example, "Did I choose my mid-morning snack?"

Staff support: induction, training, skills and experience

- Staff were suitably qualified and experienced for their roles. All staff completed a full induction, mandatory training and shadowing programme when they commenced employment. Training courses included safeguarding, mental health, oral health, equality and diversity, person-centred care and epilepsy.
- Staff received training in positive behaviour support and the Assess, Respond, Care model of least restrictive interventions for behaviours of concern. Staff we spoke with commented on how much these approaches had enhanced their understanding of behaviours of concern and offered alternative strategies to physical intervention. Staff described greater awareness of individual people's needs, risks, triggers and warning signs, and increased confidence in trying to support people when they were in severe distress.
- Staff received regular supervision, which comprised a thorough process that invited service users' feedback and offered staff a chance to share concerns and reflect. Staff had access to monthly team meetings. Staff received annual appraisals. The service used personal development plans to identify

learning and development needs to help staff develop their careers. They also used them to help staff learn from errors and improve their practice.
● The service offered staff debriefs after incidents. All staff had access to an external counselling service.
● Managers tested staff competencies at regular intervals, for example, medicines management, personal care, recording, and shift leading responsibilities. In addition, managers undertook spot checks and observations of practice.

Supporting people to eat and drink enough to maintain a balanced diet
● People received support to eat and drink enough to maintain a balanced diet. People chose what they wanted to eat for breakfast and lunch and prepared these meals with the support of staff. The home had a four-week rotating menu for communal evening meals. However, people could choose an alternative and staff helped them to make it.
● People could have a drink or snack at any time. Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

Supporting people to live healthier lives, access healthcare services and support
● People had access to services such as GP, dentistry, and specialist healthcare services to support their health and wellbeing. Staff monitored people's physical health closely and recorded their observations, for example, fluid intake, temperature, oral healthcare, and continence.
● The service worked closely with a wide range of health and social care services to ensure people received the right care at the right time. A local GP held weekly meetings with the home and reviewed each person regularly. The service had access to a local care home support team that was available out of hours and was linked to the local GP surgery.
● Staff referred people to other health and social care services when needed, for example, the falls team. People had health passports, which they shared with other health and social care professionals, for example, hospital staff.
● Staff supported people to attend annual health checks and medical appointments. Staff found ways of providing support to a person showing anxiety, for example, staff carefully planned how they could reduce a person's anxiety when they were due to receive a vaccine. Staff arranged for a nurse to administer the vaccine while staff involved them in a therapeutic play session.

Adapting service, design, decoration to meet people's need
● The home was based in a large house located in a residential area. It had a homely feel, looked very clean and well-maintained, and had a good standard of décor and furnishings.
● At the time of our inspection, the home accommodated five people who had their own bedrooms, and some of whom also had their own lounges attached.
● People could personalise their rooms to reflect their individual needs, risks and preferences. Staff ensured the allocation of bedrooms took into account people's sensitivities such as noise, need for space and isolation.
● The home had a good range of shared facilities, for example, a communal lounge, kitchens, dining area, a laundry and large, pleasant gardens. At the time of our inspection, the service was developing a sensory room.
● People found it easy to move around the home safely due to adaptations such as bathroom rails, avoidance of clutter, and good lighting.

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.

- Staff received training on the MCA as part of their mandatory training.
- Records and policies showed capacity and consent was a consideration in all aspects of care and treatment. For example, staff asked people for consent to provide care; people had the right to refuse their medication.
- Individual care records showed, "How I make decisions." Staff knew each person's capacity to make decisions through verbal or non-verbal means and supported them to give their views.
- Staff ensured that people had access to advocacy services if they lacked capacity and they had nobody else to represent their interests.
- The provider submitted appropriate applications to the local authority when they needed to deprive people of their liberty to keep people safe.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has now improved to 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

- We observed good interactions, rapport and relationships between people and staff. Staff knew people well and responded to them appropriately and sensitively. They responded to each person in a different way tailored to their individual needs, preferences and choices. One relative told us, "If [person] wasn't happy, I would know straightaway."
- People had allocated keyworkers. Wherever possible, the service tried to match people with staff they liked and had good relationships with to help them feel at ease. Most relatives we spoke with gave positive feedback about the service and staff. One relative we spoke with complimented staff and said it was clear "they love [person]." Another said, "I wouldn't have [person] anywhere else, it's an amazing place."
- People's care plans set out key strategies for responding to people's distress in a person-centred way. Records showed what a good day looks like, and what a bad day looks like from the person's perspective. Staff used red and green symbols to help the person describe good and bad days. Staff respected people's feelings and acted appropriately to respond, for example, giving the person time and space.
- Staff knew people's sensory perception and processing needs. Staff protected people from exposure to any environmental factors they found stressful, for example, noise, crowded places, lack of space and poor weather.

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

- Staff supported people to make choices for themselves by expressing their views using their preferred method of communication. For example, we saw an easy read, pictorial care consent form signed by the person.
- Staff took the time to understand people's individual communication styles and methods and develop a rapport with them.
- Staff supported people to keep in touch with their friends and relatives. Relatives commented on the good communication from staff saying they kept them informed and up to date. Relatives confirmed they could contact the home or visit at any time.
- People had relatives or advocates to help them speak up. The service included people and their relatives and advocates when planning care and making decisions.

Respecting and promoting people's privacy, dignity and independence

- The service respected and promoted people's privacy and dignity. For example, the provider had removed internal surveillance cameras to create a homely environment.
- Staff encouraged people to maintain, learn or improve independent living skills. Staff used a daily

outcomes checklist, which promoted self-care where feasible. One relative commented, "[Person] is learning so much" and told us about the improvement in their loved one's self-care skills.

● People had the opportunity to try new experiences and develop new interests, for example, one person had started to go swimming and aspired to go to college.

● All staff recognised they were working in people's home. We observed that people had freedom of movement throughout the home; they decided where they went, what they did, and what they ate and drank. Staff followed and stayed nearby to support them as and when needed. As one relative told us, "[Person] gets to do what [person] wants."

Good

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- People received care based on their choices, needs and preferences. Staff got to know people as unique individuals and personalities regarding this as a key element of person-centred care. One staff member commented, "I know people like the back of my hand."
- The service used person-centred planning tools and approaches, for example, the 'All About Me' approach, which had a wide range of outcomes such as 'staying safe', 'being healthy,' and 'night routine'. Each person had a risk assessment and care plan associated with each outcome. We reviewed one person's night routine. It described their preferred evening routine including meals, activities and bedtime.
- The service asked people about their gender preferences for staff and accommodated these where possible. The service also tried to match people with the staff they had good relationships with. A relative we spoke with told us, "[Person] has favourites (staff)...and they do keep the same staff with [person]."
- Staff considered people's sensory sensitivities and needs when planning care and made the appropriate adjustments. The service had recognised that people would benefit from a sensory room, and this was under development at the time of our inspection.
- People could personalise their rooms. People's bedrooms reflected their needs, preferences and personalities.
- Staff had started to explore new or additional community activities for some people to increase variety in their community access.

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.

- The service assessed people's communication needs and developed individual communication plans that offered people choices using an appropriate method.
- Staff ensured people had access to information in formats they could understand, for example, easy read, large print and pictorial.
- Staff knew people's individual communication styles well. They knew how to interpret their signs, gestures, behaviours and body language.

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 actively supported people to maintain relationships with their friends and relatives via face to face visits and video calls. The relatives we spoke with told us they could visit when they wanted to.

● Staff helped people participate in their chosen activities and interests. We saw that people decided what they wanted to do inside and outside the home, and staff followed their lead.

● People had one-to-one or two-to-one staffing levels during the day, which meant they could access the community at any time. People enjoyed a range of outdoor activities including shopping, meals out, walks in the park, trips, swimming and drives out.

● Staff empowered people to be active citizens such as exercising their right to vote. People with capacity had voting plans that set out the support they needed to exercise their right to vote.

Improving care quality in response to complaints or concerns

● The service had a policy and process for managing complaints. The relatives we spoke with said they knew how to complain.

● The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

Supporting people at their end of life

● Staff received training in end of life care. The service asked people and their relatives about their wishes for the end of their lives. The care records we reviewed showed discussions about people's preferences.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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 service had a positive culture that focused on person-centred care and meaningful outcomes for people. Staff understood the values of the service to keep people safe and well and give them the best care they could in the least restrictive way.
- Staff described the improvements made in the past year that had "turned this place around." In particular, they welcomed the focus on positive behaviour approaches and least restrictive interventions, which had created a better home atmosphere for staff and people.
- Staff described good team working and management support. They spoke positively about the home and said they enjoyed their work. One staff member told us, "I really like it, it's like a second home." Another said, "I enjoy working here…I'm still here, we work as a team, and management are supportive and listen to you." Staff told us that the manager 'filled in' at times of staff shortages.
- Staff described people in positive terms and said they enjoyed getting to know them as individuals. They had good relationships with people and worked closely with them. One staff member told us, "It works well working one-to-one with people, it is so rewarding."
- Relatives expressed trust and confidence in the staff team. One relative described them as "absolutely brilliant."

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

- Managers understood their responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong. They informed people if something went wrong and acted to rectify the issue where possible. Several relatives we spoke with said that staff kept them fully informed about their loved ones and shared information promptly. One relative said, "They never hide anything."
- The service had good working relationships with local agencies such as the local authority and commissioners and shared information appropriately.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of our inspection, the home did not have a registered manager. The provider had appointed a temporary manager to provide interim management and leadership while they recruited a new manager.
- The interim manager had the skills, knowledge and experience to perform their role and a clear

understanding of people's needs, and oversight of the service. They understood and demonstrated compliance with regulatory and legislative requirements. They received regular support from senior provider managers.

● The provider had robust governance structures, systems and processes for monitoring all aspects of care and treatment. The provider had a quality assurance lead who helped the interim manager ensure quality and safety at the service.

● Managers had access to a range of systems, tools and processes that helped them assess the safety and quality of the service and identify areas that needed attention. For example, these included audits on medicines management, finances, first aid, fire, personnel files, and health and safety.

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

● The service engaged with people and their relatives regularly, for example, staff regularly updated relatives on their loved one's wellbeing.

● Managers engaged with their staff on an ongoing basis using a range of methods. For example, all staff had access to a regular team meetings and one-to-one supervision sessions at which they could raise any concerns.

● The home had a staff noticeboard, which displayed useful information on whistleblowing, safeguarding, and the provider's values and mission. Staff had access to a monthly newsletter. The provider had an employee of the month award.

● The service met the cultural needs of people. The home had a diverse range of staff drawn from the local community.

Continuous learning and improving care

● The provider showed a strong commitment to continuous learning and service improvement. The home had a continuous improvement strategy plan. The provider had a comprehensive range of audits that local managers completed. These helped identify any issues, gaps and risks, which they then addressed to improve care.

● Since the last inspection, the home had installed an electronic incident management recording system, which had improved their incident management procedures. The service completed investigations into individual safety incidents and safeguarding concerns to identify lessons, remedial actions and changes required. The provider analysed the data on incidents, accidents and complaints to identify any themes, patterns and learning.

● The service showed a commitment to least restrictive practices and took steps to promote this. The staff we spoke with fully supported the person-centred and positive behaviour approach to risk management and care provision.

Working in partnership with others

● The service maintained good partnership working and communication with other agencies and health and social care professionals. The agencies we spoke with gave positive feedback about the service citing good leadership.

● The provider responded quickly to concerns raised by local agencies such as the local authority and shared information appropriately.

● The provider participated in new developments and innovations. For example, the home had worked with the local authority in piloting a quality tool, which involved identifying issues and implementing solutions.