

BHT Sussex

# 54 Leylands Road

## Inspection report

54 Leylands Road  
Burgess Hill  
West Sussex  
RH15 8AL

Tel: 01444870546

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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

54 Leylands Road is a residential care home which provides accommodation and support for up to six adults with mental health conditions. The service supports people of mixed ages who are largely independent and assisted where needed to improve their life and skills. At the time of our inspection there were six people living at the service.

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

People told us they felt safe living at the service. We observed people speaking freely with staff and the registered manager. One person told us, "It's good here, to be fair I don't need much, I like to have the staff around, they're good fun." People appeared relaxed and were supported to live independent lives. They were empowered to take positive risks, such as going into town or taking the train to visit their friends and families.

People were protected from the risk of abuse by trained staff who knew how to recognise and report concerns. Staff were recruited safely and received training relevant to their role. One staff member told us, "In my induction I read policies and care plans and shadowed senior staff."

Before moving into the service people's needs were assessed and frequently reviewed. People enjoyed a healthy diet catered to their needs and preferences. One person told us, "I cook myself; I am pretty good at it as I've had a fair amount of practice."

People were supported by knowledgeable staff who knew them well. We saw positive interactions between people and staff during the inspection. People were happy to talk to us and tell us about the support they received. One person told us, "Staff are friendly, they get on well with us."

People were encouraged to be independent, and to maintain relationships with friends and family. People told us they were able to visit their loved ones when they chose, relatives confirmed this. The service welcomed visitors and had set up a visiting room if needed, in addition to in room visits if this was the preferred option.

People, their relatives and staff were encouraged to give comments, suggestions or complaints regarding the service. The registered manager was visible and accessible if anyone needed to speak with them. One staff member told us, "[Registered manager] is lovely, relaxed and easy to talk to, I have had no problems, I could go to them with problems."

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.

People were involved in the running of the service and were encouraged to voice their opinions. The service was led by a registered manager and their team who took pride in their work. One staff member told us, "The best thing about working here is it's quite relaxed, I feel the clients are comfortable living here, this makes me feel like we are doing the right thing."

The service proactively contacted professionals if a person needed support. One visiting healthcare professional told us, "We know each other's working styles and I know what they are capable of, if there is something, they will contact me really quickly. They are willing to come up with a plan."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 10 June 2020 and this is the first inspection.

#### Why we inspected

This is the first inspection for this newly registered service.

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.

#### 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?**

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** ●

# 54 Leylands 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.

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

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

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

#### Notice of inspection

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

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information held on the service. We took this into account when we inspected the service and made the judgements in this report. We used all of this

information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and care workers. We spoke with one visiting social care professional.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two healthcare professionals who regularly visit the service and two relatives of people who use the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from the risk of abuse. People were confident to speak with the registered manager or any staff members if they felt unsafe or concerned. When asked who they would speak to a person told us, "[Registered manager] or [deputy manager], they are my go to, I can talk to them about anything, light-hearted or deep if I need."
- Staff received safeguarding training and demonstrated an understanding of identifying abuse and described what steps they would take should they suspect people were at risk of harm. Staff told us they were confident the registered manager would deal with any concerns but knew they could escalate safeguarding concerns to the local authority if needed.
- There had not been any safeguarding concerns since the service commenced. The registered manager demonstrated their knowledge of safeguarding and explained the service's referral process to the local authority. The registered manager explained how investigations would be completed and how learning would be taken forward to minimise reoccurrence.
- The service's policy reflected the local safeguarding policy. Staff confirmed they had read the policies and knew where to access them if they wished to refer to them.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were managed safely. People were supported to live their lives according to their wishes. Where people wanted to take positive risks, these were assessed by the person's key worker with their involvement.
- People would frequently go out and arrive home as they pleased. Where people enjoyed using local amenities and travelling to see friends and family, a risk assessment had been completed with them and measures such as a return time had been mutually agreed. One person told us, "I go to [town] a lot, I'm going there tomorrow, it's where my family are from, I see them a lot, and my friends."
- Where people lived with conditions, such as diabetes, health risks had been assessed. Care plans guided staff on how to respond to high or low blood sugars and how this individually affected the person. People were supported to make appointments with the diabetes nurse and were encouraged by staff to follow a healthy diet.
- Risks to health, such as epilepsy had been assessed. Care plans informed staff on how to respond to seizures and how a seizure affected the individual. Staff knew what was in the care plans and risk assessments and described the actions they would take to respond effectively to seizures. Guidance on the use of epilepsy medicines was clear, and a log was kept when seizures happened. This meant staff could identify a potential cause, establish any trends or patterns and minimise further incidents.
- The service learned from incidents and put measures in place to mitigate reoccurrence. For example, where people experienced epileptic seizures, an assessment of their environment was carried out. Where

needed, furniture was rearranged to give them space to minimise injuries during a seizure. Additional welfare checks were undertaken, and referrals were made to professionals for a medicine review.

- Environmental safety checks had been completed. Environmental risk assessments were in place, for example, for people to use the kitchen and laundry.

#### Staffing and recruitment

- There were enough staff to meet people's needs; feedback from people and our observations confirmed this. Where people required additional support, for example, to go out, we saw this was accommodated on the rota and handover forms.

- People required minimal support but told us staff were available when needed. One person told us, "If I need them (staff) they're around all day and night."

- Staff were recruited safely. Pre-employment checks such as references and Disclosure and Barring Service (police checks) were obtained prior to employment. Applications forms were completed appropriately, employment histories and any gaps of employment had been discussed and documented which protected people from being supported by unsuitable staff.

#### Using medicines safely

- People received their medicines by trained and competent staff. The registered manager undertook competency assessments with staff to ensure medicines were being administered in line with best practice and the provider's policy.

- People told us they received their medicines at the right time. One person said, "I like my medication directly at the right time; they (staff) really emphasise this."

- Where people were prescribed medicine which required close monitoring, staff supported people to attend medical appointments. Some prescribed medicines could be affected by lifestyle changes, for example, smoking. Staff were aware of the risk factors and supported people to contact professionals should they wish to make changes.

- People preferred staff to administer their medicines but were empowered to have control. Some people liked to take their medicines from the packaging themselves or collect their own prescription from the pharmacy. Staff were observed to engage with people when administering their medicines; consent was obtained from people and documentation was completed appropriately.

- Auditing and counting of medicine was undertaken frequently including weekly stock checks and daily checks on documentation such as medication administration records (MARs).

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Staff ensured visitors showed proof of a negative lateral flow device (LFD) test prior to entering the service and ensured appropriate personal protective equipment (PPE) was worn.

- 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. People were aware of isolation guidance and changes had been communicated well by the registered manager.

- We were assured that the provider was using PPE effectively and safely. The registered manager confirmed a good supply of PPE which was observed during the inspection.

- 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. The service was clean, people assisted with housekeeping.

- 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 (IPC) policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Visitors were welcomed to the service and people were enabled to use local amenities.

# 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

- People's needs and choices were assessed in line with good proactive guidance. The registered manager told us assessments identified whether people's needs could be met by the service and of their suitability to live with others accommodated there. People told us they got on well as a household, comments included, "They are all cool, we get on alright." And, "I don't have any problems with the guys, we are friends here."
- We saw evidence of people's needs being appropriately assessed before they moved into the service. The registered manager ensured the assessments were in line with the protected characteristics under the Equality Act 2010 such as gender, ethnicity and religion, and care plans were developed from the findings. Pre-admission assessments were completed with the person; family and professional input also contributed to the assessment process.
- People were given an opportunity to view the service and spend time there before they made the decision to move in. The registered manager told us this gave them a full opportunity to see if the home was right for them.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to support people effectively. Staff told us they had the right training to meet people's needs. Staff received training relevant to the people they supported, for example, training in epilepsy, substance misuse and mental health support. One staff member told us, "I think the company is good to work for, because they look after their staff and our training is very good."
- New staff completed induction training which covered all aspects of the Care Certificate, a work-based, vocational qualification for staff who have no previous experience in the care sector. New staff shadowed experienced staff until they were deemed competent and were comfortable to work alone. One staff member described how they requested a longer induction period as they were new to the care industry. The registered manager supported them and arranged additional training sessions until they were confident to work alone.
- We saw evidence staff received frequent and relevant supervisions with the registered manager. Staff attended regular meetings and were invited to discuss topics important to them; records supported this.

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

- People enjoyed varied diets according to their needs, wishes and taste. House meetings were held to discuss menu choices and people were given the opportunity to request special meals. One person told us they had requested their favourite meal which was being cooked the same evening.
- Staff prepared evening meals for most people; this was a household decision raised at a house meeting. One staff member told us, "I suggested clients made their breakfasts and lunches and we prepared the main

meals as before people were not eating properly. We discussed this with the clients, they all seemed quite relieved they didn't need to cook anymore."

- People cooked and prepared their own breakfast, lunches and helped themselves to snacks. One person told us, "The food is pretty good, we can just go to cupboards and eat what we want, we have one set meal in the evenings." Upon risk assessment, people were able to prepare their own evening meals if they wished.
- People living with diabetes were assessed and appropriate diets were agreed with them. One visiting healthcare professional told us, "The food is absolutely brilliant, I look after their physical health too. I see what they are eating, they have very balanced diets. I check their weights and have no worries; staff will tell us if they have concerns."

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

- People were supported to access to health and social care agencies including social workers, GPs, specialist nurses and psychiatrists. People received support in a timely manner. For example, a person experienced an increase in epileptic seizures and a referral to the epilepsy nurse was quickly arranged. This had a positive outcome for the person and their seizures significantly reduced.
- Staff worked with people to enable them to make and attend their own appointments. One visiting healthcare professional told us staff would arrange taxis or in-house appointments if people were reluctant to go out. Another visiting social care professional commented, "Staff contact me in a timely way, emails and phone calls. I have a really good relationship with the staff, they know their clients very well."
- Staff followed professional advice for initiatives to support people, such as the recovery star. The recovery star is a tool for supporting and measuring change when working with adults who experience mental health problems.
- Records confirmed people were supported to access healthcare services such as the dentist. People were involved in the decisions; care plans guided staff on how to assist people and when they should attend follow up appointments.

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

- The service was designed and decorated appropriately for the people living there. Communal areas were neutrally and tastefully decorated, and people were encouraged to decorate their bedrooms as they pleased. We saw where a person had requested a double bed, this had been provided.
- People were supported to keep their bedrooms tidy and told us their keyworkers helped them to do so. One relative told us, "The place is absolutely spotless when I walk in."
- The service was kept clean and tidy; the registered manager instigated upgrades to areas where appropriate. For example, a wet room had been installed on the ground floor to provide more options for people.
- The service did not require any adaptations to meet people's needs. The lounge and kitchen/diner were spacious, the garden was large with seating areas and a smoking shelter had been erected for people to use.

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.

- MCA assessments had been carried out where appropriate in relation to people's support. Although people were deemed to have capacity, the registered manager had identified where people required support to manage their finances. Relevant referrals had been made with people's involvement, so they were able to safely access their money in the least restrictive way. Staff helped people plan their personal budgets to prevent financial difficulties.
- Staff had received MCA training and demonstrated their knowledge by ensuring people were involved in making decisions.
- There were no people being deprived of their liberty at the time of the inspection. The registered manager understood their obligations to submit DoLS applications where appropriate.
- We observed staff obtaining consent and giving options to people before providing support throughout the inspection. Staff told us they would gain consent verbally from people.
- We saw a range of documentation requesting consent from people such as, for sharing information with professionals and administering medicines.

# 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

- People's equality and diverse needs were upheld. Where people had specific religious needs, they were valued. For example, people were given space in a separate fridge to respect their religious catering needs.
- The service had a person-centred culture. Staff knew people's preferences and respected their abilities on an individual basis. Staff told us how people required varying support, so they adapted their approach accordingly. One staff member told us, "At one time it was all about recovery, sometimes we have to take a step back and be real and decide on what works."
- People were given opportunity to express their preferences. For example, people were asked whether they would prefer a female or male staff member to support them. Although no one had a preference, this had been considered and the registered manager said they would ensure a stated preference would be adhered to. One staff member told us, "We don't give any actual personal care to the guys, but we help them in other ways, emotionally, if they just need a friendly non-judgmental ear."
- The service had an equality and diversity calendar. Themed events such as Chinese new year and halloween would be discussed at the house meetings and held throughout the year.
- All staff received equality and diversity training and had read the appropriate policies. The registered manager confirmed staff demonstrated their knowledge through supervisions, observations and meetings.

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

- People were enabled to express their views and were involved in decisions about their care. We saw records of keyworker meetings which were held on a regular basis so people could review their support and make changes if needed. One person told us, "Me and [staff name] go through my plan monthly, it's goals and what I want to achieve. It works pretty well."
- People told us the staff were approachable, and they could express their views and wishes. Comments included, "Staff are supportive and have my back." And "I like everyone here."
- We observed people to be relaxed and able to speak to staff and the registered manager freely, they approached the office when they wanted and were given time.
- We saw minutes of the house meetings which took place on a monthly basis. The house meetings gave people the opportunity to give their opinions of various aspects of the service. For example, how the service was planning to move forward from the COVID-19 pandemic or forthcoming events such as parties and barbeques.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, staff promoted this but ensuring people were in control of their lives. One staff member told us, "I would make sure they are involved, it's their life, it's up to them to request the changes and we support them."

- Promoting people's independence was the service's ethos, and staff described how people's independence was upheld. One staff member told us, "We just support them to make their own decisions, client meetings help this, and the keyworker sessions help people with their voice."
- People were encouraged to remain as independent as possible. One staff member told us, "I help the guys be independent by reminding them and prompting them, a bit nagging, it doesn't matter how long it takes. Some of them get distracted which takes longer but I understand about mental health."
- We saw where the service was supporting a person's long-term goals in living independently. The staff had contacted relevant professionals and a pathway was being developed to help this become a reality.
- We observed appropriate interactions between people and staff; the atmosphere in the service was relaxed and jovial. Staff were observed to knock and wait for a reply before entering a person's bedroom.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care records included their aspirations and goals as well as a plan on how they will be achieved. People developed timetables for themselves with the help of staff, this was to remind them of important appointments and family visits. Staff told us how this empowered people to have control of their lives. The timetables were reviewed as and when the person wanted.
- People were encouraged to evaluate their own care plans; we saw written reflections from people about what had gone well for them and what had not gone so well. Staff worked with people from their reflections to devise a plan to improve their outcomes.

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.

- At the time of the inspection, the registered manager confirmed no people had diverse communication needs. Communication needs were met through various methods such as verbal discussions, the written word, and occasionally the use of easy read posters.
- People were able to verbalise their wishes. The registered manager told us staff would read and explain a medical letter at a person's request.

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 supported and encouraged to maintain meaningful relationships with friends and family. Visitors were welcomed to the service, but most people would leave the service to visit family in their homes. One relative told us, "My relative knows the area and I like that they go to the shops and has freedom."
- People used a variety of technology to keep in contact with friends and family. Relatives told us they were made welcome when telephoned; some people had their own telephone line installed.
- People told us they would spend their days as they pleased. People liked to help around the house, laying tables, vacuuming and assisting with the gardening. People told us they enjoyed spending time on their computers or watch DVDs during their relaxation time.
- Where people preferred support with their activities, we saw staff assisted them. For example, one person liked to go to the cinema and requested staff to accompany them.
- People were supported with hobbies and occupation. People attended voluntary work placements; one person told us how they enjoyed going to work. We saw evidence of staff helping people to apply for college

and writing curriculum vitae so they could apply for jobs.

Improving care quality in response to complaints or concerns

- The service had not received any complaints. Staff told us that small grumbles were dealt with swiftly, so they had not escalated to a complaint. For example, one person was not happy with a flooring replacement. The registered manager spoke with the person and explained the flooring needed to be changed for hygiene purposes, the person was happy with the response.
- People and their relatives said they were comfortable to complain and knew who to speak with. One person told us, "The manager is [registered manager] but I'm happy to speak to any of the staff." One relative told us, "I've never needed to make complaints. All seems to be ticking along nicely. If I did have concerns [registered manager] is always there for me."
- The registered manager described how concerns would be dealt with and taken seriously. Complaints would be logged, and any emerging patterns identified, actions taken, and lessons learned to prevent any reoccurrence.

End of life care and support

- The service was not supporting anyone at the end of their lives at the time of inspection. The registered manager advised if someone was nearing the end of their life, the subject would be sensitively discussed with them and their families.

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

- The registered manager encouraged an inclusive and empowering culture in the service. People's opinions were consistently sought and acted upon. People gave examples of where they had requested changes which had been granted. For example, an increase of internet speed. One person told us, "If I felt things could be improved, I could talk to anyone, [registered manager] would listen to and deal with any suggestions. I can speak with most of the staff here."
- Relatives told us they could freely feedback to the registered manager and felt listened to. Comments included, "I feedback all the time to the manager. When we go there, we speak freely with the manager and staff. I give feedback every time we visit." And, "We keep in contact enough to be able to give my views when I call or visit."
- Staff received time with the registered manager to discuss any issues within the service or personal development. Staff spoke positively of the registered manager. One staff member told us, "[Registered manager] is lovely, they are on the ball if we need extra things, it is easy to communicate with them, they are friendly and open."
- People were given the opportunity to provide written feedback about the service, which was sent to the head office, all feedback had been positive with no actions required. The registered manager told us they were planning on seeking formal feedback from people's relatives by way of a survey. They plan to collate the results and develop action plans if needed.

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

- The registered manager understood their role and demonstrated a knowledge of their regulatory requirements. They undertook audits and checks within the service to ensure a good standard of support was offered to people.
- The registered manager was supported by the care team, the staff were trained and empowered to undertake checks and audits. One staff member told us, "I have made suggestions such as health and safety aspects when I'm doing my checking, these always get fixed."
- Staff said they felt supported by the registered manager and confirmed they were given opportunities to develop their skills. Comments included, "I feel comfortable approaching the manager, we have open discussions all the time. If I had anything, I could talk to them." And "[Registered manager] has let me train at

my own pace."

- When discussing the values of the service, the registered manager told us, "Just because you live in a residential home you can still live a normal life." The registered manager installed their values of the service with staff during supervision. Our observations during the inspection confirmed this.
- The registered manager understood their regulatory responsibility to notify CQC of events in the service, records confirmed this had been done appropriately.
- The registered manager demonstrated a good understanding of the duty of candour. They described the duty of candour as being honest about mistakes and apologising where needed.

#### Continuous learning and improving care

- The service had been taken over by a new provider. The registered manager told us they attended management meetings within the organisation. These included three monthly health and safety meetings and monthly COVID-19 meetings.
- The organisation had a lessons learned report which was shared amongst all services, this provided an overview of challenges faced in the industry from collated feedback. The organisation had a clear pathway of how they planned to overcome challenges which was shared with registered managers. An example of this included supporting staff well-being.

#### Working in partnership with others

- The service worked in partnership with health and social care agencies in a timely manner to promote good outcomes for people. People had external professional involvement such as psychiatrists, the community mental health team and social workers. We saw relevant referrals had been made appropriately and staff knew where to access support for people.
- Professionals spoke highly of the staff and the registered manager. Comments included, "I couldn't ask more for what they have done for my patient, [registered manager] and [deputy manager] have been around a long time and have a consistent view on my patient." And "They follow advice if needed."
- The registered manager told us they felt supported by the head office and had a good support network within the service.