Coate Water Care Company Limited

Downs View Care Centre

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service
Downs View Care Centre is a residential care home registered to provide accommodation and personal care to older people. At the time of the inspection 44 people were using the service. Downs View Care Centre can support up to 51 people.

People's experience of using this service and what we found
People received exceptional support from caring staff who knew people very well. People's independence was strongly encouraged and people were thoroughly involved in making decisions about their care. The provider set out exceptionally caring values and there was evidence that all staff worked to this aim as people were at the heart of the service delivery.
The manager was extremely passionate and dedicated to providing person-centred care. They led their staff by example, mentored, motivated and inspired them.

The arrangements to provide activities were excellent. This enabled people to pursue their own interests and hobbies. There was an emphasis on encouraging social connections within the local community and people's families. Activity coordinators were extremely passionate and worked with staff to create activities to ensure people were not isolated. There was a new system in place to assess and provide person-centred activities on the level preferred by people.

Staff were very proactive and responsive to meeting people's changing needs. Staff knew people's needs well and therefore they were able to provide personalised support which significantly enhanced people's lives. The care and support people received enabled them to achieve positive outcomes such as being more in control of their life.

The design and décor, both internal and external, reflected evidenced-based best practice standards for creating an environment that supported people living with dementia and memory impairments.

Staff treated people and their relatives with utmost kindness and provided extra time for people to support them when they were in distress or feeling anxious. This quality was acknowledged in compliments received from relatives.

People were protected from the risk of harm and abuse. There were risk reduction measures in place to protect people's health, safety and well-being. People's medicines were well managed. Staff were recruited safely, and sufficient numbers were employed to ensure people's care and social needs were met.

People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and in their best interests; the policies and systems in the service encouraged this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

Emphasis was given to making sure people got enough to eat and drink, and food was presented in an appetising way.

The service worked in partnership with other organisations and kept up to date with new research and development to deliver the latest best practice. There was a robust quality assurance process embedded throughout the service. Regular checks and audits were carried out to monitor the safety and quality of the service. People received care from staff who were well trained and well supported by the manager.

The premises were safe, and the home was clean and comfortable. Any accidents or incidents were fully investigated and reported as required. Lessons learned were shared with staff.

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

Rating at last inspection
The last rating for this service was good (published 24 May 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? 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 exceptionally caring. Details are in our caring findings below.	**Outstanding** ☆
Is the service responsive? The service was exceptionally responsive. Details are in our responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good**

Downs View Care Centre

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Downs View Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The 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.

During our inspection the service was run by a manager who was in process of registering with the Care Quality Commission. The current registered manager was planning to cancel their registration and to move further up within the organisation.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. 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 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 using the service and three visitors about their experience of the care provided. We spoke with the registered manager, the acting manager, a senior carer, the unit leader and two health care assistants.

We reviewed a range of records. These included five people's care records and multiple medicine records. We looked at a variety of records relating to the management of the service, including complaints and the systems for monitoring the quality of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We contacted four health care professionals to obtain their opinion on the quality of service provided to people.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt safe living at Downs View Care Centre. The relatives we spoke with had no concerns in relation to the safety of their family members. One person's relative told us, "It is really good, everyone takes care of mum."
- The provider had policies and procedures in place to safeguard people from abuse.
- Staff had received safeguarding training and had a good understanding of the potential symptoms of abuse and how to report any concerns they may have. They were confident that any raised issues would be managed quickly and appropriately by the management team.

Assessing risk, safety monitoring and management

- Risks to people, staff and visitors had been identified, assessed and mitigated to help keep people safe. People's care records included detailed risk assessments which informed staff about how the risks in people's lives were reduced. These included risks associated with pressure ulcers, falls, moving and handling and nutrition.
- Safety equipment was checked regularly to ensure it was in good working order, for example, fire equipment, emergency lighting, electrical equipment and call bells.
- An emergency business contingency plan was in place to help manage risks associated with adverse events such as a loss of utilities or staffing crisis. Individual evacuation plans were in place for each person who used the service in the event of a fire and firefighting equipment was regularly maintained.

Staffing and recruitment

- People, their relatives and staff told us there were enough staff to meet people's needs. One person told us, "I like the people who work here. There are certainly enough of them." Throughout the inspection, we observed that staff responded immediately to people's requests for assistance.
- Emphasis was put on consistency of care delivery. Short term staff absences were covered by existing staff members working additional hours; this helped ensure people received continuity of care.
- Recruitment records showed us that checks to employ suitable staff had been completed.

Using medicines safely

- Medicines arrangements were safe and managed appropriately; people received their medicines as prescribed.
- Where people were prescribed medicines on an 'as required' basis, information to support staff in the safe administration of these was in place. Where medicines required specialised storage and management requirements, these were in place as required.

● The management team undertook regular checks and audits of the medicines system to ensure it continued to be managed in a safe way.

Preventing and controlling infection

● Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.

● The environment was clean and well maintained to prevent the risk of infection.

● Relatives told us the service was maintained to a high standard of comfort and cleanliness.

Learning lessons when things go wrong

● Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and the manager took action following accidents or incidents to reduce the risk of these reoccurring.

● We saw records that confirmed people were referred to specialists such as a physiotherapist or mental health team as a result of accidents/incidents analysis.

● The manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice.

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 good. At this inspection this key question has remained the same. 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
- Before a person was accepted to move into the service, a comprehensive pre-admission assessment was carried out.
- Staff followed best practice, which led to good outcomes for people. For example, they used recognised tools to assess the risk of malnutrition and the risk of skin breakdown. Staff were aware of the latest guidance, issued by the National Institute for Health and Care Excellence (NICE), about supporting people with their oral care.
- Staff worked with external bodies and professionals where people's specific needs had been identified, to manage risks in line with recognised best practice and this was reflected in their care records.

Staff support: induction, training, skills and experience
- Staff received excellent support, role modelling and mentoring from managers.
- People and their family members told us staff were knowledgeable and highly competent. One person's relative told us, "They are knowledgeable and can explain things in easy way."
- Staff were suitably trained. New staff completed a programme of induction before being allowed to work on their own. This included a period of shadowing more experienced members of staff. Experienced staff completed a wide range of training to meet people's needs, which was refreshed and updated regularly.
- Staff received one-to-one sessions of supervision. These provided an opportunity for a supervisor to meet with staff, discuss their training needs, identify any concerns, and offer support. Yearly appraisals were also completed to assess the performance of staff and any development needs.

Supporting people to eat and drink enough to maintain a balanced diet
- Staff were knowledgeable about people's dietary needs and preferences. People who required a specialist diet were supported appropriately. Care plans for these people contained detailed and professional guidance for staff to follow.
- People and their relatives praised the quality of the meals. People had access to a wide choice of meals and drinks. One person told us, "They have good food here."
- People were encouraged to maintain a healthy, balanced diet, based on their individual needs. Where people experienced an unplanned weight loss, staff referred them to GPs or specialists for advice and offered meals fortified with extra calories.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- People continued to be supported to maintain good health. One person said, "If I felt unwell I would see a

doctor."
● People were helped by staff to lead healthier lives through the consistent and timely involvement of medical professionals, such as district nurses, GP, podiatrists, opticians and dentists.
● People were supported to maintain good health and referred to health professionals when required. Information provided by healthcare professionals was incorporated into people's care plans. Staff followed advice given by other healthcare professionals and sought further advice when needed.

Adapting service, design, decoration to meet people's needs
● Communal areas of the home were adapted and designed to meet people's needs. For example, experts in dementia care trained by Stirling university visited the service to provide guidance on design and decoration.
● There was dementia friendly pictorial signage to bathroom facilities. The signage was clear with contrasting colour between text and background, so people could recognise the signs.
● There was a dementia friendly garden at the service which was adapted for people with high mobility needs.

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.
● People's mental capacity was assessed to ensure their rights were protected. Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests.
● Staff understood their responsibilities and the need for best interests' decisions to be made for people who lacked mental capacity to make certain decisions for themselves.
● There were people with legally authorised restrictions in place for their own safety. The manager fully understood the importance of prioritising people at risk and acted promptly to address issues. Applications, authorisations and their expiry dates were tracked by the manager to ensure restrictions remained lawful.

Outstanding ☆

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 good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider's caring nature had been nationally recognised and they had been awarded the title of the "Member of the Year 2019" by the National Care Association. This award was based on achievements such as implementing innovative ideas, initiating sustainable change, providing exceptional care and positively improving ethos and culture.
- We received exceptionally positive feedback from people, their relatives and staff who provided us with examples of how staff went the extra mile to deliver high quality care. One person's relative told us, "We turned up here seven in the evening and [the manager] was here waiting for us. They were talking me through, gave me time to ask questions. They asked my dad even if he could not always answer. This was really dignified. I sat down with my dad crying. They sat down with dad and talked to him about chocolate cake, my dad always likes cakes. It gives me reassurance, you know your relative is in a good place."
- As we saw in feedback received, external care professionals regarded the care and support delivered by Downs View Centre as exemplary. One professional specialising in dementia care told us, "Downs View leadership and senior staff are very willing to work together and as such are open and reflective in the dynamic provision of care. Person centred dementia care is very much an approach we advocate, and this begins with knowing each resident as an individual and making a commitment to their psychological as well as physical needs. Staff at Downs View share this commitment." Another health care professional told us, "The staff are happy to support families and work with them to give the best care for individuals. The team are very approachable, and the care is a very good standard."
- Staff took their time to get to know people and to develop positive relationships with them. This had a significant impact on people's lives. For example, one person was identified as being at risk of self-harm and self-neglect. Before the admission, the person had often expressed suicidal thoughts. Staff used the person's life history and observation to determine what could improve the person's wellbeing. They discovered that the person enjoyed ball room dancing. Staff began to use visual images, videos and activities related to ball room dancing to provide the person with a feeling of calmness and reassurance. As a result, the person's mood improved as the risk of self-harm was greatly reduced. Additionally, the person began to eat better which had an impact on their general well-being.
- Staff told us the caring nature of the service had a huge impact on their own well-being. Individual needs of staff were also recognised and accommodated by the management team. A member of staff told us, referring to periods of time when they suffered ill health, "[The manager] has been a massive help. She can pull me aside and calm me down, even outside of work. She has been really supportive."
- The service developed creative ways of reflecting people's personal histories and cultural backgrounds, and staff were matched with people's interests and personalities. For example, one person lived in many

different countries in the course of their life. The person had pictures displayed in their memory box outside of their bedroom which reminded them of familiar places where they had previously lived. Staff engaged in conversation with the person about their past. People's religious and cultural needs were included in care records alongside other protected characteristics such as age and disability.

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

● People and their relatives gave us a number of examples of how staff had gone the extra mile to deliver high quality care. For example, one person's previous placement broke down as the previous service had been unable to meet their needs. Prior to their admission to Downs View Centre, the person was at risk of self-neglect, socially isolated and had episodes of displaying behaviour that may challenge. Their behaviour was controlled by medicines. Staff at Down View Care Centre utilised a relationship-based approach to support the person's self-esteem and involved the person to decide about their care. The person was deciding as to how they would like their medicines to be administered, what they wanted to do and they had a freedom of accessing outside secure areas. The person was no longer at risk of social isolation as due to a person-centred activities assessment they found activities meaningful and enjoyable. The person was able to go out with their relatives where this had not been possible before. Their mobility and stability improved and the person would now ask staff to walk or dance with them. Previously known to neglect their hygiene, the person now took a pride in their appearance and was happy to have a beauty therapy, such as manicure. This meant that the person's quality of life improved due to the caring approach of the service.

● Staff were able to recognise and anticipate people's needs. They clearly recognised signs of distress and discomfort, and provided sensitive and respectful support which included gentle hugs and reassuring hand holding.

● We observed how staff ensured people had a say in how they were supported or what they wanted to do. For example, even when people had planned external activities to attend, staff did not assume that people would always want to go. Instead, they reminded people what was planned and asked if they wanted to go.

Respecting and promoting people's privacy, dignity and independence

● The service went the extra mile in supporting people to re-gain their independence. For example, one person was discharged from hospital with a prognosis of declining mobility. This person was unable to mobilise without using a hoist and the assistance of two members of staff. The team ensured their food intake was monitored to ensure the person would build up strength to begin to weight bear with the assistance of staff. Staff patiently supported the person with mobilisation and encouraged them to stand up from the sitting position and take small slow steps. This was done consistently every day and the person began to get stronger and stronger. We observed the person was able to mobilise independently at the time of the inspection.

● People and their relatives told us staff respected and promoted people's privacy, dignity and independence. Staff always knocked on the door and called out before entering people's bedrooms, even if the person had chosen to have their door open.

● People's right to privacy and confidentiality was respected. Staff made sure that any discussions with or about people were held in private. People's personal records were kept secured and confidential.

Outstanding ☆

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 good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

● The provider used the best practice, such as Dementia Care Mapping (DCM) approach to achieve and embed person-centred care for people living with dementia. DCM is a method of staff observation to measure the experience of people with dementia, recognised by the National Institute for Health and Clinical Excellence (NICE). DCM prepares staff to take the perspective of the person with dementia in assessing the quality of the care they provide. This not only resulted in an improvement in people's well-being but also helped staff to understand the experience of a person living with dementia. The DCM approach led to staff feeling more confident in implementing person-centred care. This proved to have a significant impact on people's quality of life. For example, one person was at risk of self-neglect and social isolation. They had previously expressed a feeling of imprisonment and often displayed behaviour that may challenge. The implementation of DCM approach resulted in improving the person's wellbeing and quality of life. They were no longer at risk of social isolation, they engaged with other people and rediscovered an enjoyment in things, for example, they loved to recite poetry. The person built trust and friendships with other people and staff, and this had a massive impact on their mood and overall well-being, giving the person a better quality of life. The DCM approach reduced the need for restrictive interventions. The person was now able to live as independently as possible within the service.

● Staff explored people's life history of in order to introduce meaningful and purposeful activities. One person used to work as a health care professional for many years. The person was still able to converse on the subject of medical matters. In order to engage with the person, staff set up mock surgeries, using forms such as temporary registration forms and "mock" prescriptions, which gave the person a sense of purpose. The person showed a great knowledge of medical matters but has also showed a sense of humour that had not been normally evident in their everyday presentation.

● People were able to spend their time as they wished, completing tasks they were previously able to perform at their own homes. One person used to access bathrooms in order to wash various items up. Staff provided the person with their own washing up bowl. The person was able to carry out with the activity safely and they enjoyed collecting up used cups and small items. This kept them interested and engaged with staff and other people.

● The service introduced a Namaste Care Programme designed for sensory, physical and emotional elements. The Namaste Care programme can reduce behavioural symptoms in care home residents with advanced dementia. Staff provided people with hand, feet, head, neck and shoulder massage whilst people were enjoying listening to soothing music. This practical and pro–active holistic dementia therapy was an alternative to using antipsychotic medicines. Staff used Namaste Care programme so effectively that there was a reduction in the use of these medicines. We pathway tracked three people who did no longer require

the previous level of medicines to control their behaviour. This means people felt at ease and comfortable with the support of staff who knew how to meet their needs.

● Staff knew how to meet the complex needs of people living with dementia. The training provided gave staff an insight into how people living with dementia may be feeling. As a result, staff had a better understanding of what someone living with advanced dementia could be experiencing. Staff were trained how to apply distractions in heightened situations, they knew how to use a soft tone of voice as this is proven to be effective and reduced anxiety when a person was anxious.

Meeting people's communication needs

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

● People's care files included information about their individual communication and information needs to ensure they had the support they needed to maintain effective communication.

● Staff understood people's different communication methods and they ensured they tailored their communication approach to the needs of the individual people.

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

● The service used a Pool Activity Level assessment (PAL) which allowed them to identify which activities were meaningful to people. The PAL assessment is a tool for assessing and guiding the right level of care and support to people with cognitive difficulties. It is recommended by NICE for activities of daily living and for leisure activity. The PAL assessment automatically produces individualised guide which provides information about the person's preferences, routines and likes or dislikes in each activity. As a result, each person was introduced to an activity that was meaningful to them, elevating their mood and well-being.

● People enjoyed a variety of personalised activities. For example, there were coffee mornings in the local village hall where people could participate in a singing group and make new friends. Some enjoyed visiting the local arts centre, the dementia friendly cinema, trips to the local parks, coffee shop visits, pub lunches or a country drive.

● The PAL assessment identified where people would benefit from sensory type activities. A sensory activity level means that the person is more likely to respond to bodily sensations, to touch and smells. This proved to provide people with activities they enjoyed and to have an outstanding impact on their health and well-being. For example, one person lost their appetite and could no longer eat and drink. They were assessed as requiring end of life care. As identified by the PAL assessment, staff started providing the person with sensory activities, first in the comfort of their bedroom and later in the communal lounge. The person enjoyed foot spa, manicure, hand massage and music therapy. With ongoing care and support from the staff team, the person's health improved. They did not need end of life support any more and continued to enjoy their favourite activities.

● A number of people using the service had been very keen gardeners in the past and they expressed their wish to continue their past hobbies. The provider prepared a new garden area which was dementia friendly and adapted to the needs of people. For example, raised flower beds enabled wheelchair users to plant flowers. The soft surface made it safer to use for people that were at risk of falls. This gave people a sense of purpose and fulfilment.

Improving care quality in response to complaints or concerns

● The manager's approach to investigating concerns was thorough, open and transparent. Where required, lessons were learnt, and improvements were made. Any findings and actions were communicated to those

concerned and both verbal and written apologies given.

● People and their relatives were aware of how to make a complaint and felt comfortable raising concerns. People's relatives were confident appropriate action would be taken if needed.

● A complaints procedure was available describing how people could raise a complaint or concern and how the provider would respond. This information was available in an easy to read format.

End of life care and support

● The team excelled in providing outstanding end of life support that proved to have a positive impact on people's health and well-being. For example, one person received end of life care and was prescribed end of life medicines. A designated care plan and management strategies to keep the person comfortable were in place. Staff carried out regular checks to encourage the person to eat and drink and to keep them comfortable. This caring approach resulted in the benefit of the person gaining weight and improving their health and well-being. As a result, a health care professional assessed the end of life medicines were no longer required.

● Care plans included information about people's end of life care wishes. This ensured people would receive effective and dignified care relevant to them.

● At the time of the inspection the service was not supporting anyone with end of life care.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager led by example to ensure people living at the service received the best support possible. The management and staff demonstrated the values, ethos and expectations of a high-quality service and reinforced these through staff training, supervision and support.
- Staff were motivated and passionate about their work. Staff told us senior managers had a 'hands on' approach and worked with them to mentor them to support their development.
- People and their relatives told us that the service was well-led. One person told us, "I have no doubts about that, this home is well run by the manager." One person's relative told us, "[The manager's] communication with me is amazing. No one gives impression they are too busy to speak. They are always reassured and honest. They are working hard but are on top of everything."

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 management team understood the regulatory requirements upon the service, including the need to tell us about certain changes, events and incidents that affect their service or the people who use it. Our records showed they had submitted these 'statutory notifications' in line with their registration with us.
- Staff and the management demonstrated a clear understanding of their respective roles within the service. We saw they worked in an organised manner and communicated well with one another.

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

- The service completed a range of quality audits to ensure they provided the best outcomes for people supported. Where shortfalls were identified, these were addressed and discussed with staff at staff meetings.
- Staff understood their roles and responsibilities. A member of staff told us, "I love working here, we work really well as a team."
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way. The home's previous rating was displayed and available on the organisation's website.

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

- People's care records demonstrated staff and the management cooperated with a range of community, health and social care professionals to ensure people's complex needs were met.

● People and staff had completed a survey, which showed positive comments for the home.
● Regular staff meetings were organised to provide staff with an open forum to put forward their views and suggestions regarding the service.

Continuous learning and improving care; Working in partnership with others
● Staff recorded accidents and incidents, which were reviewed by the provider. This ensured the manager and the provider fulfilled their responsibility and accountability to identify trends. The also took required action to keep people and staff safe by reducing the risk of repeated incidents.
● The manager effectively assessed and monitored service audits to ensure identified improvements to people's care were implemented.
● Staff worked in partnership with other organisations, such as the local authority safeguarding team. The provider and senior staff contacted other organisations appropriately.
● People's care plans clearly stated advice from other professionals. Staff were aware of this information and knew how they should support people in line with it.
● The provider had a business continuity plan in place that specified what action needed to be taken in case of various emergencies. The plan also stated people responsible for particular actions and partners involved in these actions. This meant people were protected in case of an emergency.