

Mrs Amanda Jane Nicholson

# Clearview

## Inspection report

48 Lipson Road  
Plymouth  
PL4 8RG

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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

Clearview is a residential care home providing personal care and accommodation to people who have a learning disability. The home is registered to support a maximum of seven people. At the time of the inspection seven people were living at the service. People are accommodated in one large Victorian style building, with a range of individual and shared facilities.

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

At the time of the inspection one person was being supported due to a crisis in their previous placement. Another person was being supported with needs relating to dementia. Although we had no concerns about these people's care, we made some recommendations to ensure best practice guidance continued to be taken into account for these people. The registered manager was very responsive to these discussions and following the inspection told us they had taken action to address the issues raised. This included developing the admissions policy and requesting support and advice in relation to person specific dementia care and training.

Management and staff at Clearview placed people at the heart of the service. The positive, friendly and trusting interactions we observed between people and staff told us people felt safe and comfortable in their own home.

Relatives and other agencies told us people were provided with sensitive, compassionate support by a kind, committed and caring staff team. Relatives said during the peak of the COVID-19 pandemic staff had done everything they could to keep people connected. One relative said, "They did everything they could, we met outside the house, then in the garden, then in the porch, we had cups of tea and a catch up, it was lovely".

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. 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. We saw people were able to enjoy a meaningful and fulfilled lifestyle, with community involvement and contact with family and friends. Where possible people were encouraged and supported to maintain their skills and independence and their personal wishes and goals were understood and reflected in their plan of care.

People were protected from the risk of abuse because staff understood how to identify and report concerns.

Staff were safely recruited and there were enough staff to keep people safe.

People were supported by staff who understood and knew how to manage risks associated with their care and lifestyle. The homes infection control practices protected people and staff from the risks of cross infection. Medicines were managed in a safe way.

Staff told us they felt well supported by their colleagues and management. They said training was provided on a regular basis and was relevant to the needs of the people they supported.

There was a positive, open and inclusive culture within the service. The management team provided good leadership and led by example. There was a focus on continuous improvement and ensuring best practice. The registered manager was responsive to recommendations and discussions relating to on-going improvement.

Good governance of the service, which included regular audits and oversight by management benefitted people as it ensured the quality of the service was maintained and enhanced.

We have made recommendations about the admissions process and training. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 23 July 2020 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 23 March 2018.

The change of provider name has been the only change for the service. The support and accommodation arrangements for people has remained the same.

#### Why we inspected

This was a planned comprehensive inspection as the service had not been inspected since it had registered under a new provider.

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?

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.

# Clearview

## 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 carried out by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had about the service since they had registered. We sought feedback from the local authority and professionals who worked with the service. 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 looked at other information we hold about the service including statutory notifications. We used all this information to help

us plan our inspection.

During the inspection-

During the inspection we spent time with five of the people who lived at the service. Most of the people living at the service had limited verbal communication, which meant they were not able to tell us verbally about their experiences. 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.

We looked around the home and spoke with the provider, registered manager and four members of staff. We looked at records relating to people's care and the running of the home. This included four support plans, medicines records, incident forms and quality audits.

We had planned to go back to the service for a second day, however, due to changes of guidance relating to COVID-19 we completed the inspection via a video call with the registered manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four relatives and four professionals who regularly visited 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

- Systems and processes were in place to protect people from the risk of abuse. Staff undertook relevant training and were aware of the risks of abuse and signs to look out for. Staff were confident concerns would be addressed appropriately if they reported them. Staff knew how to escalate concerns outside of the organisation if necessary.
- The interactions we observed between people and staff told us people felt safe and comfortable in their home. We saw people laughing, smiling and looking to staff when they needed support or reassurance.
- Relatives told us they believed their loved ones were very safe living at Clearview. One relative said, "When [person's name] comes home for a visit they are always wanting to go back to Clearview, so I think that is a good sign". Another relative said "[Person's name] this is the best place they have lived, now we just hear happy sounds from them".
- We discussed people's finances with the registered manager. Some people had support from relatives to manage their money and others had legal arrangements in place. However, some people did not have arrangements to ensure their money was overseen independently of the service. Whilst there were no concerns about people's money, the registered manager assured us that they would undertake a review of people's finances to ensure people's financial arrangements continued to safeguard and promote their independence. Following the inspection, the registered manager informed us they had contacted the local authority who had agreed to make relevant referrals for independent financial support and advocacy arrangements for the people identified.

Assessing risk, safety monitoring and management

- Risks relating to people's health, care and lifestyle were assessed and safely managed.
- Individual risk assessments were in place with guidance for staff about how to reduce the risks and keep the person as safe as possible. For example, one person had risks associated with epilepsy. The person's care plan detailed the support needed to keep the person safe, such as training for staff, required staffing levels and equipment to alert staff in the event of a seizure.
- Where people had risks in relation to their diet and eating, staff had the information they needed to ensure people received their foods and fluids at the correct consistency.
- There was evidence of referrals made to appropriate healthcare professionals when people's risks increased, and advice was followed. For example, staff had observed a person's eating and drinking risks had changed when they were eating meals outside of the service. The registered manager had made an urgent referral to the specialist speech and language service to request an updated assessment.
- Regular checks were undertaken to ensure people's environment remained safe and fit for purpose. Fire safety checks were completed, and people had individualised evacuation plans in place in the event of a fire happening in the home.

### Staffing and recruitment

- Staffing levels had been planned and organised in a way that met people's needs and kept them safe.
- Some people had been assessed as needing additional staffing for personal care tasks, mealtimes and to help them keep safe and enjoy activities inside and outside the home. We observed and staff told us these staffing levels were in place as required.
- Staff did tell us they felt people would benefit from additional staffing to enable people to go out individually more often rather than in groups. The registered manager was aware of this need and told us they were in the process of recruiting more staff to the team.
- Relatives and other agencies were very positive about the staffing arrangements at the service. A healthcare professional said, "There is a consistent staff team, same faces when I visit, they know people well, and are always interested and involved".
- Staffing levels and the organisation of staff was kept under review to ensure it remained appropriate and safe. The staffing rota was flexible to meet people's changing needs.
- Robust recruitment practices helped ensure the right staff were available to support people to stay safe. Checks such as disclosure and barring service checks (police checks) had been carried out before staff were employed. This helped ensure they were suitable to work with people the service supported. When agency staff worked in the service the registered manager liaised with the agency to ensure appropriate checks had been completed.

### Using medicines safely

- Medicines were stored and administered safely. Medicines Administration Records (MARS) were completed in line with best practice.
- Storage temperatures were monitored to ensure medicines remained safe and effective.
- People's care records detailed their prescribed medicines and how they needed and preferred them to be taken. People's medicines were managed in a way that promoted their privacy and dignity.
- There were PRN (as required medicines) protocols in place. This information provided staff with instructions about how, why and when these medicines would need to be used.
- People had regular reviews of their medicines and advice was sought from GP's and other healthcare professionals when needed. Staff were trained in the safe management of medicines and systems were regularly reviewed to ensure they met best practice guidance.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.



- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The registered manager and staff understood their responsibility to record and report concerns relating to people's safety.
- Accidents and incidents were documented and escalated promptly to the management team and other relevant agencies.
- Robust systems were in place to analyse incidents and changes in people's mood and behaviour. This helped ensure any trends and patterns could be identified and changes made to care arrangements if needed. For example, the registered manager had completed an analysis of incidents for one person who had suffered an increased number of falls. As a result, a referral was made to a foot specialist who advised on appropriate footwear. Following this action, the number of falls decreased significantly.

# 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 the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People who had lived in the home for several years had had their needs assessed before moving in. This helped ensure their expectations and needs could be met.
- At the time of the inspection one person had been supported on an emergency basis due to a breakdown of their previous living arrangements. Weekly meetings had taken place with the service, local authority and other significant people to ensure the person's needs were being met and to plan for the future. Although we did not find concerns about this person's care the service did not have a policy relating to emergency admissions and it was not evident how the needs of other people in the home had been considered in relation to this admission. The service had a copy of the local authority care plan for this person, but this had not been translated into a care plan for the service.

We recommend the provider develops a policy and procedure relating to emergency admissions. This should include the assessment and care plan process as well as considering the impact of others living in the service.

- Following the inspection, the registered manager informed us they had completed the care plan for the person who had recently moved into the home. The registered manager said they had reflected on discussions relating to emergency admissions and would update their policies and procedures to ensure people's needs and care were assessed and planned for appropriately prior to admission.
- Assessments and support plans included detail about people's full range of health and social care needs. Information about people's past was gathered, documented and used to help inform their care plan arrangements.
- Technology and equipment were used to enhance the delivery of care and to promote independence. For example, one person had an alarm in their room, so they could spend time alone, whilst being able to alert staff if they needed support. People had been supported to use mobile phones, and computers to stay in touch with family and friends, during the peak of the COVID-19 pandemic.

Staff support: induction, training, skills and experience

- The registered manager was very passionate about developing a staff team with sufficient skills and knowledge to meet people's needs.
- All new staff undertook a thorough induction programme, which included completion of mandatory training and shadowing of more experienced staff before working on their own.
- Following induction all staff undertook regular training relevant to their role and the needs of people they

supported. It was noted that one person was living with dementia and staff said the person's needs had changed significantly in recent months. Staff had undertaken dementia training, but this was not specific to the needs of the person concerned. The registered manager said they recognised dementia training needed to be more personalised and assured us they would contact the specialist learning disability team to request support.

We recommend the provider seeks advice from a reputable source in relation to dementia care to ensure training for staff is appropriate to the needs of people supported.

- Staff told us they felt very well supported by their colleagues and management team. Staff meetings, formal supervisions, handovers and de-briefs took place for staff to receive support, discuss their role and reflect on practice.

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

- People were supported to enjoy a well- balanced diet.
- People's specific dietary needs were understood and followed by staff. For example, some people had been assessed as needing 1:1 staffing to keep them safe when eating and drinking and we saw these staffing arrangements were in place.
- People's nutritional risk and weight was monitored, and referrals made promptly to healthcare professionals if concerns were identified.

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

- Much thought had been given to promoting people's health and well-being. People were supported with daily personal care routines and to attend regular health checks. For example, each person had an oral healthcare plan to guide staff and ensure good dental care. People had been supported to attend annual health checks and to receive COVID-19 vaccinations.
- The registered manager and staff worked closely with a range of healthcare professionals to ensure people received effective care. Healthcare professionals we spoke with were very positive about the service and care provided to people. Comments included, "We do receive appropriate referrals from the service and staff are good at considering health needs and engaging with primary care and community services. The person we recently assessed had very poor positioning. It was positive to hear that a referral had already been made to the Occupational Therapy team".
- When people moved between services the staff team worked hard to ensure their support needs continued to be met. Hospital passports were completed, which detailed important information about the person should they require an admission to hospital or other healthcare facility.
- The registered manager and staff had undertaken Restore 2 training to ensure they had the skills to recognise and support people's health needs. Restore 2 training is designed to support care staff to recognise and respond appropriately to deterioration/changes in people's health.

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

- The provider, registered manager and staff worked hard to ensure the environment was comfortable, safe and met people's needs.
- People's bedrooms and communal areas had been decorated to reflect their age, gender and culture.
- The layout and use of rooms had taken into account people's needs, safety and well-being. For example, one person required sensory stimulation, and had their own sensory room they could go to when they chose. Another person had requested a sea- life theme in their room, which staff said had helped them with reminiscence and had promoted their emotional well-being.
- We found the environment to be well-maintained throughout.

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff undertook MCA training and were knowledgeable about issues relating to people's rights and the requirements of the legislation. The service was proactive in supporting people to be involved and make decisions about their care and lifestyle.
- We saw staff asking for people's consent before providing care. One person was being supported to move from a hoist into a more comfortable chair. Staff talked to them about what they were doing and checked the person was happy with the support being given.
- Best interest discussions and meetings were held when people had been assessed as not having capacity to make decisions for themselves. For example, best interest discussions had taken place for a person who required emergency dental surgery. The decision was made that the surgery would be in the person's best interest and the surgery had a positive outcome for the person concerned. People had input from advocates and relatives to support the decision-making process.
- When people had restrictions in place to keep them safe correct procedures had been followed. People's rights and independence had been taken into account as part of this process and any restrictions had been regularly reviewed to ensure they remained appropriate and in line with legislation.

# 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 as 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 were provided with sensitive and compassionate support by a kind, committed and caring staff team. We observed without exception staff treated people with respect and kindness.
- People were supported by a small consistent team of staff who knew them well. The core staff team had worked with people for many years. This familiarity was evident in the way people interacted and trusted the staff supporting them. For example, one person showed signs of anxiety during the inspection. A staff member sat with them and was able to quickly distract and provide reassurance by talking about some of the person's interests and past events they had enjoyed.
- Relatives were very positive about the care provided to their loved ones. Comments included, "During Covid the staff have cared for [person's name] and me so well. They would come and visit, and we would sit in the porch, garden, we had a nice cup of tea, they made sure we were all happy and ok".
- The provider, registered manager and staff spoke with great fondness about people and demonstrated a passion to do their best to maintain and improve people's health, well-being and experiences. For example, staff had worked outside of their normal hours to ensure people maintained contact with relatives during COVID-19 restrictions and had supported a person on a temporary basis, due to a breakdown of their previous placement. The local authority told us, "Their caring approach literally saved [person's name]".
- The service had a culture that recognised equality and diversity amongst the people who used the service and the staff team. Staff had attended training and spoke confidently about people's rights and differences.

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

- The management team and staff worked hard to understand people's needs and to involve them in decisions about their care and lifestyle. An advocate told us "[person's name] is able to verbalise and make their wishes known, they are involved in discussions about their care and changes in the home".
- Staff had a good understanding about how people communicated and used this knowledge to help people make choices. At the time of the inspection the specialist learning disability team had been supporting staff to better understand one person's non-verbal cues to communicate when they could be feeling unwell and/or in pain.
- Monthly 'service user' forums and keyworker meetings were used to ensure people's views and wishes were shared and documented. The registered manager said these meetings would be used to discuss individual care arrangements as well as other issues such as menu's and activities.
- People when possible were involved in reviews of their care arrangements. Relatives and advocates were also involved in this process.

Respecting and promoting people's privacy, dignity and independence

- The staff team were passionate about respecting people's privacy and dignity. Some people were supported on a 1:1 basis, which meant staff had to be with them or close by when providing personal care and other daily tasks. Staff recognised this level of support could be intrusive and told us how they protected people's privacy and independence, by closing curtains, being close by and covering people as they provided care.
- Staff spoke about people in a respectful way and used words such as 'rights and independence' when describing their care arrangements.
- The service had two dignity champions who had undertaken training and carried out audits to ensure dignity awareness was embedded across the service.
- Staff told us whenever possible people were supported to maintain and develop their independence. Comments included, "Everybody is an individual, we encourage people to develop their skills, we know [person's name] can dress themselves, so we encourage them. [person's name] has some difficulty, but wants to eat their meals independently, we encourage this and support when needed".

# 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 as 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

- Other agencies and relatives were confident people received personalised care. A relative told us, "The staff have really got to know [person's name] they are tuned into them, more than we are. Negative things that happened in the past, don't happen now they live at Clearview and their quality of life is much better". A healthcare professional told us, "They are one of the best homes I visit, they are very person-centred and fully involve [person's name] in decisions and discussions about their care".
- Staff had a good understanding about people's individual needs. When discussing people they supported, staff were able to tell us about people's past, their families, as well as their current care needs and how they preferred this care to be delivered.
- People had detailed care plans which described their daily routines and wishes. This information was reviewed regularly to ensure it remained accurate and up to date. Whenever possible people and their families were involved in planning and making decisions about their care and support.
- Other agencies told us the service was responsive to people's changing needs. Comments included, "They have been very quick to respond to changes in people's physical needs, the staff are always available, provide good information about people, and the provider is caring and willing to get whatever is needed to support the person".

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.

- Staff knew people well and were able to respond to their non-verbal cues about how they were feeling, such as body language, behaviours and general mood. This meant staff were able to respond quickly if people were anxious, unwell, or were communicating other feelings or wishes.
- People had communication profiles and individual communication tools, such as daily planners to help them make choices and understand what was happening during their day.
- The registered manager and staff had worked closely with the specialist speech and language team to help ensure staff had the skills required to understand and respond appropriately to people's communication needs. It was noted one person's needs were changing due to the onset of dementia. Although we had no concerns about this person's care, we did discuss with the registered manager the need to consider how this person's communication needs may change, particularly in relation to their environment. The registered manager assured us they would contact the specialist learning disability team for support.

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 to lead an active and fulfilled lifestyle.
- At the time of the inspection people were starting to resume activities they had enjoyed prior to the COVID-19 restrictions. One person was being supported to plan a trip to London to pursue their interest in the Royal family, and others were going out each day to enjoy walks, shopping and other planned weekly activities.
- The management and staff recognised the importance of family and friends. A relative told us, "During lockdown we had phone calls, and letters. When restrictions were lifted, we would all sit in the garden", and "They have always had a busy social calendar".
- Other agencies said people were active and were able to enjoy going out of the home, comments included, "People are always busy, whenever I visit there is a lively feeling in the home".
- The registered manager told us they were in the process of recruiting more staff. They said this would help ensure people could partake in activities of their choice.

Improving care quality in response to complaints or concerns

- A complaints procedure was available describing how people could raise a complaint or concern and how the provider would respond and by when. This information was available for people and families if needed. At the time of the inspection the provider had not received any recent complaints about the service.
- Relatives told us the registered manager and staff kept in regular contact with them and dealt with any issues promptly avoiding the need for them to make any formal complaints. Comments included, "They are always so good at letting us know what is happening, they deal with anything straight away, I have no concerns".
- Each person had a keyworker who had responsibility for overseeing their day-to-day care. Daily handovers, keyworker meetings and care plan reviews were used to check if people were happy and if care was being delivered in the way they wanted and needed.

End of life care and support

- At the time of the inspection the service was not supporting anyone at the end of their life.
- The registered manager recognised the need to consider people's end of life wishes, particularly in relation to any religious and cultural wishes. As part of people's care arrangements, they had spoken with people's families and documented any important information about people's longer-term care needs.
- The registered manager had undertaken end of life training with the local hospice and had an end of life champion within the staff team. The local hospice audited the homes end of life policy to ensure it was appropriate and was in line with best practice guidance.



# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager led by example and was focused on developing a strong and visible person-centred culture in the service. They were passionate about providing quality care for people living in the service. They said, "It has been a difficult two years, but we have worked hard to maintain a happy home for people to live in, to support staff and maintain links with families and the local community".
- Other agencies and relatives were complimentary about the leadership of the home. Comments included, "The manager is always available and knows people really well" and "I have been able to trust that [person's name] is being well cared for. The manager and staff keep in touch with me all the time".
- The registered manager kept themselves updated with best practice to help ensure people's needs were met appropriately and in line with guidance. For example, they had completed Fire Marshal and Mental Capacity Act training within the last 12 months as well as Restore-2 training to help staff identify changes in people's health.
- The registered manager and provider worked hard to look after the staff team and to ensure they felt valued in their role. For example, a well-being survey had been developed for staff, and one staff member told us how much this had helped and supported them to stay working within the care industry.

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

- There was a clear management structure in place, which people, relatives, staff and other agencies were aware of and could easily contact. The service was small and had a consistent staff team who had known and worked with most of the people living in the service for many years.
- The registered manager was supported by the provider and senior staff to help ensure the on-going quality of the service. Senior staff were clear about their roles and the management team had a comprehensive understanding of regulatory requirements and used national guidance to develop policies, procedures and processes.
- There was a robust governance framework, which helped identify where improvements were required. Regular audits were carried out including health and safety, care documentation, staffing, training, and medicines. Action plans were developed with improvement plans and timescales when needed.
- Documentation about people and the service was well organised and made available to support the inspection.

Working in partnership with others

- The registered manager and provider demonstrated a willingness to work in partnership with other agencies to promote and enhance people's health, well-being and experience of care.
- The local authority were very positive about the registered managers willingness to support a person during a period of crisis. They said the registered manager and staff had shown compassion and kindness from the minute the person arrived at the service, which had resulted in an immediate improvement in the person's well-being and mental health.
- The registered manager had worked alongside specialist therapy teams to ensure changes in people's physical health were addressed promptly. An occupational therapist told us they had a good working relationship with staff and the provider was quick to act on any recommendations made".

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

- The registered manager and staff worked hard to ensure people and their families could be involved and kept informed about matters concerning their care. For example, during lockdown families had been contacted regularly by phone or email.
- People and their families were supported to partake in discussions and review meetings about their care arrangements.
- The provider and registered manager created an environment where people and staff felt safe and where diverse needs were understood and respected. People's diverse needs and protected characteristics had been embedded into policies, procedures and practice.
- Staff said culturally appropriate care was discussed as part of monthly care audits. One person had been supported to discuss their sexuality and relationships. Staff said they had made this person aware that they could talk openly with them if they chose to do so.
- Relatives told us they were able to contact the management team and staff at any time and their views and feelings were listened to and respected.

Continuous learning and improving care

- The management team led by example and encouraged improvement and on-going quality of care. For example, at the time of the inspection the registered manager was in the process of recruiting additional staff to help ensure people's care continued to be personalised and safe.
- The registered manager was present throughout the inspection process and was very responsive to discussions and any recommendations which could enhance and improve people's experiences and the quality of the service.
- We saw clear and detailed records and audits of accidents and incidents. Systems allowed for this information to be analysed to help the provider and registered manager see any patterns and shortfalls in the service.

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 promoted the ethos of honesty, learning from mistakes and admitted when things went wrong. Relatives told us they were kept updated about significant events and had their views listened to and respected.
- The provider and registered manager were aware of their responsibility to inform CQC and other agencies of significant events.