

## Reeson Care Homes Limited

# Parkside

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Parkside is a care home registered to provide accommodation for three people with learning disabilities and complex needs. The service is also registered to provide personal care. This registration relates to care provided at supported living services. At the time of this inspection the service was providing care at 11 supported living services. At the time of the inspection there were three people living at the care home and 39 people at the supported living services.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People spoke positively about the care they received. People felt safe with staff. They felt staff knew them well and were familiar with their situation and care needs.

We observed positive interaction between people and staff and there was a relaxed atmosphere in all the services we visited. People appeared at ease when in the presence of staff. Staff were patient and respectful when interacting and supporting people.

Appropriate risk assessments were in place and included guidance for staff on how to minimise risks to people. Staff we spoke with understood how to identify and report any abuse concerns.

Medicines were managed effectively in the home and in the supported living schemes we visited.

There were adequate levels of staffing to safely meet people's needs. Appropriate recruitment checks had been carried out to ensure staff were suitable to work with people.

There was a record of essential maintenance carried out. Steps had been taken to protect people from the risk of infections.

People were cared for in a clean and homely environment by staff who were caring, competent and knowledgeable about people's needs. Training and supervision were arranged to ensure staff had the skills to carry out their role.

Staff spoke positively about working for the service and said that they received support from management. They also spoke of effective communication and team work.

People spoke highly of the meals and snacks they received. Alternatives were provided if people wanted

these.

There was some information about people's oral health needs. However, there were no specific care records to instruct staff on how oral health was to be promoted. We have made a recommendation about the documentation of people's oral health care needs.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Management monitored the quality of the services and safety of the service to ensure it remained safe for people. Quality assurance systems and processes were in place to enable management to monitor and improve the quality of people's care.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

#### Rating at last inspection

The last rating for this service was good (published 4 September 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?

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.

# Parkside

## 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

Parkside is a 'care home'. The service also provides care and support to people living in supported living settings so that people can live in their flat as independently as possible. It provides support to people of all ages living with a range of needs including, learning disabilities, mental health conditions, sensory impairments and physical disabilities.

People's care and housing are provided under separate contractual agreements. The CQC does not regulate premises used for extra care support; this inspection looked at people's personal care and support.

The service had a manager registered with the CQC. 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 two working days' notice of the inspection because the service provides care to people in supported living settings and we wanted to make sure that management were available on the day of the inspection site visit. We also gave notice of our visit so that management could seek agreement from people using the service to us visiting them in their supported living settings.

Inspection activity started on 4 February 2020 and ended on 10 February 2020.

#### What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. 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. This information helps support our inspections.

#### During the inspection

On the day of the inspection, we visited the care home and three supported living settings. We looked at a total of six people's care records, medication records for eight people, five staff files in relation to recruitment, staff training, incident and accident records. We also reviewed a variety of records relating to the management of the service, including quality assurance audits and checks and records relating to the safety of the premises.

People in the home and supported living settings had learning disabilities and they could not all communicate with us and tell us what they thought about the service. We therefore spent time observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day. We met and spoke with three people who lived in the home and six people who lived in the supported living settings we visited. We also met and spoke with members of staff, including the registered manager, quality and compliance lead, two team leaders and two care workers.

#### After the inspection

We spoke with four relatives about their experience of care provided. We also spoke with two care workers.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- Systems and procedures were in place to ensure people received their medicines safely and as prescribed. Medicines were stored safely in the home and in each supported setting we visited. We noted that at the supported living settings, medicines were stored in a locked cabinet in the office. The registered manager explained that people wanted their medicines to be stored in the office and not in their rooms. People had provided their written consent and we saw evidence of this.
- Daily temperature checks of the medicine storage facility at the home and each supported living scheme were carried out to ensure they were stored at the appropriate temperature.
- Staff were provided with medicines administration training. Staff were not permitted to administer medicines until they had successfully completed the required training.
- Where people were prescribed medicines on a when required basis, there was clear guidance to advise staff in what circumstances to administer and how to give these medicines. Where PRN medicines were administered, there was a clear record of the reason the medicines were administered with details of de-escalation approaches used before administering the medicines.
- We looked at a sample of Medication Administration Records (MARs) and found these clearly detailed prescribed medicines and the dose. We noted that MARs we looked at were completed fully with no unexplained gaps. This indicated that people had received their medicines as prescribed.
- Arrangements were in place for obtaining and disposing of medicines appropriately at the care home and supported living settings.
- Management carried out monthly audits checking various aspects of medicines management including storage, training, prescriptions, MARs completion, receipt and disposal.

### Systems and processes to safeguard people from the risk of abuse

- When asked if they felt safe in the home, one person told us, "I am safe and comfortable." Another person said, "I am safe." One relative told us, "I am confident [my relative] is safe." Another relative said, "Yes, [my relative] is safe. Very safe."
- Policies and procedures were in place to safeguard people from abuse. Staff we spoke with knew how to recognise and protect people from the risk of abuse. They had completed training in safeguarding adults and knew what actions to take if they felt people were at risk of harm.
- Some people living in the home and supported living schemes required assistance and support with their finances as they did not have the capacity to do this. Care support plans we looked at included information about the level of capacity people had in relation to their finances and the level of support they required from staff with managing their finances. We looked at a sample of people's financial records and found that transactions had been recorded appropriately. We found no discrepancies in the records we looked at.

Monthly checks were carried out by management to ensure people's monies were managed safely and appropriately.

#### Assessing risk, safety monitoring and management

- Comprehensive risk management plans were in place. These were personalised. They included details of the risk involved, the likelihood of it occurring, the impact and severity of the risk and interventions to mitigate the risks were documented. Behavioural risk assessments were in place and these included guidance for staff around providing positive approaches to supporting people and identifying and reducing 'triggers' that might create anxieties. Risk assessments were reviewed and updated when there was a change in a person's condition.
- Staff were kept up to date with changes in risks to people through daily handovers and communication within the team.
- There were systems in place at the home and the supported living services we visited to deal with a foreseeable emergency. Personal emergency and evacuation plans (PEEPs) were in place in case of an emergency for each person. These included details of how the person should be supported in the event of an evacuation. Staff had completed fire safety training. There was an evacuation plan in place detailing the procedure in an emergency. However, we noted that the plan did not include a floor plan detailing fire exits and escape routes. We raised this with the registered manager and he assured us that he would update the plan. Following the inspection, the registered manager sent us a floor plan for the care home and confirmed that he would ensure there was a floor plan in each of the supported living schemes.
- Fire drills and weekly fire alarm checks were carried and documented appropriately. A fire risk assessment was completed yearly and provided details of safety precautions in place and identified actions which had been addressed.
- Water temperature was controlled in the home and supported living services to ensure they did not exceed the recommended safe water temperatures.
- Management carried out health and safety checks and maintenance of the building and equipment at the care home and supported living schemes. Safety checks were carried out on the gas supply, fire alarm and electrical equipment. This helped to minimise risks associated with safety issues related to electrics or fire. Window restrictors were in place throughout the home and supported living services we visited. Management carried out a monthly premises audit to ensure the home was maintained and any risks to people's health and safety were identified and addressed.

#### Staffing and recruitment

- Recruitment and selection procedures were in place to ensure prospective employees were suitable and did not pose a risk to people they provided care to. Records showed checks had been undertaken. We looked at five staff records and found that in two of these, criminal records checks were more than three years old. We discussed this with the registered manager and he confirmed that he would ensure that he obtained updated criminal record checks.
- The registered manager deployed staff effectively. Staff told us there were adequate numbers of staff to safely meet the needs of people. This was confirmed by staff we spoke with. Staff told us there was flexibility in staffing levels so that staff could be deployed where needed between the care home and supported living schemes. Staff told us they had enough time to support people safely and the registered manager would provide extra staff if this was needed.
- The registered manager explained that consistency in the level of care people received was an important aspect of the service provided. The service did not have a high turnover of staff and many staff employed had worked at the service for many years.

#### Preventing and controlling infection



- On the day of the inspection, we observed the home was clean and there were no unpleasant odours. The communal areas in the supported living schemes were clean.
- Appropriate measures were in place to protect people from the risk of infections. A cleaning schedule was in place which allocated cleaning responsibilities to staff to ensure that the service was kept clean and regularly monitored.
- Staff had been provided with, and understood when to use, personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection.

#### Learning lessons when things go wrong

- Accidents and incidents were documented and included details of what happened, action taken to manage the accident/incident and lessons learnt. We looked at a sample of these and found that there was a comprehensive level of detail recorded on these.
- Management carried out reviews of accidents and incident forms to see if there were any patterns and to learn lessons when things went wrong to make improvements.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Relatives we spoke with told us staff were knowledgeable and understood people's needs. One relative said, "Staff absolutely know what they are doing They understand [my relative's] needs. They understand that [my relative] needs a routine. They really listen." Another relative told us, "[My relative] is well looked after by staff. The staff know what they are doing. No doubt about that at all. Everything is fantastic."
- Staff received regular training to maintain and update their knowledge and skills. Staff confirmed they carried out training in key areas such as safeguarding, medication management, health and safety, moving and handling and first aid and attended refresher training as required. Records showed that staff had also obtained national vocational qualifications (NVQ) in health and social care.
- There was a training matrix which enabled management monitor staff training.
- Newly employed staff were supported to understand their role through a period of induction. Staff had the knowledge needed to provide personalised care to people.
- Staff were supported to maintain and increase their skills. Management staff completed supervisions with staff to review their performance. Staff told us these were useful and they received constructive feedback during supervisions. Staff received yearly appraisals.

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

- People's needs were individually assessed and this was reflected in care support plans we looked at. Care support plans included details of people's daily routines, cultural, religious, nutrition, communication, social and emotional support needs.
- Care plans included guidance for staff to follow to effectively deliver personalised care and to provide people with the support they needed to achieve their future wishes and goals.
- Care plans were kept under review and amended when changes occurred or if new information came to light.
- People had access to technology and equipment to promote their independence. On the day of the inspection we observed one person in the care home spent time watching videos on an iPad.
- Care plans contained limited information on people's oral health needs and how to support people to meet these.

We recommend the provider seeks and implements best practice guidance on the implementation of oral health care planning.

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

- People spoke positively about the food provided in the home and the supported living services. One

person said, "The food is excellent. Sometimes we have rice, pasta. I get a lot of choice." Another person told us, "Very, very good food." Another person who lived in the supported living scheme told us, "Sometimes I cook and sometimes staff help."

- There was a weekly menu in the care home which was devised based on feedback from people. People told us that if they did not want to eat something from the menu, an alternative was always provided at their request. Food provided at the home was varied and included cultural dishes that met people's preferences. People who lived in the supported living scheme told us they cooked meals with the support of staff. We observed that each person had their own shelf in the fridge and own cabinet in the kitchen where they stored their food. A member of staff explained that this encouraged people to do their own shopping and promoted their independence.
- Both the care home and the supported living services had homely and modern renovated kitchens that were easily accessible to people. We saw snacks such as fruit were available for people to help themselves to between meals.
- Care support plans contained comprehensive information about people's dietary needs. Staff were aware of people's individual preferences and patterns of eating and drinking.
- Staff monitored people's food and drink intake to ensure people received adequate nutrition.

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

- Staff worked closely with other health professionals to ensure people's needs were assessed and effectively met. Documentation evidenced the service worked with other professionals such as GPs, specialists and district nurses to ensure people's needs were met effectively. In the event of people going to hospital, essential information was provided to support decision making.
- Health Passports were in place in an easy read, pictorial format. These included detailed information about people's healthcare needs, medicines, allergies, preferences and areas they need support. This ensured people received appropriate support and minimal disruption to their care when admitted to hospital.

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). However, when people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 capacity to make decisions had been assessed in line with the principles of the MCA and documentation was kept to evidence this.
- Where required, the registered manager submitted applications to deprive people of their liberty to the local authority.

- Care plans included information about people's levels of capacity to make decisions and provide consent to their care. Care plans included a communication section which provided specific details about people's communication needs and preferences.
- People with mental capacity had signed their care records to indicate their consent to the care provided. Consent was sought whenever possible. For example, we saw people were asked if they wanted support with personal care and various other aspects of their care.

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

- The home and supported living schemes we visited were comfortable and well furnished. The décor took into account people's individual needs and preferences. People's rooms contained personal possessions to reflect their individual personalities.
- People's needs were met by the design of the premises. There were different areas for people to use for their preferred activities, and space to spend time with their families or visitors, or to have time alone.

# 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 as good. At this inspection this key question remained the same. 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 using the service and relatives said staff treated people with kindness and respect. They told us staff were supportive and were caring in nature. One person said, "The staff are cool. I really love [a member of staff]. They are kind and helpful." Another person told us, "Staff are helpful. They treat me with respect and talk to me respectfully." Relatives spoke highly of the caring attitude of staff. One relative told us, "Carers are respectful and caring. They use the right tone of voice when communicating with [my relative]. It makes such a difference to [my relative]. They explain things to [my relative] and talk to her gently." Another relative said, "The care staff looking after [my relative] are exemplary. They are very kind. I get a good feeling whenever I visit [my relative]. I read [my relative's] body language and [my relative] is always happy. [My relative] is very well looked after. Everything is fine."
- Staff supported people with dignity and respect and had a caring approach. We observed numerous occasions where staff communicated and interacted with people in a caring manner, and this was welcomed by people.
- People's right to privacy were respected and promoted. Staff were aware of the importance of not intruding into people's private space.
- People were at ease when in the presence of staff. Staff were respectful to people and provided them with assistance in a considerate manner.
- People were supported to meet their spiritual needs. For example, staff supported one person to attend a Temple and another person to attend a Mosque to meet their cultural dietary needs.

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

- Staff supported people to make decisions about their care. On the day of the inspection, we observed staff proactively asked if people wanted any additional help and support and when possible, they were happy to provide it. People were involved in discussions about their care through regular conversations with staff.
- People's care plans contained 'communication passports'. These included information about people's preferred ways of communication and how staff should support people in order to help them to express their views and make their needs known. These were person centred and included specific details about how people liked to communicate using specific key words and gestures.
- A key worker was allocated to each person. The key worker carried out monthly review meetings with people to assess their emotional wellbeing, changes in behaviours, cultural needs and social skills.
- During the inspection, we observed three people were unable to verbally communicate, however they used particular gestures and actions to communicate. We observed staff were aware of what people meant and responded to them using gestures, support and words of reassurance.

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

- People and relatives said staff respected their privacy and dignity when providing personal care. They told us staff were discreet and closed the door when needed to protect people's privacy when receiving personal care.
- People were supported to maintain their independence and dignity.
- People's care plans included information on how people would like to receive personal care. The information was sufficient to guide staff on what support people needed and what they could do themselves and what they required staff help with.
- Records were stored securely to protect personal and private information.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff knew detailed information about people's current needs and their backgrounds. Staff were fully aware of people's likes and dislikes without having to refer to care documentation. One relative told us, "Care staff are very organised. [My relative] has improved. [My relative] is much happier with a smile on [their] face."
- Care records reflected people's individual needs and provided staff with clear guidance on their care and support needs, as well as what was important to the person. People's changing needs were monitored, and their care plan was adjusted to meet those needs if necessary.
- Care support plans included easy read care plan with pictures clearly detailing people's aims and aspirations, a plan of how they aimed to achieve this and specific information about how they would like to be supported.
- Staff we spoke with were aware of possible triggers of behaviours that may challenge and the necessary skills to support people to help make them feel at ease and minimise escalation. People's care plans also contained positive behaviour guidelines which included information on de-escalation techniques to ensure people safely received appropriate support according to their specific needs and behaviours.

Meeting people's communication needs

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

- The service met people's communication needs. These were clearly documented to ensure staff could meet people's individual needs. There were aids to support communication if this was required, for example picture cards were available.
- People were provided key information in a way they could understand. This included effective use of 'display boards' on key topics within the home.
- Parts of people's care plans were written in a user-friendly way using an easy-read style with pictures and graphics.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to engage in meaningful activities. On the day of the inspection, some people went

to a day centre, another person went shopping and another person went to see their friend.

- People told us they enjoyed the activities and they were encouraged to attend activities in the community. There was a monthly activity timetable in place for all people. The service organised activities for people in the home and supported living schemes to encourage people to engage with one another and build relationships. We noted that the day after the inspection, a lunch was arranged at the local pub and later in the month there was a trip to the local bowling alley and nightclub. We noted that on 26 February 2020 a trip to the Tower of London was planned.

- One supported living setting we visited had a sensory room. This area was a bright and engaging and we observed two people spend time in the room. They looked relaxed and comfortable in the room. When speaking about the sensory room, one relative said, "They have a sensory room. It really is great. It makes such a difference. I am very impressed."

#### Improving care quality in response to complaints or concerns

- People and relatives, we spoke with told us they were happy with the service provided and they would speak to the registered manager if they had any concerns. One person commented, "[Registered manager] is available all the time. I can talk to him anytime." Another person said, "I can talk to [registered manager]. He is really, really helpful." One relative told us, "[The registered manager] is very available. He makes himself very available. He is very kind and considerable and very able person."

- There was a process to ensure complaints were dealt with properly. This was displayed within the home and each supported living scheme we visited. We noted that the registered manager kept a record of each complaint, concern and compliment. This included clear details of the issues raised, action taken by the service and the outcome. The registered manager explained to us that he ensured that complaints were resolved as soon as possible without delay.

#### End of life care and support

- The home was not supporting anyone with end of life care at the time of the inspection.
- The registered manager confirmed that people's preferences and choices regarding their end of life care would be explored with them in the future when people wanted to talk about this.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question 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

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

- It is a legal requirement that certain incidents that occur at a service must be notified to the CQC. At the time of the inspection, the registered manager provided us with a spreadsheet tracker detailing safeguarding allegations and injuries that had occurred at the service. From this list, we noted that two injuries had occurred. The service had informed the local authority and all incidents had since been closed following investigations. However, the service had not sent the CQC formal notifications in respect of these. We discussed this with the registered manager and he reassured us that in future notifications would be sent to the CQC without delay. After the inspection, the registered manager sent the CQC the relevant notifications.
- The registered manager shared with us the future plans for the service. He informed us that they would be closing five of the supported living services in 2020 due to voids, landlords seeking repossession of their properties and financial viability of the services. He provided us with documented evidence that the service had been liaising with the local authority in respect of this and there was a plan in place. The registered manager confirmed that he would keep the CQC informed of any progress and developments in respect of this.
- It is a legal requirement that a service's latest CQC inspection report rating is displayed at the home where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered manager had ensured that he had displayed the rating in the home and supported living schemes we visited.

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

- The registered manager maintained good communication with the staff team to ensure there was a shared understanding of any quality issues or new risks within the home and supported living schemes.
- The registered manager had clear oversight of the running of the home and supported living schemes. He was able to provide in-depth information about people's needs and had a thorough knowledge and understanding of the running of the service.
- Auditing and governance systems were in place to ensure the quality of care was regularly monitored and evaluated. The registered manager and senior staff completed audits which covered areas such as health and safety, maintenance and care support plans.

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

outcomes for people

- Staff we spoke with described a positive and inclusive culture within the service. They told us they felt able to speak openly with the registered manager and said he was approachable. One member of staff told us, "There is always help. Someone is always there to listen to me." Another member of staff said, "Support is excellent – anything we need from management they will provide it."
- People and relatives spoke positively about the management team. They told us they were able to speak with them and observations showed people approached the registered manager without hesitation if they wanted to speak with him.
- The registered manager had established a culture in the service that emphasised the importance of providing person-centred care. He was knowledgeable about people's individual needs and the support each person required.

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

- The service engaged with people and others acting on their behalf to enable them to influence the service provided and monitor and develop the service. People had opportunities to feedback their views about the service and quality of the care they received. This was done as individual conversations, feedback surveys and key worker meetings. We reviewed a sample of the questionnaires that had been carried out in January 2020 and noted positive feedback had been received.
- Staff told us they had staff meetings as well as informal opportunities to seek clarity and share their views. Staff confirmed they were asked for suggestions on how to improve the service and felt any suggestions they made were taken seriously.
- The management team maintained positive relationships with external agencies. This included working with commissioners and external health and social care professionals to ensure a collaborative approach to care.