

FitzRoy Support

FitzRoy - Teddington

Inspection report

7 Haydon Close
Teddington
Surrey
TW11 9FN

Tel: 02089485423

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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

Fitzroy-Teddington provides care home accommodation and personal care in a supported living service for up to fourteen people in two separate buildings. All the people who live at Fitzroy-Teddington have a learning disability. There were 12 people using the service, eight in the care home and four in supported living, at the time of the inspection.

Not everyone who used the service received personal care. 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 received high quality, responsive, person centred care and were supported with their needs that were regularly reviewed and recorded in their care and support plans. They had choices, followed their interests and hobbies and led very active social lives. People and their relatives received information in an open and timely way that enabled them to make decisions. Complaints were recorded and investigated.

The home's management and leadership was transparent with an open, positive and honest culture as reflected in the feedback we received from relatives, staff and healthcare professionals and the supportive management practices we saw. The organisation had a vision and values that were clearly set out, understood by staff and followed. Areas of responsibility and accountability were identified, and high quality service maintained and reviewed. Audits were thoroughly carried out and records kept up to date. Excellent community links and working partnerships were established and kept up minimising social isolation. All the healthcare professionals said that the service was very well managed and met people's needs in a professional, friendly and open way.

The home was a safe place for people to live and staff to work in. People's positive responses and body language indicated that they enjoyed living at Fitzroy-Teddington. Risks to people were assessed and reviewed. This enabled them to take acceptable risks, enjoy their lives and live safely. Accidents, incidents and safeguarding concerns were reported, investigated and recorded with any lessons learnt. There were suitable numbers of appropriately recruited staff to meet people's needs. Medicine was safely administered.

People did not experience discrimination against them and their equality and diversity needs were met. Staff, who were well-trained and supervised, spoke to people in a patient, clear way that they could understand. People's health needs were understood by staff who provided them with access to community-based health care professionals, as well as support staff employed at the home. People were protected by staff from nutrition and hydration risks and they were supported to choose healthy and balanced diets that also met their likes, dislikes and preferences. The premises were adapted to people's needs. Transition between services was based on people's needs and best interests.

The service had a warm, welcoming and friendly atmosphere with people enjoying the way staff gave them care and support. The staff we observed were caring and compassionate. Many positive interactions took place between people, staff and each-other. Staff upheld people's privacy, dignity and confidentiality. People had access to advocates and were encouraged and supported to be independent.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 guidance CQC follows 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 received person-centred care in a setting that enabled them to have maximum choice, control and independence and promoted their dignity, privacy and human rights. The positive culture, ethos, values, attitudes and behaviours of leaders and care staff ensured people using service lead confident, inclusive and empowered lives.

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

Why we inspected

This service was registered with us on 29/10/2019 and this is the first inspection.

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.

FitzRoy - Teddington

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

This inspection was carried out by one inspector.

Service and service type

Fitzroy-Teddington is a care home and supported living service for up to 14 people. 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. Supported living services provide personal care to people as part of the support that they need to live in their own homes. The personal care is provided under separate contractual arrangements to those for the person's housing. Both were looked at during this inspection. All the people who live at Fitzroy-Teddington have a learning disability. There were four people using the supported living service and eight living in the care home during the inspection.

Not everyone who used the service received personal care. 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.

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

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 checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider. We used all this information to plan our inspection.

During the inspection

We were introduced to eight people using the service however, they were unable to give us their views verbally. 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 spoke with or contacted 17 relatives including one who was visiting during the inspection, seven staff, and the deputy and registered manager. We looked at the personal care and support plans for four people and four staff files. We contacted nine health care professionals to get their views.

After the inspection

We requested additional evidence to be sent to us after our inspection. This included the training matrix, staff rota, audits and activities information. We received the information which was used as part of our inspection.

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

- People were protected from the risk of abuse.
- During our observations, people's body language was relaxed and positive which indicated that they felt safe. A relative told us, "I'm very happy with everything here. I was apprehensive at first but she [person using the service] loves it." Another relative said, "The staff as well as dealing with safety issues in an excellent and thorough way, have worked hard to provide extra stimulation within the home to try to compensate for the more restricted lives of the residents during the lockdowns and still continuing to a certain extent."
- Staff were trained to, and identified possible abuse and took appropriate action if it was encountered. They were aware of how to raise a safeguarding alert. There was no current safeguarding activity. A safeguarding procedure was included in the provider's policies and procedures.
- Staff helped people to keep safe and where there were areas of individual concern about people, they were recorded in their care plans.

Assessing risk, safety monitoring and management

- People were enabled to take acceptable risks and enjoy their lives safely by risk assessments that included all aspects of their health, daily living and social activities. The risk assessments were regularly reviewed and updated as people's needs, interests and pursuits changed. A relative told us, "She [person] is totally reliant on the staff for all her needs and these are fulfilled efficiently and professionally."
- Staff were aware of people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks. A relative said, "I have never had concerns about [person] safety. I am kept informed when anything happens; I have found the management of safety and wellbeing excellent."
- General risk assessments were regularly reviewed and updated. This included equipment used to support people that was regularly serviced and maintained.
- Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging. People had personal behavioural plans if required.
- The feedback from healthcare professionals was that the service provided a safe environment.

Staffing and recruitment

- The staff recruitment process was thorough, and records demonstrated that it was followed. The process contained scenario-based interview questions to identify prospective staffs' skills and knowledge of learning disabilities. References were taken up, work history checked and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable people. There was also a six-month

probationary period with reviews.

- There were enough staff to provide people with flexible care to meet their needs. Staffing levels during our visit matched the rota and enabled people's needs to be met safely. One relative said, "The staff have ensured continuity of safe care during these unprecedented times." Another relative told us, "In [person's] flat, a very dedicated staff group who know [person] so well contributed hugely not just to his physical care but also to his emotional well-being. The continuity of care has been a big factor."

Using medicines safely

- Medicine was safely administered, regularly audited, disposed of and appropriately stored in respect of the care home and supported living service. People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. If appropriate, people were encouraged and supported to self-medicate.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely and the appropriate guidance was followed for both the care home and supported living service.
- We were assured that the provider's infection prevention and control policy was up to date and audits took place. Staff had infection control and food hygiene training that relatives said was reflected in their work practices. This included frequent washing of hands using hand gel and wearing PPE such as gloves, masks and aprons. Infection control with specific reference to Covid-19 was included in the fast track staff induction.
- The service provided coronavirus updates and support for people using the service, relatives and staff including ways to avoid catching or spreading it. A relative commented, "Nobody had Covid [Covid-19] and staff coped brilliantly." Another relative said, "The staff have gone above and beyond during the pandemic, acquiring PPE in the early days, testing regularly etc." A staff member told us, "Having the type of management we have here, helped me cope during the pandemic. We are able to talk to them [registered manager and deputy] and they listen."

Learning lessons when things go wrong

- The service kept accident and incident records and there was a whistle-blowing procedure that staff said they were comfortable using. The incidents were analysed to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed, and care provided appropriately. The feedback from healthcare professionals was that the service was very effective.
- People's physical, mental and social needs were holistically assessed, and their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Care and Excellence (NICE) and other expert professional bodies. A relative said, "I am well pleased that [person] is in this excellent Fitzroy home." Another relative told us, "Personal care is excellent; [person] is clean and well dressed, sometimes with new clothes he has chosen himself (with support, of course)."
- The registered manager and deputy conducted a thorough assessment of people's needs. Before people moved in, the commissioning body provided assessment information and further information was also requested from any previous placements. The service, person and relatives carried out a pre-admission needs assessment with the registered manager and deputy visiting people in their current homes. The pre-admission assessment and transition took place at a pace that suited people's needs. People were able to visit as many times as needed to decide if they wanted to move in. During these visits' assessment information was added to.
- Staff knew the importance of being aware of the views of people as well as relatives so that the care provided could be focussed on the individual.

Staff support: induction, training, skills and experience

- Staff were provided with induction and mandatory training that enabled them to support people in a way that met their needs effectively. A staff member told us, "The training we get is what we need." A relative said, "I do not know much about staff training; however I am satisfied with the care [person] is receiving, which suggests training is effective."
- New staff were able to shadow more experienced ones as part of their induction. This improved their knowledge of people, their routines and preferences. One staff member said, "I'm really settled and enjoy my job." Another staff member told us, "The training we get is what we need."
- Staff received induction and mandatory refresher training based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. The expectation was that staff would complete the certificate within three months, although extra time and support was available should staff need it.
- The training matrix identified when the organisation's mandatory training required updating. There was specialist training specific to people's individual needs, with detailed guidance and plans. This included

epilepsy, autism support, mental health support and diabetes.

- Staff received two-monthly supervision, annual reviews and there were eight weekly staff meetings.

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

- People were supported to eat and drink sufficiently to maintain a balanced diet. A relative commented, "[person] is well fed and is encouraged to feed himself."
- People's care plans included health, nutrition and diet information with health care action plans. These included nutritional assessments that were regularly updated and there were fluid charts, if required.
- Staff observed and recorded the type of meals people ate and encouraged a healthy diet to ensure people were eating properly. Meal times were arranged around people's activities and health needs, as we observed when people went out and returned from walks.
- There were boards in the kitchens with pictures which showed the meals people had chosen.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to keep in good health by staff maintaining good working relationships with external healthcare services and receiving ongoing healthcare support.
- There was written information provided and staff accompanied people on health and hospital visits as required.
- Appropriate relevant information was shared with staff such as those in the community centres attended.

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

- The home was purpose built to house people who had previously lived together for many years at another location. It was appropriately adapted and equipped, to meet people's needs. Equipment used to support people was regularly checked, serviced and required individualised equipment in place. The décor and equipment were of a very high standard. One relative said, "The move to Teddington was the best that could have happened. New premises that are easier to keep hygienically clean." Another relative told us, "Since the relocation from Richmond with the help and support of [registered manager] and the staff, [person] has settled in well, and appears very happy in her new surroundings."
- People were consulted in-depth regarding the new building including choosing floor coverings, curtains and blinds they preferred. During the build people and their relatives were kept updated of progress through video recordings.
- People had chosen the décor and furnishings they wanted with some opting for traditional furniture they were familiar with and others deciding to buy modern furniture. There were specialist baths and showers that met people's specific needs. One bath was equipped with soothing mood lighting, essential oils and bubbles.

Supporting people to live healthier lives, access healthcare services and support

- People received annual health checks and referrals were made to relevant health services, as required. A relative told us, "Medical care is excellent; staff are aware when he [person] is under the weather; he is given his medication; when necessary he is taken to the doctor's."
- Everyone was registered with a GP and a dentist. People's oral hygiene was checked daily. People had access to community-based health care professionals, such as district nurses and speech and language therapists as needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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

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). 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.

- Staff understood their responsibilities regarding the MCA and DoLS.
- People living at the care home had up to date DoLS authorisations in place.
- Mental capacity assessments and reviews took place as required.
- Consent to treatment of relevant persons was obtained and recorded in care plans.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated, with respect, equally and their diversity recognised including faith, sexuality and age. The feedback from healthcare professionals was that the service provided a very caring environment due to the positive approach and attitude of staff. A relative said, "My relative [person] who is a resident at Fitzroy Teddington is extremely well cared for." Another relative told us, "[person] is happy, healthy and well cared for; he enjoys being with his friends and the staff; this is his home."
- People's positive, relaxed body language and affectionate response to staff showed that they felt staff were caring, they enjoyed staff's company and were relaxed in it. People also looked very comfortable with each other, were smiling and laughed a lot, during our visit. A relative told us, "I am so happy with the staff who are dedicated and very good." Another relative said, "He [person using the service] always looks very well cared for. Nice haircuts, clothes etc."
- People came and went and did as they pleased with staff support.
- Staff received equality and diversity training enabling them to treat people equally and fairly whilst recognising and respecting their differences. This was reflected in inclusive staff care practices that made sure no one was left out. Staff treated people as adults, did not talk down to them and people were treated respectfully and equally. A relative told us, "This is very much his [person] home. Never, over a long period of time have I been concerned about the quality of care. Staff have come and gone, of course, and some have been better than others, but the overall level of care has been excellent with an ongoing determination to do better where necessary and a wonderful ethos of client-centred care."

People felt respected and relatives said staff treated people with kindness, dignity and respect

- Staff were passionate about and committed to the people they cared for, delivering that care in an empowering and nurturing way. A relative commented, "We have been very impressed with all aspects of [person] care and all residents have remained COVID free."
- Staff were trained to uphold people's rights to be treated with dignity and respect and provided support accordingly. This was reflected by positive staff practices throughout our visit. Staff were caring, patient and provided friendly support that respected people's privacy. This included discreetly attending to people's personal care needs.

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

- People were supported to express their views through staff understanding what gestures and non-verbal methods of communication meant. This knowledge was built up by people using the service and staff forming relationships, bonds and staff experience of people.
- It was demonstrated that these methods worked by people doing various activities they had chosen. One

person was having a great time using a magic board with staff, as demonstrated by their enthusiasm and laughter. The magic board had light images that people can move around.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence was promoted by staff knowledge of them and their wishes and preferences. This enabled staff to understand what words and gestures meant and helped people understand staff. When people were showing distress or frustration, staff calmed situations by providing alternative activities. One person shouted when they were happy, and staff understood this. Staff, without knowledge of the person could misinterpret this as distress.
- Staff tried hard to maintain people's independence by encouraging them to do things for themselves and develop their life skills. Two people were supported to go for a walk by the river and to the shops during our visit.
- Staff were aware of the importance of recognising this was someone's home, treating it with respect and acting accordingly.
- The service had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.
- There was a visitor's policy that stated visitors were welcome at any time with the agreement of people. Relatives said they were made welcome and treated with courtesy.

Is the service responsive?

Our findings

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

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

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 develop and maintain relationships to avoid social isolation. They had activities that were individual to them and as a group. During our visit there were simultaneous activities going on with people enjoying listening to music, going to the shops and out for a walk by the River Thames and just interacting with staff and each other. They also visited two community based social centres where they caught up with friends and joined in with bingo, singing sessions and a weekly disco. A relative told us, "[person] goes on many regular walks, and has done so throughout the pandemic. Before he took part in many local activities. I am able to visit whenever I want (within reason, of course.) Before the pandemic, there were many external activities; it is good that some of these are returning." Another relative said, "On the whole we are very happy with the quality of care that [person] receives, and staff seem well-trained and compassionate."
- People were encouraged to develop their life skills by using assistive technology including making drinks, cooking, dressing and controlling lighting with support. They also had access to a clever touch screen for cause and affect activities such as colouring, virtual puzzles, ice hockey and music. There was also a switch control sensory area so that people with limited mobility could control their environment and everyone had a personal iPad enabling them to record the things they enjoyed and play them back when they wished.
- The service had its own transport and there were trips to places such as London Zoo and the Rose Theatre in Kingston.
- People were encouraged to keep in contact with relatives, and relatives to visit. A relative was present during our visit and one person went home for a stay with their parents, whilst another went on holiday with their family. A relative said, "I am involved in all decisions regarding [person] care with regular updates and meetings, these being held via Zoom during lock down."
- The feedback from healthcare professionals was that the service worked very hard to promote and maintain professional links to ensure that people had access to the external support they required.

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

- People received person centred care that ensured they had choice, control and their needs and preferences were met. People's positive responses reflected the appropriateness of the support they received. Staff made themselves available to people and their relatives to discuss any wishes or concerns they might have. A relative told us, "I know that the activities of the users is planned with the agreement of the relatives such as myself, though we have not been able to meet up like before the pandemic."
- People were supported to express their views through a number of methods including using gestures and behaviour that staff understood the meaning of. This was underpinned by staff knowledge of people built up

through relationships, bonds and experience.

- People attended various activities they had chosen including Hydro pool, companion cycling, external arts group, dance and music sessions and walks in the local area and parks. One person attended an adult education college where they were doing a drama course.
- People and their relatives made decisions about their care, the way it was delivered and activities they wanted to do, with staff support. Staff ensured people understood what they were telling them, their range of choices and that they understood people's responses. They asked what people wanted to do, where they wanted to go and who with. Staff met needs and wishes in a timely way and manner that people were comfortable with and enjoyed. Staff were trained in Makaton to enable and achieve this. Makaton is a language programme that uses symbols, signs and speech to enable people to communicate.
- People had individualised care plans that recorded their interests, hobbies and health and life skill needs. This was as well as their wishes and aspirations and the support required to achieve them. People and their relatives were encouraged and supported to participate in their care planning, where possible. People's care and support needs were regularly reviewed and updated to meet any changing needs with new objectives set. People's daily notes recorded their activities, if they enjoyed them and how people demonstrated whether they enjoyed them or not, to build knowledge of what they really wanted to do.

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 AIS was being followed by the organisation, home and staff with pictorial information available to make it easier for people to understand. Staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed.
- The home provided easy to understand written information for people and their families.
- Staff explained to us what people's different reactions, non-verbal communication and gestures meant. This was in line with their communication support plans. A relative said, "All the staff communicate well and appropriately with [person]; they do their best to understand what he is communicating, what he needs, his moods and feelings and to respond to him. He is treated caringly, respectfully and with dignity."

Improving care quality in response to complaints or concerns

- There was a robust system for logging, recording and investigating complaints, that was followed.
- People did not comment on the complaint's procedure. Relatives said they were aware of the complaints procedure and how to use it. The complaints procedure was provided in pictorial form for people to make it easier to understand.

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 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

- There was a positive, person-centred culture which achieved good outcomes for people. A relative said, "I feel that the leadership of the care home is excellent." A staff member told us, "The [registered] manager is brilliant."
- The service culture was open, inclusive, and empowering meaning that people and their relatives were informed if things went wrong with their care and support and provided with an apology. This was due to the positive attitude and contribution made by the registered manager and staff. They listened to people and acted upon their wishes. One relative told us, "I have to say that I am very happy with the management of the home, the care taken with ensuring the safety of clients and staff and the amount of communication with the relatives of the care users." Another relative told us, "Management are approachable, and we have no problem contacting the [registered] manager if we have any concerns or questions."
- Relatives said the registered manager was exceptional and the home very well-run. A relative said, "I have been immensely impressed by the standards laid down and carried out since the start of the pandemic. Not too many families, I suspect, can say of their family members in care homes that they have not had a moment's anxiety. I can honestly say that I have not been concerned about [person] and that has been a huge worry off my mind as I tried to cope with lockdowns and all the inconveniences of the last 18 months." A staff member said, "Having the type of management we have helped me cope during the pandemic. You talk to them and they really listen and sort things out." The feedback from healthcare professionals was that the service was very well-led, providing clear leadership and staff support that promoted a nurturing and caring environment.
- The organisation's statement of purpose was clearly set out with a vision and values that staff understood. They were explained during induction training and revisited periodically at staff meetings.
- Staff reflected the organisation's stated vision and values when carrying out their duties. There were clear lines of communication and specific areas of responsibility regarding record keeping and medicines management.

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

- The registered manager and staff clearly understood their roles and the quality assurance systems. This was reflected in the high praise from relatives and healthcare professionals. The systems contained indicators that identified how the service was performing, any areas that required improvement and areas

where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan monthly reviews, monthly satisfaction surveys and all occurrences, such as accidents and incidents being uploaded to the organisational hub within 5 days.

- Audits were very thorough, carried out by the registered manager, staff, and the organisation and up to date. There was a monthly internal audit that checked specific records and tasks were completed. These included finance, staff tasks, unannounced management checks and health and safety. There was also an audit action plan and service oversight record. This meant people received an efficiently run service.
- The records kept demonstrated that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records showed that appropriate notifications were made to the Care Quality Commission in a timely way.

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

- People, relatives, staff and the public were engaged by partnership working. There were close links with services, such as speech and language therapists, physiotherapists, occupational therapist and learning disability nurse. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere. A staff member said, "People and their carers first that's the way the management works and that's the way it should be." Another staff member told us, "Everyone [staff] is a team player, nobody is late for a shift because we love working here so much." There was a thank you barbecue for staff and people using the service on the weekend of the inspection, for all their hard work.
- Staff made sure that people had access to local resources that provided advocacy and advice, if required. No one currently required them.
- Relatives said they visited and had frequent contact, which kept them informed and adjustments were made from feedback they gave. A relative told us, "We have a good rapport with all staff involved in our son's care & liaison regularly." Another relative said, "I receive emails and phone calls to keep me updated when necessary. All the staff are aware of what is happening with [person] and are able to keep me informed when I phone."
- The organisation sent out surveys to people, relatives and staff. People's surveys were in pictorial format to making them easier to understand. Suggestions made were acted upon.
- There were regular bulletins and updates sent to relatives informing them of what was happening at the service and what people had been doing.