

Sahara Parkside Limited

Sahara Parkside

Inspection report

101-113 Longbridge Road
Barking
Essex
IG11 8TA

Tel: 02085075802

Website: www.saharahomes.co.uk

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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?

Requires Improvement ●

Summary of findings

Overall summary

Sahara Parkside is a care home for up to 30 adults with learning disabilities, acquired brain injuries and autistic spectrum conditions. The home is a multi-storey building comprised of ten three-bedroom flats with en-suite facilities. At the time of our inspection, nine people were living there.

People's experience of using this service

Improvements had been made in the home following our last inspection. The management team had developed robust quality assurance systems to monitor the safety and quality of the home. Improvements in how people's medicines were stored had been made to ensure they were kept at recommended temperature levels.

The home was safe. People were protected from the risk of abuse through the provider's safeguarding procedures. People were supported to understand the safeguarding process. Staff were trained in how to identify abuse and report it. There were systems to ensure risks to people were assessed and mitigated against. The provider assessed the required staffing numbers to support people. Staff were recruited in a safe way and checks were carried out to ensure they were suitable to work with people. Accidents and incidents in the home were reviewed and analysed to learn lessons to help prevent their re-occurrence. There were effective procedures to prevent and control the spread of infections.

We expect health and social care providers to guarantee 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 not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

- The physical setting did not meet the principles because it was a large apartment building for up to 30 people, with offices for staff located on the ground floor, and thus a campus style environment. There were obvious signs it was a care home from the outside. However, people were supported to have choice and control of how their care and support was delivered to them. People were supported to integrate into the local community and be as independent as possible.

Right care:

- Care was person-centred and staff people's dignity, privacy and human rights were respected.

Right culture:

- The values and attitudes of staff and managers in the home encouraged people to be as independent as possible and feel empowered in their daily lives.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were supported by the provider and managers. They received training and ongoing supervision to maintain their skills and development. People were able to choose their food and drink preferences and were supported to attend healthcare appointments.

People had developed positive relationships with staff. They were supported by staff to maintain relationships with family and friends to help avoid social isolation. The provider had designed a day centre to support people in the home to engage in meaningful activities that interested them.

Care plans were personalised to meet the needs and preferences of people. There was a complaints process for people and their relatives to use. People's communication needs were understood and met. Feedback was sought from people and relatives to help make continuous improvements to the home.

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

Rating at last inspection

At the last inspection, the service was rated Requires Improvement (report published 10 October 2019).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sahara Parkside on our website at www.cqc.org.uk

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. 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Sahara 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.

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

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

The home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. They and the registered provider have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager of the service was unavailable for our inspection but after the inspection, they told us they would be sending their registration application to us. We met the nominated individual during our inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report, feedback from the local authority and other care professionals, data and notifications. A notification is information about events in the service, which the provider is required to tell us about by law, such as serious injuries.

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

During the inspection.

During the inspection, we spoke with the deputy manager, the nominated individual and three members of staff. We also spoke with one person who lived in the home. We were unable to speak with some people due to their needs. 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 reviewed documents and records that related to people's care and the management of the service. We looked at three care plans and at other documents relating to quality assurance, medicine management, staffing and infection control.

After the inspection

We continued to seek clarification from the provider and the manager to validate evidence found. We spoke with two relatives for their feedback about the home.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we made a recommendation for the provider to follow best practice guidance on medicines management and ensure medicines were stored at safe temperatures to retain their effectiveness. The provider demonstrated they had made these improvements at this inspection.

- Medicines for each person were stored safely in their own individual refrigerators, which were set to a temperature range. This ensured the ambient temperature within the room did not affect the medicines. At our previous inspection, we found the ambient temperature too high for medicines to be stored and they were not in accordance with recommended temperature levels. To resolve this, the provider purchased refrigerators to store in each person's own flat. Each refrigerator contained a picture of the person whose medicine it contained to help staff identify the person.
- Staff involved in handling medicines had received training. The management team ensured the appropriate staff were trained and assessed as competent to support people with their medicines.
- People told us they took their medicines at the times they required them. One person said, "I get my medicines on time." We observed staff administering medicines safely to people and they followed procedures to record each dose in Medicine Administration Records (MAR). These records were checked daily to ensure there were no gaps or errors. Records we viewed were complete and accurate.
- The manager of the service carried out audits of records and medicine stock balances to ensure medicines were managed safely. There was a procedure for medicines which are administered to people as and when required.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider follows best practice guidance on establishing risk assessments for managing behaviours that may challenge. The provider demonstrated they had made these improvements at this inspection.

- Risks assessments were in place for people so that staff could provide them with safe care. The assessments detailed each risk to a person's safety and how they could be mitigated. These included risks relating to any health conditions, the risk of contracting infections such as COVID-19, behaviours that could put themselves or others at risk of harm, and nutritional risks, such as choking on and swallowing food or drink.
- Risks assessments were accompanied with a personalised behaviour support plan, which provided clear guidance to staff on strategies that can be used to encourage more positive behaviour from the person. The

support plan contained details of behaviour triggers and the different stages of behaviour, based on the level of risk each type of behaviour could present.

- There was guidance for staff on the actions and techniques they should use to de-escalate the situation. We found there was more consistency with how the provider assessed these types of risks for all the people in the home. This meant the service was managing all risks to people's safety effectively.
- The management team carried out regular safety checks of the home. Gas, water, fire alarm and electrical installations had been serviced by professionals. Where further remedial works were identified by professionals, these were carried out to ensure the premises and environment was as safe as possible.

Staffing and recruitment

- People were supported by staff, who worked closely with them. The management team assessed the numbers of staff required in the home to ensure people's individual needs could be met. They told us there had been a reorganisation of the staffing structure since the last inspection, which included a team leader who planned each shift and who the staff could report to daily.
- We looked at staff rotas and saw the correct numbers of staff on duty. Staff told us they had the support to carry out their duties. Some people required staff to be with them at most times of the day and this meant additional support could be required. The team leader and deputy manager were available to provide this support when needed. The deputy manager told us the manager also supported the staff team. A staff member told us, "Yes, we [staff] support each other. Sometimes we can be very busy but we have enough staff all the time."
- Staff were recruited safely. Records showed the provider carried out criminal background checks, sought references and obtained proof of identity and eligibility to work of new staff they employed.

Systems and processes to safeguard people from the risk of abuse

- There were systems to protect people from the risk of abuse. Feedback we viewed showed that people and relatives thought the home was safe and people were protected. One person said, "I am safe." A relative said, "[Family member] is safe in the service. I don't have concerns about their safety."
- Staff told us they understood the home's procedure for reporting safeguarding concerns. A staff member said, "I understand how to identify and report abuse. We take it very seriously."
- We noted people were involved in the safeguarding process to ensure they also knew what it meant and how to report concerns they had. For example, safeguarding was discussed in group sessions with people. The management team told us, "It reinforces the message to our residents [people] that we want to keep them safe and there is a process for them to report abuse."

Learning lessons when things go wrong

- Accidents and incidents that occurred in the home were reported to the relevant authorities.
- The management team investigated, analysed and reviewed incidents. Trends and patterns were identified to learn lessons and minimise the risk of re-occurrence.
- Action was taken by staff and managers to make sure people remained safe.

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.

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to perform their roles and have the skills they needed to support people. Training covered important topics such as infection prevention and control, safeguarding adults, the Mental Capacity Act (2005), learning disabilities and autism awareness and mental health awareness.
- New staff that had been recruited received training and an induction to help them understand the requirements of their role and the homes policies and procedures. They completed the Care Certificate course, which is a set of standards for health and social care staff to work towards.
- The provider had met their target to ensure all staff had completed training in certain areas. Refresher training was arranged for staff to keep their skills up to date. A staff member told us, "The training was very good and helpful."
- Staff were supported with supervision from the management team to discuss their work and any concerns. Yearly appraisals of staff were carried out to review their performance and set objectives for the following year.
- Staff told us they felt supported by the management team. A staff member told us, "The managers are easy to talk to."

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

- People's needs were assessed prior to their admission to the home to determine if the home was a suitable place for them.
- The assessment took into account people's abilities and needs. People's choices were assessed to help them achieve effective outcomes for their care.
- We were aware prior to our inspection that some people in the home no longer required support from the service. Reassessments were used to support people to move on to a more appropriate setting.
- Records showed the management team had worked with social care professionals to ensure supporting people to move was done in accordance with their current needs, choices and circumstances.

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

- People were supported to eat and drink safely. They were involved in compiling a shopping list of their preferred items and could choose the types of meal they wished to eat. One person said, "Yes, I get to have the food I like to eat."
- There was a communal kitchen in the home as well as kitchens in each flat, and people had a choice of where they wanted to have their meals. People could also take their own shopping items back to their flats or leave them stored in the communal kitchen. This included a variety of fresh fruit and vegetables. A staff

member said, "Residents [people] choose what they want to buy and take it up to their flats, whatever they prefer. We always make sure we buy enough from the supermarket so there is plenty for everyone."

- Each person had their own menu, which they agreed with staff who supported them, so that it reflected their preferences. At lunchtimes, people could choose to eat in the day centre on the ground floor, where a separate meal was provided to people.
- People's nutritional needs were assessed and monitored to ensure they consumed a healthy amount of food and fluids during the day. Some people with choking risks required a pre-mashed or pureed diet and staff prepared these meals in accordance with guidance from speech and language therapists (SALT). Notes on people's food and fluid intake were included within daily logs, recorded by staff.
- People's weights were checked to see if they had gained or lost weight. If there were concerns about their health and nutrition, they were referred to a dietician or other health professional. Staff received guidance and advice from dieticians, who also visited the home to discuss people's needs.

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

- Staff worked with health care professionals such as local GP surgeries, dentists, opticians, chiropodists and physiotherapists to support people to maintain their health. One person said, "Yes, I go to the doctor when I need to." The deputy manager told us, "We have good relationships with health professionals. We have two GP surgeries we use and we can discuss concerns we have about people with them."
- Care plans included the contact details of health professionals relevant to the person's care. Records showed people attended appointments and they received an annual health check due to their needs. People also had an oral health check to help maintain healthy teeth and gums. This ensured people's health and wellbeing was monitored and they received the treatment they needed.
- Staff told us they could identify if people were not well and knew what action to take in an emergency to ensure people remained safe.

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

- Sahara Parkside is located on a main road in a residential area. The home was originally designed and decorated to help people with learning disabilities and/or autistic people.
- The design of the home was not in line with current Right Support, Right Care, Right Culture (RSRCRC) guidance because the environment had attributes of a campus with 10 flats comprising of three single rooms in each flat, on one site. Staff were available 24 hours a day.
- The provider told us they would make arrangements for each flat to be viewed as separate individual services and not as one large care home to move it more in line with RSRCRC guidance.
- The environment was bright, spacious and decorated to suit the people living there. For example, there were colourful wall displays and photographs to make the environment homely. The upper floors were accessible for people via a lift or staircase.
- Local shops, parks and other services were nearby and easily accessible. There was a large day centre room for activities that had recently been refurbished and a large kitchen for people to spend time during the day.
- People could also spend time in their own flats, which they shared with one or two other people. There was an outdoor space for people on a roof terrace on an upper floor.
- We saw that people felt comfortable and relaxed in the home. People's flats were decorated and personalised and there was enough space for people to socialise and also have their own privacy.

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.

- People's ability to consent to decisions made about their care was assessed and recorded.
- Staff told us they asked for people's consent at all times and respected their decisions. A staff member told us, "I always ask for their consent and permission. I let them know what I will be doing and how I am helping them."
- The management team applied for DoLS authorisations from the local authority for people whose liberty was being deprived for their own safety. Records showed staff had received training on the MCA and staff told us they understood its principles.

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 has 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; equality and diversity

- People and relatives told us the staff and managers treated people well. One person said, "Yes staff are nice." A relative told us, "They [staff] are very good towards [family member] and treat them well and with respect."
- We observed staff to be patient and understanding of people. People were relaxed in staff's company and felt comfortable speaking with them.
- People were allocated members of staff who spent time with them during the day. We saw staff support them with things they needed and listened to them.
- People's equality and diversity needs were assessed to ensure their protected characteristics were understood. This included religious, cultural and sexual needs. People's diversity and human rights were respected and they were supported to lead a private life.
- Staff told us they refrained from forms of discrimination and told us they respected people's individuality. Some people required a culturally specific diet in accordance with their religious beliefs. For example, they only ate food that was certified as halal. Staff were able to support people with this and purchased halal food for them and stored the foods, such as meat, appropriately.

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

- People were supported to express their views and make decisions for themselves where they were able, to give them control of the support they received. Records showed people and their relatives or representatives were consulted about their care and support.
- People's views and opinions were respected. They discussed their thoughts and feelings during meetings with their keyworker, or member of staff allocated to work closely with them. People's objectives for their support was discussed in the meeting and these were recorded with the person's agreement. One person wanted to find work as a volunteer and we saw that staff assisted them with this.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff had developed positive relationships with people. One person said, "Yes, the staff respect me. Yes, staff are friendly."
- Staff told us they supported people with their personal care but did so in a respectful manner that protected their dignity. A staff member said, "I always knock on their door first and ask for their consent. I make sure I close the door and curtains when giving them personal care."
- Care plans contained information about people's levels of independence. Staff told us they encouraged people to do as much for themselves, such as putting on their clothes and helping with household chores.

During our observations we saw people eating independently and records showed they made their own choices for the food they wanted to buy.

- Staff told us they ensured they protected people's personal information and confidentiality. They had read and understood the provider's confidentiality policy and people's personal records were stored securely for only authorised staff to access.

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 has 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 told us they were happy with the support they received. They spent time with staff who understood their different routines and behaviours, which helped them respond to anything they requested.
- Care and support for people was planned and personalised in accordance with their preferences and choices. Care plans contained comprehensive and detailed information about people. They were person-centred and a section called Listen to Me, enabled people to tell the reader about themselves, other people that were important to them, their lifestyles, likes and dislikes.
- Care plans were set out in an easy to read format and contained information about the person that was important to them. For example, there was a section called Things You Need to Know and for one person, it said, "I used to have my own thriving business before I had [medical condition]. I studied accountancy." This helped staff gain an understanding of people's life histories and get to know them.
- Staff told us care plans gave them a good insight into the person, their backgrounds and how they like to be supported.

Meeting people's communication needs

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

- People's communication needs were recorded in their care and support plans. Where people had difficulty communicating verbally, they used alternative methods to communicate their thoughts and wishes such as signs, gestures and signals. Communication plans contained guidance on how to speak with people in a way that was comforting. For one person it said, "Be fun and friendly, use short sentences and don't give lots of information at once."
- Staff told us they had got to know people well and this helped them communicate with each other. We observed staff and people interacting throughout the day.
- Information such as COVID-19 guidance and how to make a complaint was made available to people in easy read formats, such as posters and notices, to help them understand the information. This helped to meet people's communication needs.

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 maintain relationships with family and friends and pursue their interests and

hobbies. Relatives told us they were in regular contact with their family members and felt staff helped them to avoid feeling isolated.

- After our last inspection in September 2019, the provider had made some changes to the layout of the home. The existing activity room was recreated into a day centre with a more structured set of activities each day. Activities were divided into two groups with a different activity in each group. There was a weekly timetable to show what activities were taking place on each day and in each group. The day centre was intended for use only by people living in the home.
- The activities were based on what people enjoyed doing and these included sensory sessions, arts and crafts, music therapy and chair exercises. There were also educational topics such as learning about safeguarding, what was on the news and talking about friendships. One person said they enjoyed spending time in the day centre and taking part in the activities.
- People were also supported to go out to the theatre, cinema, shopping and attend college to help further their education. One person said, "I go to college on Wednesdays. The staff take me by bus and pick me up. I want to see a show at the theatre. [Deputy manager] will help me get tickets."
- People also had their own individual activity plan for specific hobbies they enjoyed. For example, one person liked listening to music of their cultural background and going for walks in the park.

Improving care quality in response to complaints or concerns

- A complaints policy was available for people and relatives to make a complaint if they were not happy about the service or had concerns. There had been no complaints since our last inspection.
- The deputy manager told us complaints would be investigated fully and people would receive an outcome for their complaint should they arise in future.

End of Life care and support

- The home did not support people with end of life support needs. However, the deputy manager told us people's wishes should they require end of life care and support in future would be discussed with them. Records showed the provider was developing end of life protocols to ensure people's end of life wishes were respected and understood.
- The deputy manager told us support would be sought from end of life care health professionals to ensure people were treated with dignity and cared for sensitively and appropriately.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At our last inspection, we found the service had made improvements in a number of areas but further improvement was needed to ensure quality assurance systems in the home were robust. At this inspection, these improvements had been made.
- The management team understood regulatory requirements and how to ensure the home was compliant with health and social care regulations. However, the home did not have a manager that was registered with the CQC. The previous registered manager no longer worked for the provider. After the inspection, the current manager of the home told us they had submitted documents requested by the CQC and would submit their application once the documents had been approved.
- We were concerned the manager had been in post for more than six months but an application had not been submitted in that time. There had not been a permanent long-term registered manager in the home for over two years, to ensure there was consistent leadership.
- We identified further improvements for the service to meet all the principles of our Right Support, Right Care Right Culture (RSRCRC) guidance for people with learning difficulties and autism, due to the large size of the service. After the inspection, the provider assured us they would make adaptations to sustain a positive model of care in smaller environments that was more suited and in line with local authority recommendations for care services. It would focus on people's strengths, develop their independence and deliver the outcomes that were important to them.
- The manager knew the home well as they were already working in the home prior to their appointment as manager. They had established effective systems to monitor the service. They checked people were safe, staff carried out their duties to the standards expected and records were being completed.
- Weekly and monthly audits and checks were carried out on medicine records, care plans, daily records, infection control procedures, accident and incident records, staff training and the physical environment to ensure it was safe. We found the systems to be comprehensive and up to date.
- An internal mock inspection was undertaken to check the home was compliant with government guidance on COVID-19 and was prepared for infection outbreaks.
- The manager was supported by the deputy manager, a team leader and the nominated individual who visited the home to monitor the progress of the service on behalf of the provider. Members of the management team told us they worked well with each other. The team leader said, "The managers are very supportive and helpful. We are a good team. The staff are very good at their jobs and we work as a team."
- Staff told us the management team were approachable and supportive. A staff member said, "There is good communication between us all. The manager listens to us and solves any problems."

- Staff were clear about their roles and responsibilities and told us they understood how to protect people from risks associated with their care.

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

- The provider promoted a positive and inclusive culture in the home. People told us they felt comfortable in their surroundings and enjoyed the company of other people and staff. One person said, "Yes I like it here." A relative said, "The staff are friendly and nice. [Family member] seems very happy there." Another relative told us, "The manager is very good. A good person, always listens and very helpful."
- People were treated as individuals and their personal choices and decisions were respected. Some people did not wish to spend time with others in the home and this was also understood and respected.
- We observed a lively atmosphere in the home and saw people taking part in activities and engaging with staff. Staff also respected people's privacy and supported them to achieve positive outcomes for their care such as improved health and wellbeing.
- Staff told us the home had improved since the last inspection. One staff member said, "Things are a lot better now. It's more settled as we had lots of managers before. We all work well as a team." Another staff member told us, "Our paperwork is much better and more complete. Our training is all up to date. The manager is very good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were systems for people to be involved and engaged in how the home was run. Meetings were held for them, where staff could provide updates about the home and listen to feedback about things people wanted to do. For example, people suggested places they wished to visit. They also provided staff with ideas on how to decorate the rooftop terrace, as well as ideas for food and drink for parties in the home.
- Meetings were held with staff to share important information, provide updates such as the latest COVID-19 guidance and discuss areas of concern. Staff were given the opportunity to provide their feedback to the management team. The management team met with each other to discuss areas for improvement and to plan shifts, activities and rotas.
- People's equality characteristics were understood by staff and recorded to ensure they were respected at all times.
- There was a system for continued learning to help drive continuous improvements in the home. The managers audits helped to identify shortfalls and monitor the performance of staff. The management team obtained feedback from staff and people through surveys and questionnaires. The results were analysed to identify further areas for improvement. The feedback from the last survey was positive.

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 provider was aware of their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police.
- The management team were open and transparent to people and relatives when things went wrong. They kept in regular contact with relatives following incidents so they could inform them of developments and updates.

Working in partnership with others:

- Staff and managers worked in partnership with professionals to support people in the home.
- They had established links in the community with other services, such as local colleges and job centres to support people to attend them when it was safe and in accordance with government guidance during the

pandemic.

- Records showed the manager was currently working with a community equipment provider to help develop some of the facilities in the home, such as the roof terrace and sensory equipment, to enhance the experience of people.