

Heathcotes Care Limited

Heathcotes (Wigston)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Heathcotes (Wigston) is a residential care home providing personal care. It is registered to support up to eight people with a learning disability or autistic spectrum disorder. 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. At the time of our inspection there were seven people using the service, five of these people received personal care.

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

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support

We made a recommendation about clarifying reporting arrangements for Deprivation of Liberty Safeguards (DoLS) conditions. However, staff supported people to have the maximum possible choice and control over their own lives and to be independent. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people to make decisions following best practice in decision-making.

Improvements were needed to record keeping in relation to lessons learned following accidents and incidents. The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. Staff did everything they could to avoid using restrictions on people's freedom. The service recorded when restrictive practices were used, and staff learned from those incidents and how they might be avoided or reduced.

People had health action plans in place, these did not always contain up to date information about their health appointments. Annual health checks were overdue but were booked during the inspection.

People had a choice about their living environment and were able to personalise their rooms. Staff supported people to take part in activities and pursue their interests in their local area.

Staff communicated with people in ways that met their needs. They supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

There was no system in place for staff to request support if they were unable to 'breakaway' in an unsafe situation. During the inspection the provider ordered radio-controlled devices for staff to use. Improvements were needed to record keeping systems relating to accidents and incidents, restrictive practice interventions and debriefs to record in detail lessons learned.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. There had been a high use of agency staffing during the beginning of the year. However, staffing had improved, and no further agency staff usage was planned, following the inspection. There were enough staff that had been safely recruited to meet people's needs.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff understood their individual communication needs.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff turnover had been high resulting in a number of staff vacancies at the beginning of the year. This had improved, which meant the consistency of care people received had improved and they were supported by staff that knew them well.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

The last rating for this service was good (published 29 December 2018).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

The inspection was prompted in part due to concerns received about people's safety. A decision was made to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

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?

Requires Improvement 

The service was not always 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.

Heathcotes (Wigston)

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

Two Inspectors carried out the inspection.

Service and service type

Heathcotes (Wigston) is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced on 9 May 2022. We gave a short notice period of inspection for the 16 May 2022 to enable the registered manager to make arrangements to minimise disruption for people living at Heathcotes (Wigston).

We visited the service on 9 May 2022 and 16 May 2022 and made telephone calls to relatives and staff between these dates.

What we did before inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We contacted two Local Authorities. We used all of this information to plan our inspection.

During the inspection

We communicated with five people who used the service and received personal care. These people used different ways of communicating including using Makaton, pictures, photos, objects and their body language. We spoke for a short period with two people that did not receive personal care during the inspection, they shared their experiences of living at the service. We spoke with three relatives about their experience of the care provided.

We spoke with 11 members of staff including the registered manager, regional manager, compliance officer, team leaders and care staff.

We reviewed a range of records. This included four people's care records, and three people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training data, cleaning schedules and environmental checks and policies and procedures were reviewed.

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

Assessing risk, safety monitoring and management

- There was no system in place for staff to call for emergency assistance if they were unable to 'breakaway' from an unsafe situation. We discussed this with the management team who ordered hand-held radio devices to reduce this risk to staff.
- Staff were trained in the use of restrictive interventions. The training was certified as complying with the Restraint Reduction Network Training standards. People's freedom was restricted only where they were a risk to themselves or others, as a last resort, for the shortest time possible and in line with the law. Staff told us after they used restrictive practice, they had a debrief with a team leader and considered what they might do differently in the future.
- Staff recognised the early signs of people becoming emotionally distressed and knew how to support them to minimise the need to restrict their freedom to keep them safe. One staff member said, "I would always use restrictive practice interventions as a last resort, I do not like them, but they are there to protect [staff] and [people]."
- Risks relating to people's care were assessed and included detailed guidance for staff. For example, a risk assessment for one person's health condition detailed how staff needed to support them to stay safe during personal care, whilst protecting their dignity and respecting their preferences. During the inspection, positive risk assessments were being undertaken for two people to introduce new activities to widen their opportunities and further develop their independence.

Preventing and controlling infection

- On the first day of inspection there were areas that had not been effectively cleaned. On the second day the service was observed to be clean in all areas with regular cleaning including of highly touched areas being undertaken. Care staff were responsible for undertaking the cleaning, with one staff member being allocated this role on their shift. We received feedback that on some days depending on people's needs there may be a delay in undertaking some cleaning tasks.
- The service prevented visitors from catching and spreading infections.
- Staff prompted people to socially distance.
- The service admitted people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- Staff told us they tested for COVID-19 infection in line with government guidance.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing. During a recent COVID-19 outbreak people had been supported to isolate.
- The service's infection prevention and control policy was up to date.

- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene training.

Staffing and recruitment

- One relative told us there had been a high staff turnover. There had been a reliance on agency staff to achieve safe staffing levels at the beginning of the year. We received feedback from staff this increased the pressure on them as agency staff could not support the people that needed consistent and familiar support to manage their risks. Agency use also impacted the activities people were able to do.
- A successful recruitment drive had resulted in all but one of the staff vacancies being filled. The rota evidenced a reduction in agency staff with no agency use planned after the second day of inspection. A relative said, "Staff haven't changed so much the last few months, before that there were big staff changes." A staff member said, "We went through a spate of a lot of agency staff, but now we have enough staff to meet people's needs". Another staff member said, "It [introduction of new staff] has made it better and not stressful the way it was before."
- At the time of the inspection the service had enough staff to keep people safe and for people to take part in activities and visits how and when they wanted. One member of staff told us that having a strong and stable staff team meant they could start planning activities further afield such as visiting theme parks.
- Staff recruitment and induction training processes promoted safety and staff had been safely recruited.

Using medicines safely

- Protocols were in place to guide staff when to administer medicines prescribed 'as needed'. Whilst staff responsible for administering medicines were able to tell us when these needed to be given, two people's protocols did not provide enough guidance. There was a risk these medicines could be given incorrectly. We discussed this with the registered manager who took immediate action to amend these.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The registered manager understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People were supported by staff who followed safe systems and processes to administer, record and store medicines. Staff administering medicines received training to do so and their competency was checked. They made sure people had their medicines at the right time and in their preferred way.

Systems and processes to safeguard people from the risk of abuse

- Some people living at the service presented risks to each other. Protection plans were in place to reduce the risk of avoidable harm. Where people required continuous supervision from staff to keep other people safe, we observed this to be in place during the inspection. One staff member said, "The two to one staff will always stay with their allocated person." Another staff member said, "We keep people safe by staying one step ahead."
- Staff had training on how to recognise and report abuse and they knew how to apply it. When safeguarding incidents occurred, these had been reported to the Local Authority and action had been taken to reduce the risk of recurrence. Staff felt confident to Whistle-blow if they had any concerns about practises at Heathcotes (Wigston) and felt confident their concerns would be addressed.
- Relatives we spoke with told us they felt people received safe care. One relative said, "I know [Name] is safe there." Another relative said, "I think [Name] feels safe living there, if they didn't they would react badly and not be keen to go back [after visits]."

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately. A staff member said, "I would complete an

incident report, a safeguarding alert [if needed] and the accident book." A relative told us, "They [service] let me know of any accidents." The registered manager reviewed accidents and incidents and monitored for themes and trends. Whilst staff told us lessons learned were shared, this was not always recorded.

- The service recorded any use of restrictions on people's freedom, and managers reviewed the use of restrictions to look for ways to reduce them and to ensure they were used lawfully.

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 comprehensive inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- For people the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. However, people's relatives and professionals had not always been consulted in best interest decisions. This had been identified as an area for improvement in a recent provider audit and reviews with relatives and professionals were in progress.
- Records evidenced DoLS authorisations had been appropriately applied for. Two people had conditions on their authorisations, we found one person's conditions had been fully met and the other persons partially met. We discussed this with the registered manager who advised there had been a misunderstanding in their interpretation of the reporting requirements. They took immediate action to address this.

We recommend the provider clarify the reporting arrangements with the Local Authority for one person's DoLS condition.

- Staff had undertaken training about the MCA and empowered people to make their own decisions about their day to day care and support.
- We observed staff offering people choices throughout the inspection and respecting their decisions.

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

- People had health actions plans which were used by health and social care professionals to support them in the way they needed. Staff had not always recorded health appointments in people's health action plans and some information was out of date. We discussed this with the registered manager who told us reviews of these were planned. Some people's annual health checks were overdue, these were booked with the GP surgery during the inspection.
- The service considered the support people needed to access medical appointments and to overcome barriers. One staff member told us if someone needed to have a blood test, they could use a 'cuff' to get them used to the sensation of this being used before their appointment. However, we found three people's best interest decisions undertaken in December 2021 identified the need for desensitisation to support them to have a vaccine. This had not been undertaken. The registered manager told us this would be discussed in people's annual health check.
- Two people were supported to access medical appointments during the inspection. Relatives did not raise any concerns about people's access to healthcare services and staff gave examples of how they had identified a deterioration in people's health condition and sought medical advice. During an episode of ill health, staff had provided care to a person during their hospital admission to ensure they received consistent care.

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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations. These plans had been reviewed and were reflective of people's current needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- Staff told us they received support in the form of continual supervision and recognition of good practice. Some appraisals were overdue, this had been identified in a recent audit and were planned.
- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, human rights and all restrictive interventions.
- If staff had to use restrictive practice, they told us debriefs were undertaken immediately after the incident with team leaders. A team leader told us they would usually encourage the staff member to step outside and have a 'breather'. They would then discuss what had happened, complete paperwork and discuss whether they could have done anything differently.
- Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice. One new staff member said, "If I had not gone for training, I might have restricted [Name] in a different way." They told us how they had used their training to stay safe and to avoid using a restrictive practice.

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

- People received support to eat and drink enough. Staff supported people to be involved in preparing and cooking their own meals in their preferred way. We observed one person had cooked a breakfast of their choice with staff support.
- We observed people requesting drinks and food during the inspection, and these being provided. We observed mealtimes to be flexible depending on people's needs. People were encouraged to make healthy

food choices, but where they chose not to eat healthily, their choice was respected.

- Staff knew people's likes and dislikes, allergies and cultural dietary requirements. People were always offered a choice of meals and alternatives were available to meet their individual preferences and dietary needs.

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

- The interior and decoration of the service was adapted in line with good practice to meet people's sensory needs. On the first day of inspection decorators were present at the service. On the second day of inspection a full redecoration of the service had been completed including communal areas and people's rooms. People had been involved in choosing the colours for their bedrooms and communal areas. The home was welcoming and friendly.
- Some flooring had been recently replaced. Further improvements were planned to replace carpets in communal areas with vinyl flooring, and to replace the flooring in bathrooms over time.
- The design, layout and furnishings in people's bedrooms supported their individual needs.

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 comprehensive 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.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. We observed staff knock on people's doors and await permission to enter, people confirmed staff always did this. Support plans provided detailed, individualised guidance so staff knew how to respect and promote each person's privacy and dignity.
- People were supported to be as independent as they could be. We observed one person put their empty plate in the sink to be washed up. Staff prompted and supported them to wash the plate themselves.

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

- Staff saw people as their equal and created a warm and inclusive atmosphere. One staff member told us how their goal was for people to have their best day. Another staff member told us they knew one person loved magazines and newspapers and that they picked one up for them every day on the way to work.
- We saw people were well matched with their designated support worker/s and as a result, people were at ease, happy, engaged and stimulated during the inspection. Staff supporting people had the appropriate skills to meet their needs and to keep them safe.
- People received kind and compassionate care from staff who we observed to use positive, respectful language which people understood and responded well to. Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.

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

- People were given time to listen, process information and respond to staff. One relative told us a person found it difficult returning to the service from a family visit. They told us staff gave the person time to process instructions, leave when they were ready, did not rush them and were very patient.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. We observed staff using Makaton [a type of communication] and people's own individual signs to offer them choices. We also observed that when people used signs or their body language to communicate their needs, staff understood this and responded. For example, one person asked for a drink and to go to the shop using Makaton. Another person chose to go for a drive, they also expressed this choice via Makaton.

Is the service responsive?

Our findings

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

At the last comprehensive 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

- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. Staff empowered people to be in control of their care, they recognised when people expressed through non-verbal communication that they wanted to be supported by a different staff member and actioned this.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how these could be achieved. People's care plans were reviewed, and any changes were communicated to staff. A relative told us, "We had a review on video and talked online with [Team Leader and Registered Manager]". A staff member said, "Every three months care plans get updated, the Registered Manager will ask all staff to go through and sign they have read them." Another member of staff said, "Care plans have more than enough information."
- Staff spoke knowledgeably about tailoring the level of support to individual's needs and knew what was important to people. A relative said, "Staff understand [Name] really well. There has to be a bond and understanding, all the staff really take care of [Name]..." One staff member said, "When I am here, I just want people to have the best day."
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. Staff gave examples of how they had followed people's care plan to minimise distress and to ensure the person had positive outcomes. One staff member told us, "[Names] positive behaviour support plan says to redirect them, go for a walk, go into the garden or offer a drink." We observed staff following this plan during the inspection.

Meeting people's communication needs

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

- Staff ensured people had access to information in formats they could understand.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. One staff member said, "Recently [Name] had earache, they pointed at their ear and made a noise to signal they were in pain."

Records showed medicines to ease the pain had been given in response to this.

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 participate in their chosen social and leisure interests on a regular basis. During the inspection when people asked to go out, staff responded promptly. A relative said, "It is positive they [staff] are trying to improve [Names] quality of life by taking them out and doing more." A staff member said, "There are no advance activities planned, we go by how people are feeling and what they want to do. If [Name] wants to go for a drive, then they will make a gesture and we will go for a drive."
- Staff supported people to maintain links with those that are important to them. Two relatives told us how they enjoyed regular visits supported by staff. We observed staff speaking to one person on both days about their visit to a family member and asking how their family was. The person was smiling as they engaged in this conversation.
- People were supported by staff to try new things and to develop their skills.

Improving care quality in response to complaints or concerns

- There was a complaints process in place. Some people living at the service were not able to raise complaints, they relied on staff, relatives and professionals recognising when things were not working well for them and raising concerns on their behalf. Relatives told us if they had concerns, they felt confident about raising these. One relative said, "If ever I raise an issue, they respond to it quickly." Concerns raised by professionals were recorded and responded to.
- Staff supported people to complete easy read feedback forms, we saw whilst these were completed, due to people's limited understanding and communication abilities there was limited information within them. We found staff knew people well, identified when people were not happy with their care and took action to address this.
- The service recorded concerns raised by professionals and implemented action plans to address these.

End of life care and support

- The service was not providing support to people at the end of their life at the time of inspection. They had completed easy read 'About the end of life, what I want to happen' booklets with people and where possible their relatives. These enabled people to express their preferences and wishes about end of life care should their needs change.

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 comprehensive inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant the management and leadership of the service had not maintained full oversight of the service. There was an increased risk the support and delivery of high quality care would deteriorate further.

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

- Improvements were needed to record keeping, particularly in relation to health actions plans, lessons learned, debriefs and the use of restrictive practice interventions. Whilst staff told us and gave examples of lessons learned when things went wrong, these were not always documented in detail in records. Other governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. Action plans were completed following audits and we saw, plans were already in place to improve some areas of concern we identified during the inspection.
- Some of people's care records were stored in an unlocked cupboard in a communal area. We discussed this with the registered manager who told us they would remove these and store them securely with people's health and care plans.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and an oversight of the services they managed. They were responsive to concerns we raised during the inspection, taking action to resolve them. A review of records evidenced legally required notifications had been sent to the CQC. The locations rating from the last comprehensive inspection was displayed.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. Staff were able to explain their role in respect of individual people without having to refer to documentation. Regular checks of staff knowledge were undertaken in areas such as fire safety, safeguarding and infection prevention and control. 'Spot checks' of staff practice to ensure people's needs were met as planned were undertaken, including at night.

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

- One person's positive behaviour support plan described how their electronic device being out of use could cause distress. At the time of the inspection this was broken. There was no robust contingency plan in place to ensure the person had continued access to media if the device was out of use. During the inspection, a new electronic device was ordered by the provider and was in use when we returned for the second day.
- Management were visible in the service, approachable and demonstrated a genuine interest in what people, staff, family and other professionals had to say. Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. They felt able to raise concerns with managers without fear of what might happen as a result. One staff member said, "I have never known a

manager like [Registered Manager] she is really good... you can call her about anything."

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 service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The provider sought feedback from people and those important to them. They told us annual surveys were due to be sent out soon after the inspection. Relatives told us they were in regular contact with the service. Two relatives told us communication could be improved with care staff.
- Staff meetings gave staff the opportunity to discuss what worked well and what needed improving for people. In staff meeting minutes the section relating to lessons learned and debriefs was not always completed.

Continuous learning and improving care

- The provider had implemented a recruitment strategy to fill staff vacancies. This had resulted in the successful appointment of new care staff. The provider was committed to ensuring people received consistent care from staff that knew them well.
- The provider invested sufficiently in the service, embracing change and delivering improvements. They had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. They kept up to date with national policy to inform improvements to the service.

Working in partnership with others

- The service worked well in partnership with health and social care organisations, which helped people using the service to improve their wellbeing.