

Coventry City Council

# Harry Caplan House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Outstanding ☆

# Summary of findings

## Overall summary

### About the service

Harry Caplan House is a service which provides personal care and support to 18 people living in an extra care scheme. These are primarily older people.

This is a large modern building comprising of 32 flats, eight of which are for short term use. These are people on placement for up to six weeks following discharge from hospital, before returning to live back in their own homes.

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

A registered manager was in post who was exceptionally passionate about the care provided. Along with the assistant manager they had made a number of changes to improve the service, and this impact was evident in the overwhelmingly positive feedback we received from people living at Harry Caplan House. Staff ensured people were at heart of all decisions made and the care they received.

People and staff had a variety of opportunities to feedback about the running of the service and this was clearly used to make changes to benefit everyone at the service and to drive improvements. People were encouraged and empowered to get involved with fundraising activities to shape the service further and create opportunities to reduce social isolation for people.

Care was based upon good practice guidance to ensure people received an effective service. Substantial investment had been made in staff with training and staff were encouraged to specialise in areas of expertise as champions, so they could support and develop their colleagues further.

The management team showed a strong commitment and took effective action to make sure there was equality and inclusion across the service.

Staff were caring in their approach and had excellent relationships with people. Promoting independence was a core aspect of service and people were supported by staff to improve their daily living skills and confidence.

There were enough staff to ensure people were safe and staff had some time to get to know people well. Where risks associated with people's health and wellbeing had been identified, plans were in place to manage those risks. Staff understood their responsibility to safeguard people from harm and knew how to report concerns.

People received care which was responsive to their individual needs. Care records provided staff with information in relation to people's backgrounds, interests and individual health needs. Staff knew people well and what made them happy.

Staff encouraged people to maintain a balanced diet. The provider and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was maintained.

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; systems supported this practice.

Robust quality checks were carried out to monitor the service, and these identified where improvements could be made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The service was rated as Good (published 12 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will 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?

Outstanding ☆

The service was exceptionally well-led

Details are in our well-led findings below. □

# Harry Caplan House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by two inspectors.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. They had been registered since 2010 and at this service for almost three years.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the manager would be in the office to support the inspection and to arrange for some people and staff to be able to talk with us.

#### What we did before the inspection

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as safeguarding concerns. We sought feedback from the local authority who work with the service, they had no concerns and provided us with some further positive information.

The provider completed a provider information return. 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 used all this information to carry out our inspection.

#### During the inspection

We spoke with six people who used the service, one relative and one visiting professional. We spoke with two support workers, a senior support worker, the short services co-ordinator, three domestic staff, a cook, the assistant manager, the service manager and the registered manager. We reviewed a range of records including three people's care records and two medication records. A number of other records were reviewed in relation to the management of the service, including quality checks, feedback surveys, meeting minutes and accidents and incidents. We did not look at staff files on this occasion as staff were recruited safely when we previously checked.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risk's associated with people's health and wellbeing had been identified, assessed and documented. For example, risk in relation to falls, the environment or nutritional needs. A further monitoring system was in place which enabled staff to ensure people's safety and well-being, who were living with dementia.
- Staff had been trained in fire safety and were knowledgeable of the correct steps to take in an emergency. Staff had arranged for the fire service to attend a meeting to inform people about fire safety and made individual referrals for people where individual advice was required.
- An on-call system ensured people could call for staff assistance in an emergency.
- Robust procedures were in place to ensure people's safety at the service. Staff carried walkie talkies to enable them to communicate with each other effectively. Staff could contact senior staff for advice and support 24 hours a day.

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

- People told us they felt safe living at Harry Caplan House. One person said, "I feel safe living here, I know people are around 24/7." One professional told us they felt people were safe living at the service and they had no concerns.
- Staff understood the signs of abuse and how to recognise and protect people from harm. One staff member told us, "If I had any concerns, I would go to a senior first (and report this)." Systems were in place such as a whistleblowing policy, to ensure people were supported by staff safely. Information was made available to people to protect them further, for example, advice on avoiding financial abuse and scams.
- The provider's policies and procedures provided staff with guidance on how to keep people safe. A 'floating' night support service worked across the provider's locations to ensure that people could be supported flexibly with additional staff when required.

### Staffing and recruitment

- People were supported by enough staff to meet their care needs. One person told us, "They are always on time, I definitely think there are enough carers." Care was provided based on people's assessed needs. For unplanned absences, these were covered by a pool of relief staff.
- Staff recruitment files were not checked on this occasion as there were no concerns found at our previous visit. However, staff told us the necessary checks had been completed before they started work and records documented disclosure and barring service checks were completed. Disclosure and Barring Service (DBS) checks ensure staff were suitable for employment in the care sector.

### Using medicines safely

- Medicines systems were organised, and people received their medicines as prescribed. One person told us staff helped them with eye drops, and they always received these on time.
- Staff were trained to administer medication and competency checks were carried out by senior staff to ensure they remained safe to do this. Senior staff completed monthly audit checks of medicines to ensure these were correct. Where medication errors were identified these were raised with the staff involved and further support and training given if required.
- Staff followed the NICE (The National Institute for Health and Care Excellence) guidance for managing medicines safely.

#### Preventing and controlling infection

- Staff received infection control training and followed good hygiene practices to help reduce risks, such as wearing personal protective equipment.

#### Learning lessons when things go wrong

- Staff completed reports when a person had been involved in an incident or accident. These were reviewed to understand if there were any themes or trends. For example, in relation to location of falls, which could be identified to help prevent recurrence.



# 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 an induction when they first started working at the service. This involved training and working alongside experienced staff.
- People told us staff were very well trained and knew how to support them well. One person told us, "Put it like this, I would not be as well today as I am without these ladies and everything they do." They explained how staff had supported them to access regular medical treatment and how much this had helped them. Another person told us, "I am very well looked after here."
- The provider had made a considerable investment in staff training. Staff completed a range of training to enable them to carry out their roles well, for example first aid and safeguarding training. Training was monitored to ensure this remained current. One staff member said, "They always make sure our training is up to date. I can always speak with [registered manager] if I want to request any training, they are definitely approachable." Managers also provided training to enable staff to improve care, for example training in relation to prevention of falls.
- Specialised training was offered to ensure staff were competent to meet people's individual needs. One staff member said, "We had extra training on fitting colostomy bags for one person." (A colostomy is a detachable bag fitted to an opening in the body for waste). To support staff training further, a 'conditions' folder gave staff further detailed information about people's health and medical conditions so that staff were able to understand how to support people effectively.
- Staff champions had been developed in nine areas such as equality, safeguarding, falls prevention and a tenants champion. These were staff and people with additional knowledge and training they could share with other staff to improve their practice.
- Telecare (technology to enable people to live independently) was used at the service, for example in relation to falls or epilepsy detection to inform staff if people required assistance. Staff referred people for assessment for this equipment where this could benefit them.
- Training was offered by the provider to support and develop the management team skills. The assistant manager told us, "This has helped me to challenge, communicate better with staff and improve the service, and I am seeing the benefits now on site."
- Staff were given opportunities to take further care qualifications if they chose to. Some staff completed the Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily working life. It gives people and their relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- A handover of important information took place between staff when shifts changed, so staff were up to date with any changes to people's care needs.

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

- Staff communicated with other agencies such as the local authority and health professionals including dieticians and physiotherapy when required. One person told us, "Whenever I have needed the doctor, I have mentioned it to staff and they have come. Here I have never waited for the doctor. I could not ask for more." Another person told us how they had improved physically following a visit from an occupational therapist and completing the recommended exercises.
- Feedback about the service from health professionals was positive. One professional told us, "The staff always respond appropriately. This is a big plus for them. They have learned to work with us and encourage people (with their independence) and to come to see us."

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

- People were supported to remain healthy, in relation to lifestyle choices such as smoking, and with support from hearing, sight and dental professionals.
- Oral health care had been a recent focus of staff to ensure people were being supported correctly. The registered manager had provided staff with specific training in relation to this and used NHS guidelines, 'Mouth Care Matters' to ensure staff worked in line with the recommended guidance which gave examples of different scenarios and actions to take.

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

- A creative use of staff resources had meant that a post of 'short term placement co-ordinator' had been developed and this had proved extremely successful, receiving positive feedback. The local authority monitoring officer confirmed this specialist assessment improved people's discharge experience from hospital and meant that they then received a better experience of reablement to regain their independence.
- Some people's health needs were more complex, and care and support was provided in line with current guidance.

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

- Changes were made to the environment to ensure people living with disabilities were supported inclusively. The environment had been adapted in four flats with widened and electronic doors, as well as adjustable height work units in people's kitchens to support people to remain independent.

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

- People were supported with their dietary needs and choices. A lunchtime meal was provided at the service if people chose to have this, and feedback was that these were 'excellent'. A nutrition champion focused on a number of areas to support people, which included medical needs and allergies of people, diet and diabetes, and a choice of menu, such as vegan food being available.
- Staff had created a healthy eating display in the dining area to provide information, support and encouragement for people with their diet.
- Staff supported some people in relation to eating and drinking and where required records were kept monitoring levels of nutrition and hydration.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of 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 had received training and understood the principles of the Mental Capacity Act. A mental capacity champion ensured staff understood what this meant for people and the key principles. Most people using the service had the capacity to make day to day decisions. Where they did not, staff considered their best interests and gained further advice from relevant professionals.
- Consent was obtained from people in relation to decisions made and this was documented. One person told us, "They come in and give me my tablets, they say what they are, and always ask me first."

# 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; respecting equality and diversity

- People were happy with the service provided, and we observed some positive interactions between people and staff, where staff were caring in their approach. One person told us about the support they received, "They are always there when I ask them to do something. There is no, 'I have not got the time'. They always ask if they can do anything and are very respectful to me."
- Another person told us how low they had felt when they came to the service and how they felt their life had completely turned around following the support given to them. They said, "My family cannot believe the change, it's the staff. They are wonderful, they really are." A relative told us, "I am very happy, I know [family member] is well looked after, the staff make such a fuss of them and nothing is too much trouble."
- Feedback received was also very good. Feedback from a survey from 2018 described the service as 'a happy, caring place to be'. Other comments from 2019 included, 'Staff are never less than helpful'.
- Staff told us they enjoyed working at the service. One staff member said, "I enjoy my job and it is very rewarding." Some of the domestic staff told us how they liked to chat with and spend time with people and valued being able to do this. They told us they monitored people's well-being and for example, if they noticed something different or if someone was unwell, they would alert care staff straight away.
- Staff completed training in relation to equality and diversity and supported people in line with their needs and wishes. For example, one person liked to shower before prayer, and so staff supported them to do this. Diwali (Hindu festival of Lights), Vaisakhi (a religious festival) and St Patricks day were celebrated. A vicar held a service each Sunday for people to attend if they chose to. Staff had developed an LGBT booklet with information to educate people and staff further. Taster sessions in relation to different foods had been arranged to offer people the opportunity to sample and try food from different cultures.
- Staff were focussed on a number of areas with the aim of reducing social isolation for people. A tailored celebration of events took place and these included afternoon teas at the service, a recent visit from a choir and a Christmas party where a Danny La Rue impersonator had attended. Birthdays were celebrated for people with their permission along with coffee, cakes and cards.

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

- Staff understood the importance of people's views, wishes and choices being respected. People made decisions about their daily lives and the care provided.
- Several people received support from advocacy services in relation to finances and shopping.

Respecting and promoting people's privacy, dignity and independence

- Promoting independence was a key aspect of the service and they supported some people when coming

out of hospital and before they returned home. One person suffered with anxiety and with support and reassurance from staff, they had gradually increased in their confidence and abilities to be able to reduce this care support.

- Feedback from people receiving short term care was excellent. One person told us, "They have got me better here in a short space of time. I could not stand on my leg or get on the bed before, it was my confidence. The staff have helped me with this and have been there for me." They explained how staff had watched them as they practiced, transferring themselves onto the bed, and they now felt much stronger and able to stand up independently as a consequence.
- Staff supported people with dignity and respect. One person said. "The staff are lovely. They help you as much as they can and are very respectful."
- People were supported ensuring their privacy. Their right to confidentiality was respected and protected in accordance with General Data Protection Regulation (GDPR). People's confidential private information was kept secure.

# 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 meet people's needs, preferences, interests and give them choice and control

- People, relatives and professionals had shared people's needs with staff before care started. Staff completed assessments, often while people were still in hospital, to ensure they could meet their needs. The short services co-ordinator told us, "Often people are lacking in confidence following a fall, so we link in with the OT (occupational therapist) to have six weeks of enablement. We encourage people to bring in pictures from home, so they feel settled."
- Care records were person centred and contained people's histories which enabled staff to understand their likes, dislikes and preferences. A 'happiness mapping' document had been produced with people, and this showed at a glance how people felt their lives could be improved and what made them happy. For example, one person liked 'being around trees' and enjoyed drinking alcohol.
- People had regular staff and keyworkers who supported them in line with their wishes. Keyworkers were named staff who knew people well. One person told us, "They really support me well, I have to go to the clinic each week and staff come in early to make sure I can do this."
- Staff supported people with their communication needs and 'tips for talking to me' information was included in records. For example, one person had initially had an interpreter, however staff and their family had worked together to develop picture and language communication cards to help them with communication, so they no longer felt this was required.
- People's care and support plans had been reviewed and updated to reflect any changes to their needs. People and relatives where applicable, were involved in review meetings to ensure care remained suitable.
- People were supported by staff to retain control over their lives. For example, one person who was living with dementia asked staff what day it was. We observed staff directed them to a special digital clock they owned which displayed the day of the week, and which part of the day it was (the afternoon) to help and encourage them to orientate themselves.

### 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 information and communication needs were assessed, and staff understood these alongside the AIS. The registered manager told us, "We make sure information is accessible for our tenants."
- Information was provided to people in a format they could understand for example, large print. Staff read information out for people if required and talking books were accessed for people who were visually impaired. The registered manager had further considered the needs of people with sight impairments with planned changes to the environment to include for example, improved lighting.

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

- Where complaints or concerns had been received by the provider, they were followed up and information was used to make improvements if required. The provider displayed information for people explaining how to make a complaint. One complaint had been received in 2019 in relation to a piece of equipment and this was investigated in line with the providers procedures. One person told us, "From the cleaning staff to the care staff, everyone, I've got no grumbles at all."

#### End of life care and support

- No one at the service was receiving support with end of life care currently, however staff had received training in this and specialist support was accessed from the 'fast response' community team when required.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff worked together extremely well to focus on the safety, well-being and wishes of people. Their passion to achieve the best results for people at the service was clear and there was a strong emphasis on continuous improvement. The management team consisted of the registered manager, an assistant manager, three senior support assistants and the service manager. They had made a number of changes and improvements over the last few years. One professional told us, "The assistant manager is really excellent. They are prepared to listen and develop what they do as a team. They have taken huge steps here and are doing very well."
- The culture of putting people's individual needs at the heart of how the service was led was reflected in the staff training and support. Challenges had been faced by the management team initially and they had taken a proactive approach to get to know staff well and to work hard to change the previous culture. This had involved educating some staff to ensure that people were at the heart of the service. Coaching sessions for staff had been carried out to promote this change further along with some team building sessions which had proved successful. The assistant manager told us, "I am proud of the way I can see a vision, the tenants are happier, their health and well-being has improved, there is a good staff culture, we have participation in everything we do and a good rapport with tenant's families." The provider had supported managers to further develop and enhance their leadership skills.
- People felt the support they received by staff and managers was exceptional. One person told us, "I came here (on short - term basis), I could not believe how good it was. I was so delighted to be able to stay. Being here has given me a new life." A relative said, "If I was to go to the office (to see someone). it is absolutely brilliant, there is always someone about."
- People's comments about the service were displayed in the foyer area and included, 'I am so happy (living here), the grin on my face is almost permanent now'. A high number of compliments, 79, were received about the service in 2019.
- People had been involved by the provider in plans to improve the environment further. The dining room was to be refurbished and it was hoped a conservatory would be added to give people more space and light to enjoy this space.
- Staff told us they felt supported and that managers were approachable. One staff member told us, "The management team work well together. I can speak to [registered manager] if I am not happy with anything."
- Staff worked as a team and were motivated to support people well. One staff member said, "It is good, I have always enjoyed working here and I love working with people with dementia." In turn the registered manager told us they felt very supported by the provider and the service manager was very 'hands on' in



offering practical support when this was required.

- The management team worked in an open and transparent way. When incidents occurred, they ensured relevant external agencies and families were informed in line with the duty of candour. Numbers of compliments and complaint numbers received were published in the monthly newsletter people received.

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

- The management team were highly proactive in seeking people's views to drive improvements. These were gathered through a number of channels including individual surveys covering a variety of different topic areas including the five CQC inspection areas, visiting professionals' feedback and personal care. These were sent to people, relatives, professionals and staff and we found most of the responses received, were either good or excellent. Comments from relatives included, 'Everything about Harry Caplan House is brilliant, the standard of care is excellent'. Following some feedback received around communication, the management team had introduced a phone texting service which kept relatives up to date with any changes, news and important information. A relative told us this was very useful.
- A monthly newsletter helped people to feel engaged with events happening at the service and a suggestion box was provided for people to be able to offer any further improvement ideas.
- People felt empowered to raise any issues, feedback their views at monthly meetings and were confident these would be listened to. One person told us, "You can ask for something in the meetings and they do try to get it done."
- People's views were taken into account, with working staff practices. For example, people had decided they preferred staff to wear a uniform at the service and so staff now did this.
- People were encouraged by staff to recognise their own abilities and were actively involved in fundraising to improve opportunities for other people using the service. This had stemmed from an idea and the passion and commitment of the management team. The service manager told us, "There is a huge amount of fundraising for activities. Social isolation is the biggest priority." Manager's had supported people to apply for external Lottery funding. This had led to one person taking the role of tenant's champion, to manage the finances and this had benefitted them with a new focus and purpose. The registered manager told us, "We are setting up the bank account, we are looking at getting a minibus, maybe buying a projector to show films or go to the theatre." People were being supported to access further potential charitable funding by the management team.
- Staff meetings were held, and these provided an opportunity for staff to feedback their views. At a recent meeting staff had requested an additional washing machine was purchased and this was being arranged. A briefing was available for any staff who were unable to attend the meeting.
- Staff were supported through one to one meetings and group supervision sessions where staff had the opportunity for reflective practice as a team and to consider better ways of working. Coaching conversations supported staff to ensure they were confident and competent in their roles. Observations of staff practice were completed by senior staff to monitor and improve practice.
- The management team showed a strong commitment and took effective action to make sure there was equality and inclusion across the staff team. Staff were supported with their own individual and cultural needs, for example, they were given time for prayer if required. One staff member with a disability had been supported with specialist equipment to do their job and the registered manager told us of the positive impact this had had for both them and the service.
- Staff were encouraged to work to the FREDA principles. This is a human rights-based approach, in that these can be protected by adhering to the core values of fairness, respect, equality, dignity and autonomy. This was supported by the provider's own policies for example, in relation to bullying, dignity at work and the LGBT employment network. The management team were proactive in challenging discrimination and had taken proactive steps to address this previously within the service.

- Staff had developed a 'charter of rights' which was displayed, to ensure people knew how they could expect to be treated at the service by staff.
- Staff had been nominated at the National Care Awards for the work they had done to improve the service. The registered manager had also been nominated in the 'role model' category, at the Phoenix Awards, which is an awards scheme run by the local authority.

#### Continuous learning and improving care

- Learning from concerns and incidents contributed to continuous improvement. Feedback from surveys was analysed to identify themes and any areas for improvement. One suggestion from people to improve lighting in the lounge area was being incorporated into the plans for refurbishment.
- Following any errors being identified for example, in relation to medicines, staff used an error flow charts to ensure all necessary steps were taken to protect people further and staff considered any learning from this.
- Future plans were in place for the service to go 'paperless' with electronic records to streamline and improve care systems. Also to rent a mini bus for people to use.

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

- Governance systems were well-embedded. Managers and senior staff checked the quality and safety of the care provided with comprehensive audits, for example, checks in relation to personal care, dignity and respect and medicines. Additional 'walk the floor' audits were completed by managers to identify any further areas for improvement which might not be captured in audits. These had been successful in identifying some gaps or areas for improvement.
- The provider understood the legal requirements of their role including submitting certain notifications to us (CQC). Ratings from the last inspection were displayed prominently at the service.

#### Working in partnership with others

- Staff and the management team worked with district nurses, GP's and other professionals such as speech and language therapy to support people's care. The short - term placement co-ordinator worked in partnership with other professionals such as hospital social workers to plan people's safe discharge from hospital and positive feedback had been received in relation to the outcomes this had for people receiving rehabilitation.
- The service offered was flexible and supported people at short notice with care following periods of crisis or safeguarding concerns in the community, to provide a safe and secure environment. The registered manager confirmed that as long as they could meet people's needs, they would provide this support.
- Staff had worked in partnership with NHS staff to achieve accreditations in relation to different aspects of care. Staff had clearly sustained and embedded the learning they had received, with accreditation achieved by staff for the second year for the 'React to Red' campaign in relation to pressure ulcer prevention. Also, for the second year for 'So no to infection' campaign which promoted staff understanding of infection control.
- Plans were in place to apply for a falls accreditation now which was awarded in recognition of staff competency, and staff had completed some falls prevention training. Falls information, a falls analysis and a post falls protocol was in place, which helped staff to ensure they had taken the correct action following a fall. In addition, staff had recently attended a falls prevention event in December 2019 run by the local authority to embed their knowledge and skills further.