

Jemini Response Limited

# Jemini Response Limited - 41 Jerome Close

## Inspection report

41 Jerome Close  
Eastbourne  
East Sussex  
BN23 7QY

Tel: 01323767399  
Website: [www.jemini-response.co.uk](http://www.jemini-response.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?	Good ●

# Summary of findings

## Overall summary

### About the service

Jemini response Limited at 41 Jerome close, Eastbourne, is a residential home providing personal care for up to four people. At the time of the inspection there were four people living at the service. People living at 41 Jerome Close were younger adults with learning disabilities, who had lived there since they were teenagers.

41 Jerome Close is a house in a residential area and has two floors. Bedrooms were on both floors and on the ground floor were a kitchen, communal dining/living room and an office. The home had a garden area with a patio.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

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

People were mostly unable to tell us they felt safe but we observed people and staff together and could see that people were looked after well. Staff knew about risk and understood safeguarding. Relatives and professionals told us that the service was safe. Risk assessments had been completed, bespoke to people's care and support needs. Staff were recruited safely and enough staff were on duty each shift to look after people. New staff went through a comprehensive induction process. Medicines were ordered, stored, provided and disposed of safely.

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 supported people with this having regard to their best interests. We were shown a training matrix which was up to date and was regularly shared with the registered manager. Training was relevant to the needs of people and included mental capacity, safeguarding, autism and challenging behaviour. People's nutritional and hydration needs were met and choice was offered. Support was in place from health and social care professionals.

Staff were seen to be caring and to respect people's dignity. People's privacy and were encouraged to be independent both inside the home and when accessing the community. People's differences under the Equalities Act 2000 were explored and promoted.

Care and support were person centred and this was reflected in people's support plans. Support plans were reviewed regularly and evidence of people, relatives and professional's involvement was seen. Routine was important to people and this was managed by staff. Staff supported people with a range of weekly activities both inside the home and on trips out. A complaints policy was in place which was accessible to people and relatives.

People interacted in a positive way with the registered manager who took time with people to talk with them and support them. Relatives, professionals and staff all spoke well of the registered manager. A review of some audit processes was being carried out but key areas such as accident, incidents, medication and training were all reviewed regularly by the registered manager. Feedback was actively sought and action taken where appropriate.

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 last rating for this service was requires improvement (published 12 April 2019)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Jemini Response Limited - 41 Jerome Close

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Jemini Response Limited at 41 Jerome Close is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at the home to speak with us.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

People had complex communication and support needs. We spoke with and observed all four residents of 41 Jerome Close. We spoke with eight members of staff including the provider, the registered manager, the deputy manager, three care staff and two administration staff.

We reviewed a range of records including four people's care plans and medication records. We looked at three staff files in relation to recruitment and supervision and a variety of records relating to the management of the service for example, policies, procedures, quality assurance processes and audits. We pathway tracked two people. This is where we check that the records for people match the support they receive from the service.

After the inspection

We continued to seek clarification from the registered manager to validate the evidence we found. We spoke with three relatives and three professionals who regularly visit the service.

# 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. Gaps were found in some personnel files and one had a Disclosure and Barring Service (DBS) marker that had not been risk assessed. DBS checks ensure that prospective staff have no criminal convictions or cautions that would prevent them from working at the service. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staff had been recruited safely. Staff files now contained full DBS records and any gaps in employment history had been explored. We examined staff files and required checks had been carried out before a person could start working at the service. For example, employment history, references and DBS checks. Agency staff went through the same checks.
- People living at the service required a minimum of one to one support. We were shown a shift pattern that confirmed there were enough staff to cover every shift. The service sometimes used agency staff but these were regular staff who were familiar with the service. The service had a sister home in the same road and some staff worked across both homes to cover any absence due to sickness or leave. The registered manager told us that both homes were small and sometimes the managers would help with care for people if needed.

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

- People could not directly tell us that they felt safe but our observations of people and interactions with staff during the inspection confirmed that they were. A relative told us, "They (staff) provide excellent support, they [people] are very safe there."
- Staff understood risk and were able to describe situations that would amount to a safeguarding incident and describe what action they would take and who they would inform. A staff member told us, "I know when things are not right. I'd make people safe and report to my manager." Another said, "I'd report to a senior and then to CQC and the local authority if needed."
- All staff had received safeguarding training. A whistleblowing policy was in place which staff were aware of. Whistleblowing allows staff to raise issues or concerns if they feel things are wrong whilst protecting the identity of the staff member.

### Assessing risk, safety monitoring and management

- Risk assessments for people were included within support plans and were accessible to staff. Staff knew people well and were able to tell us about risks relevant to individuals. For example, routines were important to people and staff knew that when routines were disrupted people became anxious. Risk assessments had details of contingencies to put in place at these times and included, positive interactions, reassurance, taking people to a low arousal environment and using a tactile approach to support people.
- Risk assessments were regularly reviewed with people, relatives and professionals. Reviews were

implemented following incidents to ensure systems were in place to support people's behaviours. A risk reduction plan was in place for people which detailed the training staff required to manage risks. We saw a review of risk which involved varying a person's diet to help with a specific health condition.

- Support plans had a 'positive behaviour support plan' section which detailed support provided to people who sometimes displayed behaviour that challenged. The registered manager described these documents as 'living', they could be updated at any time, and they were reviewed every three months. Signs that a person was becoming anxious were documented so that staff were aware of what to look for were also in place. A Disability Distress Assessment Tool (DisDAT) was used at the service which highlighted the behaviours of people when they became distressed or were in pain and what steps staff needed to take.
- Fire safety checks had been completed and fire equipment was regularly checked. Staff were aware of evacuation procedures and the registered manager told us that they had recently undertaken one to one training regarding fire safety. Personal emergency evacuation plans (PEEPs) were in place and a copy was kept in a 'grab bag', in case of emergencies. PEEPs provided details of how to support each person in the event of an emergency.
- The service had a separate maintenance risk reduction folder which contained up to date certificates for electrical and water tests. We were shown an area of damp in a bathroom and were told that builders had been arranged to install a new ventilation system. We were shown documentation which confirmed this. Oxygen was kept at the service for use for a person's health needs. This was safely stored and had been checked by the fire service and assessed as safe.

#### Using medicines safely

- Medicines were ordered, stored, dispensed and disposed of safely. People kept their medication in locked cupboards in their bedrooms and a central store was kept in the service office. Staff had received medication training and received regular refreshers and competency checks.
- Medicine administration records (MAR) had been correctly completed showing the date, time and amount of medicine given and the signature of the staff member providing. Some people were receiving controlled drugs and these were kept in a separate double locked cabinet.
- 'As and when required' (PRN) medicines were recorded on the same MAR charts but were subject to a separate protocol. A staff member said, "We know people well and can tell if they are in pain even if they can't speak to us. I'll always speak to a manager before giving PRN."
- The registered manager told us that they reviewed MAR charts daily and any discrepancies were immediately investigated. They also told us that each person had an annual medicine review and at the last review one person had their medication reduced. The provision of medication was in line with the 'STOMP' campaign. (Stopping the over medication of people with a learning disability, autism or both.)

#### Preventing and controlling infection

- The service was clean and well maintained. This included the kitchen which had received the highest rating for hygiene when recently inspected by the local authority. Regular water testing had taken place and we were shown a current legionella certificate.
- Staff had received training in food hygiene and infection control. Personal protective equipment (PPE) for example, gloves and aprons, were available for use when required. People were supported with personal care and personal hygiene. A staff member said, "They do most things themselves but I do step in to help when needed." People's needs were reflected in their support plans.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and copies of documentation were placed on people's support plans. There had not been many accidents or incidents and therefore it was not possible to draw any



conclusions but there were systems in place to manage accidents or incidents. Staff had highlighted to the registered manager that a welfare check with staff and people would be appreciated following an incident and this had been put in place. The service had also introduced a welfare 'champion,' who was responsible for wellbeing of people and staff.

- Accidents and incidents were investigated, and an action plan put in place within a few days of each occurrence. The service ran three monthly care team meetings which focussed on people and discussed the previous three months and what current care and support needs were required.

# 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 requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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).

At our last inspection we recommended the provider refer to current guidance on the Mental Capacity Act and the involvement of people. Mental capacity assessments had not been documented clearly and it had not been recorded whether people were involved in decisions. The provider had made improvements.

- Staff had received training in mental capacity and understood the principles and how they applied to people. A staff member said, "It's important to give people time and to understand their responses." Another staff member told us, "Giving people choice is important."
- Staff were aware of the importance of gaining consent from people. We saw staff communicate with people throughout the inspection and during every conversation consent was sought and choices were offered. For example, what people would like to eat or to wear when going out.
- Mental capacity assessments had been completed with the involvement of people and were specific to sections of their support plans. When people were determined not to have full capacity, best interest meetings were held. Meetings were held with the person, their relatives and professionals. For example, a meeting was held about support with personal care. It had been documented that the person's independence was important and they should do what they can for themselves but that help would be required each day for some aspects of personal care. Choice and independence were promoted with people.
- Staff had received training in DoLS and knew their responsibilities, for example, around one to one or two to one support for people. DoLS applications had been granted or had been applied for with regular

enquires being made regarding the progress of applications. Decision making from best interest meetings had been documented.

At our last inspection we recommended the provider identify further training opportunities to reflect staff needs, based on current practice, in relation to specialist needs of people living with autism. The provider had made improvements.

Staff support: induction, training, skills and experience

- We were shown a training matrix which was regularly updated and shared with the registered manager. The matrix showed that all training was up to date and had a colour coded feature which highlighted when training refreshers were due. Training included positive behaviour support, autism awareness and 'Price' training. Price training relates to managing challenging physical behaviours. A staff member said, "I have all the training I need to look after people including autism training. The refresher training is really good." A relative told us, "They definitely have the right training. They've had it right from day one."
- The service provided a comprehensive induction program involving basic training in health and safety, safeguarding and challenging behaviour and opportunities to shadow more experienced members of staff. There followed a period of working with people and getting to know them and the detail around their support needs from the care plans. A staff member told us, "It's so important to get to know people's routines. The induction really helped with this."
- Staff had supervision meetings every two months and annual appraisals. Staff told us that they could raise issues at these meetings and that any concerns were taken seriously and acted upon. The registered manager carried out unannounced supervisions of staff working practices or 'spot checks.' A staff member said, "They (managers), work with us a lot but they do spot checks too."

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

- The service was small and people had all lived there for several years. No recent pre-assessments for new people had been required but a process was in place if needed. Care and support for people was provided in line with current legislation and guidance.
- People's care and support needs were assessed and reviewed regularly. Three monthly focussed meetings were held about individuals and relatives and professionals were invited to the meetings. If required meetings were held more frequently for example, in response to an incident or a change in a person's behaviour or needs. A staff member said, "We complete a daily report for people and if anything changes we tell key workers and seniors so changes can be made if needed."

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

- Peoples' nutritional and hydration needs were met. Support plans provided details of likes, dislikes, allergies and preferences. Nutritional risk assessments were in place and people were weighed regularly so any unexpected loss or gain of weight were detected.
- The service provided a four weekly rotating menu and people took turns to help in the kitchen with food preparation. People indicated on a board with words or symbols the food that they wanted to help prepare when it was their turn. Options were available for people if the planned meals were not what they wanted.
- At lunchtime some people ate out in the community. Those that returned to the service were supported by staff. During mealtimes we observed conversations between staff and people about the food and if people were enjoying their meal and about what their plans were for later in the day.

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

- Health action plans formed a core section of people's support plans. They provided details of past

medical issues and any required support required. Peoples health and social care support needs were documented along with details of past and forthcoming appointments with professionals for example, GP's, dentists and chiropodists. A professional told us, "They (staff), always attend appointments with their clients and always bring the most appropriate person with them. They always prioritise clinical appointments and respond to our requests promptly."

- The service had built positive working relationships with local professionals for example the community learning disability team, GP's and chiropodists. A professional said, "I have had dealings with the senior managers at Jemini, I have no concerns regarding the team."
- Oral health care had been considered and formed part of the support plan.

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

- The service was set in a detached house in a suburban area a short distance from the sister service. Two floors each had their own bathrooms, three bedrooms were on the first floor and the fourth along with the kitchen and office were on the ground. A patio area at the rear of the service was used by people when the weather permitted. The service had been recently decorated.
- We were shown all the bedrooms which were decorated and furnished according to people's wishes and needs. Because of a medical condition one bedroom was kept at a cooler temperature. Bedrooms appeared comfortable and were places that people could go to for private or quiet time if they wished. In the lounge were several framed photographs of staff and people taken at outings or during activities at the service which gave the room a homely feel.
- Not everyone at the service could communicate verbally. Around the building in every room were pictorial representations of items that were found in each room or area. People used these pictures to help them orientate and find what they needed.

# 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 not able to tell us that staff were caring but during the inspection we observed several interactions between people and staff that demonstrated that staff supported people in a kind way. We observed one person trying to teach staff certain words using hand movements. Both were laughing and joking and appeared relaxed in each other's company.
- Relatives told us that their loved ones were cared for. A relative said, "I know (person) so well, I'd know if they were not happy. They are always keen to go back after visiting home, they would not be if they were not happy there." Another relative said, "They are always dressed so lovely. They are well looked after, always have been."
- The registered manager knew people well. During the inspection the registered manager met with a person wanting to order a new piece of equipment for their room. The registered manager took time to manage the person's expectations around the cost of the item and the time it would take to order. The person left the conversation excited about the prospect of something new rather than anxious about having to wait.
- Peoples equality characteristics were considered, respected and documented as part of their support plans. No one living at the service had any known religious or spiritual needs but these aspects of people's care were discussed at reviews.

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

- People's support plans had a 'significant people' section which detailed relatives, carers and professionals who were consulted about any changes or any review process. A relative said, "We're always asked our views."
- People were living with autism and this was reflected in their support plans. Clear charts showed likes, dislikes and things that presented challenges for people. These had been written with people and included likes for example, games and sitting cross legged and challenges which included contact with animals.
- People's confidentiality was respected by staff and conversations and hand over meetings were held privately in areas where people could not hear. Documents containing personal data were kept in a locked cupboard.

Respecting and promoting people's privacy, dignity and independence

- People were provided with privacy and quiet times as required or requested. Staff told us that they

knocked on doors and would only enter a person's room if they were invited in or there was an urgent care need or issue. A staff member told us, "I'll always try and give people space but will always watch what is going on around them."

- Staff were aware of the importance of promoting and respecting people's dignity and were able to provide example of what it meant to them. A member of staff said, "It's about person centred routines and not making big issues out of things." Another said, "After an incident in the shower I made sure the door was shut and they had all the support they needed."

- People went out on visits and for activities most days and although they received one to one support they were encouraged to be as independent as possible. People were supported in the home to help prepare meals and to manage as much as they could with personal care. A staff member told us, "I promote everyone's independence. For example, with washing I'll only step in and help if they miss a bit or if I offer help and they accept." A relative said, "(person)'s independence is important. It's improved. They even do their own scanning in the supermarket."

# 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

- Support plans focussed on people's care and support needs, routines and personal preferences. Plans were person centred and included red markers which related to 'things you must know about me,' amber markers, 'things that are important to me,' and green markers, 'likes and dislikes.'
- In most case staff had worked with people for some time and knew people well. Staff were able to notice changes in people and their behaviour and responded to their needs. A member of staff said, "I've worked with (person) for a long time. I know that he likes touch and feels supported when I hold their hand and say, 'I'm here.'" Another staff member told us, "We used to go for short walks but now we go further, along the seafront. The exercise has helped reduce their seizures."
- The service used a keyworker system which enabled staff to get to know people well by addressing and being responsible for all their needs. A staff member said, "I do everything, I book their appointments, arrange activities and deal with the paperwork. We have a really good relationship."

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 varied. Some people could communicate verbally and others used Makaton or written or drawn signs and symbols. Makaton is a language program that uses symbols, signs and speech.
- We observed staff communicating with people using their preferred method. Some people engaged in conversation and were laughing and joking with staff. People who were non-verbal used pictorial representations of things to help them. This was evident in the kitchen for example, with pictures of meals that were being prepared for that day. In a bedroom we saw a person's use of stickers to indicate daily activities. They also used stickers on a countdown calendar, for example, it was three days until their relative was due to visit.
- The service had developed a system of communication whereby if a person handed an item to a staff member it meant they were asking a question, for example, keys may indicate 'when are we going out.' Conversely, if a staff member handed something to a person it meant they were telling them something or asking them to do something.
- Support plans contained details of how people preferred to communicate and how staff supported them.

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 go out on visits and activities throughout the week but were also able to choose quiet time if they preferred to remain at home. We saw people getting ready to go out for morning walks and visits to the shops. People appeared pleased and staff were helping them put coats on and were talking about where they were going to go.
- People had bespoke weekly activity planners that detailed each trip out or activity. This included people's involvement in helping prepare meals each week and visits to or from family members. Staff took time to talk with people and explain what was happening that day. A staff member said, "We help plan activities. We go out in the car, for walks, we eat out and they get family visits."
- We saw a variety of activities available to people within the home. The lounge had a television with games and DVD's for people to use. We saw people enjoying playing a tennis game with a member of staff. In people's bedrooms we saw games and activities that people could enjoy for example computer games. Everyone had their own iPad and access to the internet. We observed a person helping with their accounts and recording money spent on a recent visit out.
- People had regular contact with their relatives and looked forward to their visits. A relative told us, "I'm in regular contact but visit at least once a month." Routines were important to people and it was important to people to know what was planned for each day.

Improving care quality in response to complaints or concerns

- The service had a complaints policy that was accessible and people and relatives were encouraged to raise issues and concerns. Although some people could not verbally raise complaints they were supported by their relatives if required. A relative said, "I know if he's not happy, I'd speak to the manager straight away."
- The registered manager told us that every concern raised was looked at and discussed with staff. Care team meetings were held every three months. These were focussed meetings that looked at every aspect of a person's care and support and considered any complaints or issues that had been raised by the person, their relatives or that had been detected by staff. An example concerned the provision and availability of snacks. This had been investigated and discussed with a new system being put in place that everyone was happy with.
- No formal complaints had been made at the service and therefore no patterns or trends could be identified.

End of life care and support

- People living at the service were young adults and no one was in receipt of end of life care. It was acknowledged that this was an important issue however and the registered manager had discussed with relatives the importance of future planning. Steps were being taken to include end of life considerations within support plans and introducing training for staff.



# 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. There were no records to demonstrate oversight of the service from the provider. Visits from the provider and meetings held between the provider and registered manager had not been documented. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was a visible presence at the service and knew people well. They were supported by the provider who visited the service regularly and oversight meetings were documented. We observed friendly supportive interactions between the registered manager and all people living at the service. At one stage the registered manager spent about half an hour with a person who was becoming anxious about replacing an electrical device in their bedroom. The person was happy and excited following the meeting.
- Relatives spoke well of the registered manager. One told us, "It's a well-run service." Similarly, professionals had positive things to say, one telling us, "The manager is always responsive to us and if there is any crisis."
- The service was small and staff worked alongside the registered manager often. Staff were equally complimentary about the registered manager and comments included: "Supportive, approachable," "Good, always available to speak to" and "Really nice, approachable. Always help when needed."
- Staff were aware of their roles with some having key worker responsibilities. Key workers provided focussed support to people covering all their needs. Regular meetings were held including shift handover meetings where people were discussed and their needs and wishes for that day explained.

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

- The registered manager understood their responsibilities under the duty of candour. Registered managers are legally obliged to inform CQC of significant events and incidents that occur at their service and these had been complied with. The previous CQC rating was displayed on the service website and was on display in a communal area of the service.
- Staff told us of an open and positive culture at the service and that the registered manager was receptive to change and developing the service. Staff understood their own roles and responsibilities, those with key worker roles were focused on individuals and all staff took responsibility for their training and personal development. Relatives told us they were kept informed of everything that involved their loved ones and of any significant developments or events.

- The registered manager told us that the auditing process for the service was under review and being developed. At the time of the inspection daily audits were taking place of some areas for example, medication, and this was being fed into meetings if any issues arose. Training was audited and managed by administration staff who provided regular updates for the registered manager. There was an onus on staff managing their own training requirements. This was overseen by the registered manager.

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

- The service was small and the registered manager was in daily contact with people and regular contact with relatives. Although no formal feedback requests were made there were lines of communication open to both people and relatives to raise issues and comment about the service whenever they wanted to. A relative said, "They do ask my views. I'm in regular contact."
- Similarly, staff were provided opportunities to provide feedback. Staff told us that regular supervisions and team meetings afforded them a chance to provide feedback. Staff also told us about a 'drop box' where they could post suggestions about the service. Staff were in daily contact with the registered manager.
- Recognition of staff good work and messages from relatives of thanks were placed on staff files.

Continuous learning and improving care

- The registered manager had written and developed a continuous improvement policy and good practice was shared across the three services that the registered manager had responsibility for. Feedback from staff fed into the plan.
- Staff were encouraged to learn and develop for example by taking on key worker responsibilities or by taking a 'champion' role. The latter involves a staff member taking primary responsibility for a key part of the service for example, the deputy manager was the medicines champion.
- The registered manager kept themselves up to date with current practice and attended a variety of forums for example the registered managers forum, the outstanding managers forum and had attended a skills for care course. The registered manager also regularly visited the local authority, community learning disability forums and CQC websites for the latest updates.

Working in partnership with others

- The service is set in a residential area and is a short walk from its sister service which is in the same road. The registered manager, staff and people were all well known to the local residents. People were well established in the wider community and were regular visitors to local shops, amenities and services. The registered manager told us that a local shop stayed open late at Christmas to make sure everyone at the service had an opportunity to visit. We were also told of a pub that made a special drink for a person when they visited.
- Similar links had been established with professionals who either visited the service or who had regular interactions with people and staff from the service. The registered manager told us of strong links with the community learning disability team, GP's, speech and language therapists and chiropodists. A professional told us, "I have a lot of communication with Jemini staff, they contact us when appropriate and I have no concerns regarding the team."