

# Community Homes of Intensive Care and Education Limited

## Hazeldene

### Inspection report

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Date of inspection visit:  
11 October 2019

Date of publication:  
18 November 2019

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Hazeldene is a residential care home providing personal care to 10 people with a diagnosis of learning disabilities and associated health needs at the time of the inspection. The service can support a maximum of 10 people. It offers bedrooms and communal space over two buildings. One building is home to four people whose bedrooms are split over two floors. Two of the bedrooms are en-suite whilst the other two bedrooms share a bathroom. A communal lounge, open plan dining room and kitchen, and laundry room offer facilities to people in one of the buildings. The other building offers additional communal space with a day room, quiet room, separate dining room, lounge, laundry and communal bathrooms / kitchen catering to six people living across two floors. Each building offers a large garden that people are encouraged to utilise.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service 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.

The service was designed so to ensure there were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were supported by a team of staff who were dedicated to meet their needs. The service had a number of audit tools in place to measure the effectiveness and safety of the service. We found that whilst most audits were completed, the registered manager had not always reviewed these. As a result some reviews had been missed. These did not put people at risk, nevertheless illustrated that the registered manager did not always have a full overview of the service. The provider developed systems following the inspection to overcome these shortfalls.

People were supported to receive safe care and treatment from a dedicated staff team. Risks were appropriately recorded and assessed highlighting when the risk was most likely to occur, and what action to take to prevent the risk from occurring. Details were also written on what action to take should the risk occur. These were reviewed regularly. Staff received training and had a thorough understanding of their duty of care to keep people safe from risk of harm and abuse. The Commission received reportable notifications

in line with requirements.

We found that medicines were administered safely. Staff medication training and competencies were up to date. Required learning was identified from accidents and near misses, with a trigger analysis being completed as required by the provider.

People were involved in all aspects of their care, as far as possible. Staff were trained and supported to ensure they had the necessary knowledge and skills to safely and effectively deliver care. The service proactively worked in partnership with external agencies, utilising their knowledge and skill to further develop staff expertise, and determine correct support for people.

People enjoyed a positive relationship with staff which was built on trust, dignity and mutual respect. People were encouraged to maintain their independence and celebrate their uniqueness. People were supported to maximise their dreams and supported to live their life the way they wished. Activities were designed around people's preferences and promoted integration in the community.

People were supported in the least restrictive way possible. Staff ensured people were given maximum choice and control of their lives and where decisions had to be made these were in their best interest. The provider's policies and procedures supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. Care plans were reflective of this and key worker sessions clearly documented the drive to achieve choice and independence for all people using the service.

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.

#### Rating at last inspection

The last rating for this service was good (report published on 15 May 2017).

#### 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 re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Hazeldene

## 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 service was inspected by one inspector. The site visit was on 11 October 2019 with a review of follow up information being completed by 16 October 2019.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, safeguarding team and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the assistant regional director, deputy manager and care staff. We observed interaction throughout the day.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records as well as compliments received. We spoke with three professionals who have association with the service and received feedback from five staff and some relatives.

# 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 <insert rating>. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives reported they felt the service was safe and that staff would know how to protect them. The service encouraged people to proactively report any concerns. People were provided with contact details of the local safeguarding team to encourage independent reporting. The local authority safeguarding team confirmed people independently raised concerns which were appropriately investigated, where applicable, in partnership with the service.
- Staff had received training in safeguarding and were able to identify what course of action they would take if they suspected abuse. Information was located on information boards on who and how to report suspected abuse.
- The Commission had been correctly informed of all safeguarding concerns as had the local safeguarding team. Feedback from the local authority was positive and reiterated that the service correctly reported all notifiable incidents.
- The provider had set up a confidential whistle-blowing line that staff were encouraged to call should they feel their concerns were not appropriately responded to. All staff confirmed they would not hesitate to whistle-blow if the need arose.

Assessing risk, safety monitoring and management

- Risks to people were effectively identified and managed through detailed risk assessments. The files reviewed as part of the inspection process identified that as and when risks were identified these were assessed with annual reviews taking place thereafter.
- People had an individual emergency evacuation plans (PEEPs), that reflected their specific needs, related to mobility, support and communication. These were kept up to date with any changes to health reflected in the PEEPs.
- The provider used an electronic system to investigate all accidents and incidents. A report was formulated and forwarded to the registered manager who used this information in tandem with existing risk assessments, focusing and analysing on how to prevent similar occurrences.
- People were protected from environmental risks within the home. Risk assessments were completed on the environment and required checks completed on a weekly, monthly, quarterly and annual basis. The provider's property management team worked with the service, managing any concerns and taking action as required. On the day of the inspection a maintenance person was present repairing and completing all works identified to various rooms within the service.
- Daily handovers, were completed that recorded any outstanding concerns related to people and the environment, ensuring staff remained up to date with all important information related to safety.

Staffing and recruitment

- We found that people were supported by sufficient numbers of staff. The provider was proactively recruiting for current staff vacancies. Bank staff and consistent agency staff were used to cover any shifts as required. The provider had robust recruitment procedures in place. All necessary checks were completed to ensure as far as possible, safe staff were employed to work with people.

- Ratio of staff to people was calculated based on people's needs. Where people were unable to go out independently additional staff were rostered in to ensure people were able to be supported to complete activities safely.

- All new staff members were required to complete a comprehensive induction course, which included mandatory and specialist training and shadow shifts. Where staff were new to care they were required to complete the care certificate. This is a set of 15 standards that care staff should have the knowledge, skills and behaviours when working in a care setting.

#### Using medicines safely

- People had their medicines managed safely.

- Staff were trained to administer medicines, with competency assessments completed on a regular basis, including observations, to ensure people were supported safely.

- Medicines Administration Records (MARs) demonstrated that people had received their medicines as prescribed and in line with their medicine plans. These were completed accurately and were audited to ensure no errors in medicine management had occurred.

- Staff supported people to take their medicines in a respectful way. Staff ensured that people's dignity was maintained when administering medication. People were asked if they were ready for their medicines and were told what they were being given with sufficient time offered to take them.

- Medicines were stored and disposed of safely, as required in accordance with legislation.

- Where people had medicines PRN 'as required', for example for pain. There were clear protocols in place to advise staff of their use, and when these needed to be administered.

#### Preventing and controlling infection

- We found the home was clean. There were no malodours in the bathrooms or the home generally, and the home generally looked well-kept and well lived in.

- Staff records indicated staff were trained in the prevention and control of infections.

- Personal protective equipment was available for staff, such as disposable gloves and aprons to prevent the spread of infection. Colour coded mops and cleaning products were used to prevent the possibility of cross contamination.

- The kitchens had been rated five out of five (good) from the Food Standards Agency (FSA). The agency's primary role is to ensure that services that serve or sell food, do so in line with hygiene standards. The rating of 'good' therefore illustrates the highest rating for cleanliness.

#### Learning lessons when things go wrong

- All accidents and incidents were recorded and reviewed by the registered manager and the provider's management team.

- The registered manager and management team took the necessary action to implement the required learning identified from accidents and near misses. Information was correlated and sent to head office who completed a trigger analysis of the incidents.

# 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.

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

- The service completed comprehensive pre-admission assessments to ensure people's health, care and medical needs could be met. Most people had been a resident at the service for a number of years, therefore these documents were archived.
- Care plans were written using the information from the pre-admission assessment, and through consultation with people and / or their representatives. Care plans were person-centred and considered all aspects of people's lives. Information was very detailed and provide a clear directive to staff working with people. All aspects of care were covered within the files reviewed.
- We noted that staff had received training to meet people's complex needs, including health related issues as well as mental health diagnoses. This meant that staff were able to understand health complexities and know how to support people better.
- People's care plans were comprehensively detailed and promoted people's independence. For example, one person enjoyed accessing the kitchen to make themselves hot drinks and snacks. This was encouraged, and staff presence made available to ensure the person could effectively retain and acquire new skills.
- Relatives and professionals told us the staff delivered care in accordance with people's assessed needs and guidance within the care plans. We also observed this during the inspection.

We did find that not all care documents had been reviewed in line with the provider's annual review dates and discussed this with the provider. We were sent evidence following the inspection illustrating that all reviews had now been completed.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team. The training matrix illustrated staff had been provided training in the provider's mandatory training and additional courses to help staff work with people. This included schizophrenia, depression, bipolar, autism awareness, learning disabilities and intensive interaction.
- Staff who were new to working in care completed the Care Certificate. The Care Certificate sets out national outcomes, competences and standards of care that care workers are expected to achieve.
- Staff reported they had received a thorough induction that provided them with the necessary skills and confidence to carry out their role effectively. A rolling training programme meant that staff were continually refreshed with new training and updated with changes in best practice.
- Staff reported they felt they received appropriate training to ensure they could effectively carry out their duties. One staff member said, "The training is good, and relevant to the people we support."
- Supervisions were completed frequently with appraisals taking place annually. Staff reported these were effective in identifying any shortcomings as well as areas they excelled in.

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

- People were encouraged to eat healthy foods in line with their health needs and dietary requirements.
- People collectively decided upon the weekly menu. Photos of meals were shown to people to help them make an informed choice of the foods they wished to eat.
- Where people had specific requirements of foods related to religious practice food was prepared in line with this. However, to ensure the person did not feel "left out", staff prepared the same meal as that on the menu.
- Where food needed to be prepared specifically due to health needs, a dietitian and speech and language therapist (SALT) were consulted. Guidance was documented, and food was prepared in line with this. For example, where food and liquid consistency needed to be changed to prevent risk of choking, staff implemented the guidance.
- People were encouraged to increase their independence and make foods and drinks independently or with staff support where required. Risk assessments were completed to ensure people were safe to complete tasks in the kitchen. Sharp objects were secured, and people were given support to safely navigate themselves around the kitchen.
- Staff encouraged people to remain hydrated by offering a selection of drinks throughout the day. People were offered healthy snacks as well as foods they enjoyed. A selection of fruits were available for people in the dining room, as well as alternative snacks.

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

- The service worked closely in partnership with GPs, dietitians, SALT, hospital specialist teams and specialist nurses to make sure care and treatment met people's specific needs. We saw evidence of professionals being consulted with and liaised with to ensure people's changing health needs were met promptly. Records were maintained detailing outcomes of consultations and conversations in people's health records.
- People were assisted to seek medical support as and when needed. We saw evidence of people being supported to attend specialist appointments for issues that they wished to discuss further.
- We saw evidence of advice being given by professionals that was followed by staff. This included introducing specialist equipment to help people maintain independence, changes in diet, changes in footwear, changes in routine.
- Professionals advised, "The service very promptly responds to people's changing and specific needs."

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 found the service was working within the principles of the MCA. Restrictions on people's liberty had been authorised.

- People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance. We saw clear evidence during the inspection of staff ensuring they worked in line with the principles of the MCA. Choice was offered and respected.

- We observed staff seeking consent from people using simple language and waiting for a response prior to assisting. If a person declined, this was respected, with staff approaching the person again after a while. ● Staff supported people to make as many decisions as possible. We observed and read in care plans, how people wished to be supported. We saw clear evidence of people leading their care.
- Records showed that there was a clear process in situ to ensure mental capacity assessments and best interest decisions were in place and reviewed on a regular basis.

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

- The home had been adapted to accommodate people's changing health needs. Ramps, hand rails, wide corridors and doorways enabled people to mobilise independently. A programme of works was in place that included some renovation work completed to people's bedrooms and communal areas. We saw examples of newly renovated bedrooms.
- People were involved in decisions about the décor of their rooms, which met their personal and cultural needs and preferences. People brought furnishings from their last accommodation that allowed personalisation of their rooms and communal areas. We saw photos of people from holidays and activities located within the communal areas, creating a homely feel.
- Some bedrooms were designed to manage people's complex behaviours. Floorings, furnishings and décor was designed to assist people and staff effectively. One person benefitted from sensory equipment to help them relax and orientate their day. The provider had ordered this with the aim of this being replicated for others who may find this beneficial.
- There was an accessible, enclosed garden which people appreciated and had access to. People were encouraged to spend time in the garden and be involved in the design of it. An annual garden competition was promoted by the provider. This focused on developing people's spaces in their chosen style, whilst encouraging physical and mental well-being.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed staff supporting people in a caring and compassionate manner.
- People and their relatives reported positive relationships with staff. One person said, "The staff are lovely. They look after me very well".
- The service ensured that people's cultural, religious and sexual needs were met with dignity and equality. All people were treated equally regardless of any differences or choices. We saw some excellent work completed by staff to promote and celebrate people's differences.
- Resident's meetings and key worker sessions took place regularly to allow people to provide feedback on the support they were receiving and if they wished for changes to the operations of the home. We saw written evidence of meetings and actions.

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

- People and their relatives, where appropriate, were actively involved in decisions related to their care and support. Where people were unable to make important decisions related to their care, the service ensured evidence was retained of any best interest decisions made.
- Care plans and risk assessments were reviewed with people and their representatives, to make sure they accurately reflected their current needs and preferences.
- People's views on how the service was run and the support they received was regularly sought. This was encouraged through residents' meetings, keyworker sessions and annual quality assurance feedback. We saw examples of how feedback retained during key worker sessions further informed the care plans and decisions people made about their life. This included, who they wished to maintain contact with and when.

Respecting and promoting people's privacy, dignity and independence

- Staff consistently treated people with dignity and respect and maintained their privacy.
- Bedrooms had either an external keypad lock or key entry system to the rooms, dependent on people's specific needs and choice. Staff knocked and waited to be invited in, before entering people's bedrooms. People told us that staff respected their privacy.
- When people were supported with personal care, doors were closed and curtains drawn.
- During our inspection, we saw that all staff spoke to people in a respectful manner. They allowed people to process information and used pauses in conversation effectively. Where a person did not fully understand what was said, staff introduced symbols, simple language, picture cards, to help aid communication.
- The provider had appropriate systems in place to protect staff's confidential information. Paper copies of

HR files were locked in a filing cabinet. However, people's records were retained in an office that although was lockable, their files were accessible on a bookshelf.

## 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 outstanding. At this inspection this key question has now changed to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's activities were specific and bespoke to their needs. Activities were developed with people in relation to their likes and dislikes. They were encouraged to partake in some group activities and outings however where possible activities were centred on people's individual needs.
- We saw evidence of how the service was responsive to meeting people's individual equality and diversity needs. Specifically focusing on how this enabled them to develop important relationships.
- Keyworkers proactively worked with people to enable them to develop their unique style and be confident in their skin. Where applicable, additional professional support was encouraged for the person and staff accompanied the person to all meetings. The impact on people's wellbeing was well documented and evident in how confident they had become.
- The service worked exceptionally well at enabling people to follow their interests and partake in activities that were important and relevant to them. This included activities related to people's religious practice, cultural interests and sexuality and gender identity.
- All people were treated equally and respected for their choice. They were encouraged to embrace their independence and diversity was well promoted.
- The service worked exceptionally well to prevent isolation and a deterioration in mental well-being. Staff worked with people to develop relationships with their family where contact was lost. For one person this had an enormous impact on their mood, self-esteem and self-worth. They went from being low in mood and reclusive to confident, interactive and positive in mood.

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

- The service ensured that people's care was person centred and individualised to meet their specific needs and preferences. Care plans detailed people's interests, likes and dislikes, and how they wished to be supported. A one-page profile provided concise information about the person. This was provided to all new staff to read and provided important information about the person that they wished staff to know before being supported by them.
- Relatives informed us that people were supported how they requested. This was further reiterated by professionals we spoke with.
- People and their families, where appropriate, were involved in the planning of care and support needs. Where lasting power of attorney for health and welfare was held by others, the service ensured they retained evidence to support why they were involved in decision making. Where applicable the service encouraged people to have an independent advocate. This is a person who can speak on the person's behalf.
- People were encouraged to retain choice for all elements of their care where possible. This was reinforced

in each care plan, detailing the importance for staff to never assume a person does not have capacity to make a decision or choice. We also observed this during staff interactions with people. They were encouraged to make decisions about foods, what they wished to wear and whether to partake in an activity. We observed an activity in the morning which was entirely person led.

#### Meeting people's communication needs

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

- The service had ensured that people received information related to their care and support in a format that they could understand. This included written formats, use of picture symbols, and bold fonts. This was documented within the care plans so to ensure all staff were aware of how to share information.
- Information related to activities and menu planning was presented using photographs. A communication care plan further explored how best to share information and explored how some people were able to read fluently, whilst others used gestures and facial expressions to communicate and express their needs.

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

- Complaints were managed robustly and in a timely way by the registered manager. The management team ensured they learnt from concerns and complaints and used this as an opportunity to improve. These were recorded, and investigations completed with the outcome of the investigation recorded. Where necessary action was taken as a result of the complaint.
- Relatives told us they would feel confident raising a concern or complaint with the management team and were confident issues would be resolved appropriately. Professionals we spoke with reinforced this point, highlighted that many people within the service were able to complain independently and had raised issues with management. These were always appropriately managed and reported to the local authority in line with the provider's policy.
- Staff were able to explain the complaints procedure and were confident that any issues that had been identified and brought to management attention, had been resolved.

#### End of life care and support

- Whilst the service was not supporting anyone receiving end of life care at the time of inspection; this was an area the service had proactively explored with people.
- We found exceptional evidence of individual end of life and death wishes having been explored. Plans documented information such as what poetry and songs were to be used during the service, to what colour people were to wear. We noted that information such as people's preference of charity to donate to was also documented.
- Where people wished to have a religious service and rituals followed, these were clearly outlined. Contact numbers of funeral directors, religious leaders, next of kin were included within the comprehensive plans.

# 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 now changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We found that whilst the service had a defined management structure in place, there was inconsistency by the registered manager with regards to fulfilling their responsibility as a registered person. Evidence gathered during the inspection indicated they did not always have a full oversight of the service.
- A number of audit tools had been developed and were completed by various staff within the team. These required reviewing by the registered manager, however this was not always done. For example, medication audits and infection control audits had not been signed off by the registered manager following reviews by senior care staff from January through to September 2019.
- Similarly, we found that behaviour observation charts that were completed by staff following incidents were not signed off by the registered manager or deputy manager to illustrate they had reviewed the documents. Some of these dated back to February 2019. These were nevertheless forwarded to the relevant professionals for further analysis.
- We reviewed the monthly manager's audit tool that used the Red Amber Green (RAG) rating tool. The rating was used to show whether or not an action had been completed. Red rating it had not been completed, amber it was in progress and green it had been completed. We found that many of the audits were amber. These included monthly checks on key worker sessions to ensure they had been completed, checking annual reviews had taken place, checking medical reviews were complete, that health assessments had been updated and care plans reviewed. Whilst it was acknowledged that many of these items had been reviewed or reviews were underway, we were not assured the registered manager was aware of or had oversight of when these should have been completed. For example, we found that one health assessment was due for review in February 2019, however was yet to be reviewed. The person was not at risk, as many of the items that were incorporated within the health assessment had been individually reviewed. However, the registered manager was unaware of this, as they had not completed the audit to check.
- Following the inspection, we received comprehensive evidence from the provider illustrating how all audits had now been completed. This included checking all documentation and signing these off as required, as well as ensuring any outstanding care documents were reviewed or assigned for review. In addition, the provider had amended the audit tool so that it would alert the registered manager to any upcoming or outstanding audits within an agreed timeframe.
- Whilst the Commission is assured that all paperwork has now been accurately audited, and the registered manager now has a thorough overview of the service. We are unable to measure this in relation to

consistency and embedded practice. The service needs to evidence and assure the Commission that all quality assurance processes will continually be monitored. The registered manager needs to ensure they retain a complete overview of the service and can accurately evidence this moving forward.

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

- The management and staff team worked hard to ensure the culture within the home was person centred. Staff worked hard to treat everyone as an individual ensuring their needs were met in their chosen way. We saw exceptional examples of this with staff approach to equality and diversity.
- Staff and people were included in decisions related to care and operations of the home. This empowered them to be able to make choices and have ownership of both their care and of the service which all people referred to as "home".
- One professional we spoke with reported, "The management is very good. [name] is the centre of all decisions related to them, and included in decisions."
- People and their relatives, reported they received a high quality of care from staff who were dedicated to meet their needs. Relatives reiterated this point. One said, "[name] has come a long way."
- Staff reported there was an open and transparent culture within the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had developed a policy on the duty of candour. This detailed the importance of transparency when investigating something that goes wrong.
- The management team were able to reflect on when this policy may be required, providing clear examples of the protocol that would be followed, as well as examples of when this was used.
- This concept of transparency was also implemented when investigating complaints.

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

- The management team were visible in the home throughout the inspection. Staff reported they played an integral part of the team.
- The office although locked enabled promotion of an "open door culture". When people knocked on the door they were responded to and assisted by management as required.
- People's and relative's views were listened to and acted upon. Resident's meetings were held frequently, and feedback was provided on any concerns or issues identified. The deputy manager reinforced the need for transparency and ensured this was practiced.
- Staff were confident that the registered manager listened to and responded to any queries promptly.
- People and their relatives reported, "Staff are very good."

Continuous learning and improving care

- The provider had systems in place that enabled continual assessment of all accidents and incidents to ensure they could implement measures to mitigate the potential of a similar occurrence. Where applicable external professionals were consulted to ensure incidents could be learnt from and any additional techniques could be implemented to keep people safe and prevent similar occurrences.
- The provider and registered manager used quality assurance audits, to seek feedback on how the service could be improved from stakeholders, people, staff and families. This was developed into an action plan that was then met within a timescale. Examples of changes implemented as a result of the quality assurance tools included redecoration of bedrooms and communal areas.
- The registered manager was supported by a regional manager who ensured the service had all the

necessary skills and systems implemented to facilitate and improve care delivery.

- The provider held monthly managers meetings where changes to legislation, best practice and operational matters were discussed to ensure the service continued to learn and improve.

#### Working in partnership with others

- There was clear evidence that the service worked well with external professionals. Advice was sought as and when required from relevant bodies, ensuring people's changing needs were met as soon as possible. For example, referrals made to psychology, dietitians, and speech and language therapists to ensure people's needs were met.
- The service encouraged integration within the community. People were supported to partake in activities that were community based, as well as activities within the home. People were reassured that they were an integral part of the community and were encouraged to go out as much as possible.
- People's differences were embraced and celebrated. They were made to feel a part of the home and the wider community.
- People were encouraged, and risk assessed where appropriate to independently accessing the community. This included attending courses or seeking employment opportunities.