

BHT Sussex

Oak House & Maple Lodge

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?	Good ●

Summary of findings

Overall summary

About the service

Oak House and Maple Lodge is a residential care home providing accommodation and personal care to up to 14 people with support needs related to their mental health. At the time of the inspection 13 people were living at the care home. 11 people were living in the main house (Oak House), with two people accommodated in a separate building in the grounds (Maple Lodge). 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

People felt safe and told us they were supported by friendly, helpful and qualified staff that knew them well. Comments from people included, "I can always talk to staff; I know they are available", and, "I do feel safe, just knowing staff are there, they all know what they are doing."

Risks to people's health and safety were assessed and people were supported to stay safe. People's recovery plans were person centred, promoted independence and provided staff with clear guidance on how to support people. People were protected from the risk of abuse by staff who knew how to recognise and report concerns. A staff member told us, "We follow West Sussex Safeguarding policy."

People received medicines safely and were protected from the spread of infection. Staff adhered to infection prevention and control practices which were in line with government guidance. Staff were recruited safely and felt well supported by the managers. There was a strong emphasis on recovery and equipping people with the skills to live independent lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People received a comprehensive assessment before they were admitted to the service which identified their needs, goals and aspirations and whether their needs could be met. People were supported to eat and drink a balanced diet and had access to health services and support.

People told us there were enough staff with appropriate skills and training to meet their needs. We observed warm and positive interactions between people and staff throughout the inspection. People were supported to follow their interests, build friendships and maintain relationships with friends and family. Some people told us how they visited their families, another person said, "During the day I sit with other residents, I go into town, I have my freedom."

The registered manager encouraged feedback from people, staff and professionals involved in people's care. Staff worked closely with health professionals and external agencies to promote good outcomes for people. People spoke positively about the registered manager. People told us, "The manager is really good; she is always with us" and, "[Registered manager] is a very chilled, a hands-on manager."

The service had a positive culture and embraced continuous learning and improving care. The managers had systems and processes in place which provided effective oversight of people's care and support.

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

Rating at last inspection

The last rating for the service under the previous provider was Good (published 06 January 2020).

Why we inspected

This was the first inspection for this newly registered service under a new provider.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Oak House & Maple Lodge

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Oak House and Maple Lodge is a 'care home'. People in care homes receive accommodation and nursing and / or personal care as a single package under one contractual agreement dependent on their registration with us. Oak House and Maple Lodge is a care home without nursing care. 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 the inspection

We reviewed information we had received about the service since the last inspection. 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 seven people who used the service about their experience of the care provided. The Expert by Experience spoke with people remotely by phone. We spoke with seven members of staff including the registered manager, assistant manager, human resource manager, recovery workers and a regular member of agency staff. Recovery workers support people to develop and build on their existing living skills, so people may become more independent and move on to less supported accommodation at the end of their placement.

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

After the inspection

We sought feedback from three healthcare professionals who regularly visit the service. We looked at training data, quality assurance records and continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were systems and processes in place to safeguard people from the risk of abuse. People told us they felt safe and knew who they could speak to if they had any concerns. Comments included, "I feel safe, I know I can talk to someone day or night", and, "Staff are very good at handling situations, that makes me feel safe."
- Staff knew how to identify signs of potential abuse and were aware of their responsibilities for reporting concerns. Staff completed safeguarding training as part of their induction and refreshed their training annually.
- Incidents of alleged abuse were appropriately identified and reported to the local authority and CQC. The registered manager understood their responsibilities in relation to safeguarding and conducted investigations as required. Incidents were analysed and when required, action taken to reduce the risk of reoccurrence.
- The management team encouraged openness and transparency about safety and risks. Incidents were discussed with staff and the people involved and records confirmed this. One staff member explained what happens after an incident. They said, "We get a debrief. If a member of staff is really affected by an incident, we are well supported."
- The team learned from accidents and incidents and put measures in place to help keep people safe and reduce the risk of reoccurrence. For example, a person at risk of self-harm worked with staff to review their triggers and agree additional strategies that would promote their safety. Strategies included techniques to minimise emotional distress and practical measures such as restricting access to their room.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were identified, assessed and mitigated. People were involved in developing their risk management and recovery plans which promoted their independence and risk plans were regularly reviewed.
- Staff had in depth knowledge of people's risks and knew how to support people to manage them. For example, one person experienced anxiety due to symptoms of their mental health condition. Staff understood what factors could trigger their anxiety and used specific words and phrases identified by the person which would help them feel calmer at times of stress.
- People at risk of harming themselves due to changes in their mood or mental health had management plans which included warning signs and potential triggers for staff to look out for. This enabled staff to effectively monitor changes in people's health and offer appropriate support when risks were identified.
- People living with long term health conditions were assessed and supported to monitor risks associated with their health. For example, one person living with diabetes had recent changes to their treatment. We observed staff encouraging the person to monitor their blood sugar levels and record these, so they had the

correct information to show the specialist practitioner when attending their follow up health appointment.

- Regular health and safety checks were completed to ensure the environment was safe. We observed staff carrying out fire safety checks and testing carbon monoxide alarms to maintain people's safety. The registered manager was committed to maintaining the safety and appearance of the environment and ensured any issues which could compromise the safety of the home were quickly resolved.

Staffing and recruitment

- People and staff told us there were enough staff to meet people's needs and provide support when needed. One person said, "There is enough staff, there is always someone available." A staff member commented, "We have a low turnover of staff here, there is a vacancy, but it doesn't affect the quality of the service."

- The registered manager ensured there were sufficient numbers of staff on shift to meet people's needs; our observations and records confirmed this. Agency staff were used as required. One person told us, "We have agency staff; but they are regular and we get to know them."

- Staff were recruited safely, and appropriate Disclosure and Barring Service (DBS) checks and other relevant recruitment checks were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed, stored and administered safely. People were administered medicines by staff who had completed medicines training and were assessed as competent in the task. The service had an allocated medicines' lead who was responsible for and had effective oversight of medicines management.

- People who wished to be independent with their medicines were assessed and supported by staff to ensure they were competent to do so. One person told us, "Staff got me to do my meds myself. I understand all about my meds, what they are and what they are for." Our observations confirmed that staff supported people to receive their medicines in a way that suited them.

- People prescribed medicines which required close monitoring were supported by staff to access health professionals and appointments. Staff understood potential risk factors of medicines and worked closely with health professionals to ensure people were monitored in line with best practice guidance. One health professional commented, "Communication between the two services is extremely good. They will contact us if any issues such as medication enquiries and support service users during outpatient appointments, so the staff are aware of ongoing treatment plans."

- People prescribed as required medicines (PRN) had care plans to guide staff when, how and what dose of medicine was required for specific symptoms. Some people were prescribed laxatives to alleviate symptoms of constipation should they experience side effects from a particular medicine. People and staff were aware of the potential side effects to people when taking this medicine and knew when to offer or ask if PRN was needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.

The registered manager had ensured that people were able to maintain contact with their relatives throughout the Covid-19 pandemic. Whilst visitors were not always able to enter the premises and visit their friends or loved ones in the home, people were independent and could go out as and when they wished to see those that were important to them. The provider had safe processes in place for visiting outside the service and on return which were in line with government guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People had comprehensive assessments which identified their needs, goals and aspirations and whether their needs could be met by the service. Assessments included input from the person, relevant health and care professionals, relatives and / or those the person considered important. People who would potentially be admitted to the service had the opportunity to visit first and move in in stages to ensure the service was suitable for their needs and the needs of others living there.
- People's recovery plans were regularly reviewed and updated to reflect their current needs. People had one-to-one sessions with their named keyworker to discuss their recovery plans and support. One person explained, "Staff are helping me develop a strategy. I am moving back to my own home; we are looking at a few months' time that's why I am doing my own cooking and meds. I'm happy with the plan, they have said they will support me when I leave."
- People received care in line with standards guidance and the law. Some people had a Community Treatment Order (CTO) in place to help them stay well and maintain their mental health. A CTO is an order under the Mental Health Act 1983 which allows people to receive supervised treatment in the community instead of hospital. CTO's have specific conditions within them which people must adhere to. For example, one person's condition stated they must take their medicine as prescribed. Records showed and we observed that staff supported people to adhere to conditions set out in the CTO and CTO's were reviewed in line with legal requirements.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction and training from the provider which aligned with the National Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. New staff members shadowed more experienced staff until they were competent and were introduced to people gradually. One staff member said when discussing their induction, "Meeting all the residents? This was done really well."
- Staff received additional training the provider considered appropriate to the role. Examples included, mental health awareness and suicide, diabetes, eating disorders and self-harm. Staff explained the training had helped strengthen their knowledge and understanding which enabled them to support people more effectively.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff received feedback about their work and had opportunities to learn and develop. Staff felt supported by the team and the registered manager. One staff member commented, "Supervision is regular each month and appraisal annually. [Registered manager] is a really good manager. It's a good organisation to work for."

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

- People were supported to eat and drink enough and maintain a balanced diet. Most people were independent with their meals and received a budget to buy food and support to plan their meals each week. For those that were unable to plan and prepare their meals, staff would support them with this. People were encouraged to choose what they would like and any specific dietary requirements, for example being vegetarian, were respected. When asked about the food people commented, "The food is good. I cook for myself now; I can select what I want to eat", and, "I get one meal from the house and one meal I cook; I like everything I eat."
- Some people living with specific health conditions such as diabetes had chosen to maintain a healthy diet and attended a community weight watching group to monitor their progress. During the inspection staff were observed discussing healthier meal options with them and suggesting sensible food swaps which would help them maintain their goals.

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

- Staff worked with other agencies to provide consistent and effective care. People were supported to access health and care professionals such as their GP, mental health nurses and specialist teams involved in their care in a timely way. One health professional told us, "If patients become acutely unwell... the lead practitioners and myself are made aware."
- Records showed people attended meetings with the relevant health professionals to review their progress and care plans. One person described their experience to us, "Throughout it all I felt listened to. At first I was upset there would be a care team coming in, as my previous experience of a situation like that wasn't nice. Everything was explained to me, I've met [community team] and they are a great team."
- Staff worked with people to ensure they attended health appointments or made arrangements to ensure essential health monitoring visits were not missed. This could involve going with the person on the bus or arranging appointments for people to be seen at home. One person told us, "If someone gets ill they [staff] are very good and ring a doctor."

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

- People were able to decorate and personalise their rooms and were involved in decisions about the environment. We observed people had decorated their rooms with photograph's and personal belongings, some had put signs on their doors which reflected their personality. People were provided with suitable furniture, a fridge and some people had freezers where they could store their own food and drinks. People liked their home and bedrooms, one person told us, "The home is clean. My room is really nice, it's big, I have my own telly, iPad, lots of personal things."
- The service was tidy and well maintained and the registered manager upgraded rooms and communal spaces as required. The downstairs bathroom had been refurbished and people were consulted beforehand on the type of refurbishment they wanted. On this occasion a bath with a shower had been installed instead of a wet room to give people more choice. Some signage was observed around the home indicating what rooms were used for, such as the laundry room and bathroom.
- At the time of the inspection people living at the service did not require any adaptations to meet their needs. There was a lift, but this was not in use as people used the stairs. Communal areas were light and spacious, and the garden was large with tables, seating and a smoking area.

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 MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- At the time of the inspection all people living at the service had capacity to consent to their care and treatment and there was no one living with DoLS. When specific issues around capacity had been identified, appropriate referrals were made. For example, one person had been assessed as lacking capacity to manage their finances. Records showed a best interest decision had been taken and there was a plan in place to ensure the person had access to their finances in the least restrictive way.
- Staff had completed MCA training and understood the principles when supporting people. Staff asked people for their consent before undertaking any tasks. We observed staff were accepting of people's lifestyle choices and decisions. A staff member told us, "We give people the freedom of choice and the freedom to make mistakes."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 treated with kindness and respect, and their equality, diversity and human rights upheld. People and those involved in their care spoke positively of staff and said they were caring and supportive. Comments included, "All the staff are super, practical as well as emotionally supportive. They are friendly, chatty and generally supportive. They definitely don't judge, treat me with respect and listen", and, "Staff are great, friendly and helpful." A health professional shared their views and told us, "Staff there come across very friendly and kind towards visitors and service users."
- People told us their relationships with staff and their individual keyworkers were positive and achieved good outcomes. Staff had the appropriate skills to ensure people received the correct support and took their time to get to know them. One person told us, "Staff are lovely and bubbly and most are really qualified." People were accompanied by staff to appointments if they wanted or to access the local community. People told us staff made it their focus to understand their care and support needs, wishes, choices and any associated risks. Comments included, "Staff know me, all my history, what I am like", and, "Staff really listen to me; I feel really valued and that they know me."
- Staff had undertaken equality and diversity training and understood what this meant for people. Staff showed respect for people's diverse and cultural needs. To celebrate black history month, staff accompanied people who wanted to go to Brighton to join in with the experience and learn about other cultures.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express their views and make decisions about their care. People had one-to-one sessions each month with their keyworker in the way they preferred. Recovery and support plans were regularly reviewed, and people could raise matters that were important to them. One person told us, "I have a keyworker, when we meet, I talk about whatever I want to." Another said, "I did a care plan when I first got here. I now know how to recognise my [mental health condition] and what to do. I have meetings with my keyworker regularly to see how I'm getting on and to check up on me."
- People were familiar with staff and staff knew people well. We observed interactions between people and staff which were warm and friendly. People told us staff were approachable and our observations confirmed this. People were comfortable asking for support and would approach staff directly or come to the staff office to ask a question, have a chat or talk about their plans for the day.
- People's privacy and dignity were promoted and respected. Staff had undertaken training in how to ensure people were treated with dignity and respect. One staff member told us, "We don't walk into people's rooms, we knock and ask permission. If they say no we don't go in." Another told us, "Sometimes clients

walk around and they're not appropriately dressed. We prompt them and remind them to put more clothing on."

- People were encouraged to maintain their independence. Recovery plans were person centred and identified people's strengths as well as how staff should support them. For example, one person tended to leave used plates in their room after preparing their meal. Their recovery plan guided staff as to how to support this person in a way which would develop their independent living skills and maintain the hygiene and cleanliness of their environment.
- People's privacy and confidentiality were respected. Information about people was stored securely and meetings where people's care needs were discussed, were held in offices to ensure their privacy was maintained.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People had support and recovery plans which ensured people had choice and control and met their needs and preferences. When people's needs changed, staff made changes to support them. For example, when a person's mental health had declined, staffing numbers had been increased to provide additional support. Staff ensured the persons wellbeing was regularly monitored and sought advice from the relevant health professionals. People were given choice about who they wanted to work with, one person said, "My keyworker is called [staff name]; I am happy with a man, but I could request a female if I wanted."
- People contributed to reviews of their care, and there was a strong emphasis on recovery, independence, goals and aspirations for the future. People were encouraged to develop plans and learn new skills which would enable them to live independent lives. One person told us, "I moved into the Lodge as I did so well living in Oak House, I was so motivated." Another person was planning to return to their home country for a holiday, records confirmed staff were supporting this person with the necessary paperwork to achieve this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and included in their recovery plan as required. At the time of the inspection, there was no one living at the service who had been assessed as having communication needs. Staff informed us adapted information was available to people if they needed it. For example, at times during the Covid-19 pandemic some people were required to isolate. The registered manager obtained pictorial information from another service to help one person understand why they were in isolation.
- Staff demonstrated awareness, skill and understanding of people's communication needs. Staff knew how to communicate with people and when people were trying to communicate with them. For example, one person sometimes had difficulty understanding complex sentences or instructions. Staff explained they needed to keep sentences simple and break them down in a way they preferred so the person could better understand what was being said.

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

- People were supported to maintain friendships and follow their interests. People had developed friendships within the service; some prepared meals and ate together, while others went out to play pool, or visited the shops and local cafés. People told us they had contact with their friends and families. One person said, "I go home to my [relative] at weekends, staff have been really supportive in helping me maintain the relationship with my family."
- People took part in activities that were culturally relevant to them, some people were of Christian faith and attended the local church, another was enrolled at a nearby college. People told us they could do what they wanted, as and when they chose. A person told us, "I go to the shops, listen to music, they don't stop me doing anything I want to."
- People were expected to participate in household chores as part of their recovery plan and agreed rules of the house; most were happy to engage with this. We observed one person carrying out their chores who stopped to explain what they were doing. Another told us, "The home is well run, we have a chores rota, Hoovering, pots and pans, bins, it works very well."
- Staff provided activities for those that wished to participate, for example, baking, movie nights, arts and crafts or board games. Staff were keen to introduce new activities that might be of interest to people and asked people for their ideas. We observed an 'activities board' in the kitchen with an envelope that read, "Activities ideas, any suggestions, let us know!" One person commented, "I watch the news, spend time on my laptop, have a chat with people. I used to get involved in the baking, but the [staff member] has left, although there are rumours that someone has expressed an interest."

Improving care quality in response to complaints or concerns

- The provider had a policy which welcomed complaints as a way of helping to learn, improve and develop their services. However, at the time of the inspection the service had not received any formal complaints. People told us they could raise complaints if they had one and knew who to speak to if they had any concerns. Comments included, "I definitely would go and talk to staff" and, "It's really good here."
- People were encouraged to provide feedback so they could ensure the service worked well for them. Records confirmed and we observed the service held regular residents' meetings and one-to-one sessions with individuals where people could discuss concerns about the service or their care.

End of life care and support

- At the time of the inspection the service was not providing support to anyone at the end of their life. The registered manager said if this was relevant to a person living at the service, the appropriate support would be enlisted to ensure their wishes and preferences were known and respected.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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 managers and staff promoted a positive, person-centred culture which was evident throughout our inspection. People were supported to develop their skills and independence and move on from the service when ready. One person told us, "I am working towards independence; we have spoken about it." A health professional said, "The service is very effective, I have known service users move on from Oak House and Maple Lodge to live independently after receiving support from them."
- People were involved in their care and their goals and wishes respected. Managers had a good understanding of people's needs and provided guidance and support to staff as required. People and staff spoke highly of the registered manager. One person told us, "[Registered manager] is amazing, they are like a little mother to everyone." Another said, "[The service] has changed a lot in the time I have been here, they have had a lot of work done. [Registered manager] has had a lot of work to do and has done a good job, they have done us proud."
- Staff were proud of the service and their approach to people's care. One staff member told us, "We make sure the individual is at the centre of everything we do." Another stated, "I have asked in team meeting's if we can get together to discuss a consistent approach to a client as a team. If clients are stable, sleeping better and happier, ultimately these are the sort of things that really matter."
- The registered manager understood their responsibilities under the Duty of Candour and was open and transparent when people's care had not gone according to plan. The registered manager had notified CQC of accidents and incidents that had occurred, and any lessons learnt or actions taken.

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

- The managers and staff understood their roles and responsibilities and were motivated to provide safe and effective care. People described staff as, "Great, friendly and helpful"; our observations confirmed this.
- Staff received regular supervision and felt supported by the management team. Staff received feedback on their practice and had opportunities to develop. Issues of performance were addressed and reviewed to ensure staff were competent in their role. One staff member told us, "I have supervision once a month, I definitely feel like I can speak with anyone."
- Staff felt the managers were approachable and promoted their own and provider's values throughout the team. One staff member told us "[Registered manager] is a really good manager, and [assistant manager] is very understanding." When discussing values of the service, the assistant manager said, "I try to instil this in

others. I talk to them, supervise them, support them if they have any concerns."

- The registered manager understood the importance of their role and was supported by the provider; they had regular contact with the senior management team. They told us, "They're an amazing organisation, I have supervision every two weeks. They always cover in my absence, but I always make sure there's a manager on anyway." Legal requirements were understood, and the manager reported issues to the appropriate organisations, including CQC and the local authority.
- Quality assurance and management systems provided managers with sufficient oversight and enabled effective governance of the service. For example, audits were undertaken to ensure people who were independent with medicines were taking their medicines as prescribed and any shortfalls identified could be acted upon. People's care records were reviewed each month to ensure they contained up to date information and staff were meeting with people regularly to review their care and support. Risks to the quality of the service were identified and acted upon to drive improvements. The provider had a range of policies which were current and in line with government guidance.

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

- People worked with managers and staff to develop and improve the service. Records showed there was good attendance at residents' meetings where people had the opportunity to provide feedback about the service and discuss issues of importance to them. One person told us, "We used to have meetings every couple of weeks. They always started with health and safety, always wanted to make sure we are happy, ask if we have any questions and tell us what's going on. They would also formally introduce us to any new residents. Meetings are to divulge information to us." The frequency of meetings was raised with the registered manager who explained there had not been one recently due to a recent Covid-19 outbreak, they gave assurances these would soon be reinstated.
- The service was in a good central location and had established links in the local community to support people to take up paid and voluntary employment if they wanted. People were supported to be active members of their community and access local resources. One person told us, "I go to the gym, go into town."
- Staff were complementary about the registered manager and spoke positively about their role and morale of the team. Comments included, "I work here because everyone is really passionate and they really care, they want people to do well and move on", and, "Morale is good. It feels like a close-knit family and I've felt really welcomed. Everybody here loves what they do and they do it for that reason."

Continuous learning and improving care; Working in partnership with others

- The service was committed to continuous learning and improving care. Achievements were recognised and celebrated, and areas for improvement identified. When issues were identified, plans were adjusted. For example, the registered manager had requested that one person's length of stay was increased, to give staff more time to work with them on their recovery and goals before moving on.
- The registered manager had a clear vision for the direction of the service which demonstrated ambition for people to achieve the best outcomes possible. When asked about long-term plans they said, "To keep us up and running and keep referrals coming through. We are always looking to change the service. I think we can do more."
- The service worked in partnership with others including the local authority and clinical commissioning group's (CCG's). The team had engaged support from multiple external agencies such as mental health and specialist teams, GP and local services to ensure people's health needs were continually assessed and reviewed. Staff were aware of the importance of working with other agencies and sought their input and advice. Feedback received from a health professional was positive, "I have certainly no concerns from what I have observed and my interactions with staff. They are always welcoming and facilitate my clinical interactions with my patients."

- People had access to a range of health and social care professionals and were referred appropriately in response to their changing mental health and social needs.