

## Arcare Camber Lodge Limited

# Camber 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

Camber Lodge is a residential care home providing accommodation personal care and support for up to eight people, living with a learning disability, in an adapted house. At the time of the inspection there were seven people living at the service.

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

Staff understood how to support people safely, risk assessments provided further guidance about individual risks. The environment was well maintained, and safety checks were in place. People were supported to receive their medicines when they needed them. There were enough staff, who had been safely recruited, working in the service. They understood safeguarding risks and procedures and knew what to do if concerns were raised.

Staff were trained and knowledgeable about people's individual needs. People were listened to and supported to have control and choice over their lives. People were supported to eat and drink what they wished, whilst encouraged to eat a healthy diet.

People received support from staff who were kind and caring and were able to form trusting relationships. People were relaxed, comfortable and happy in the company of staff and engaged with them in a positive way. Staff found ways to communicate with each person in an individual and meaningful way. People were supported to take part in activities to meet their individual needs and wishes.

The registered manager promoted an open and supportive culture in the service. They had a good oversight of the service and were working to continually develop and improve the service. They worked in partnership with their staff, people and their representatives, to get the best outcomes for people. There was a strong team spirit where staff were valued and felt well supported.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

Right support: Model of care and setting maximises people's choice, control and Independence; People were central to everything and made their own decisions about how they spent their time and lived their lives. Staff worked with people to increase their independence and confidence but were always available to support and ensure people's safety.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights; Staff knew people well and understood what was important to each person. Staff were passionate about supporting people in line with their individual preferences and unique abilities. They respected each person and took account of their rights as unique individuals. Staff advocated for people's rights to ensure they had the freedoms and choices they were entitled to

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives;

The registered manager fostered an open and relaxed atmosphere where people and staff felt valued and listened to. Staff described a supportive working environment where they could focus on people. People were comfortable with staff and had developed trusting relationships that supported them to lead the lives they wanted.

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 the service under the previous provider was Requires Improvement published on 26 November 2019.

#### Why we inspected

This service was registered with us on 6 October 2020 and this is the first inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Camber 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Camber Lodge 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the service to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority 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 four people who used the service and four members of staff including the registered manager. We spent time observing people in areas throughout the service and could see the interaction between people and staff.

We reviewed a range of records. This included three people's care records and all medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were viewed, including health and safety records, maintenance checks and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records along with documentation requested to clarify discussions during the site visit. We received feedback from four visiting professionals and spoke with two relatives.

# 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 for 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

- People were comfortable and relaxed with staff and said they were safe and happy. They looked to staff for reassurance and support. Relatives were confident of people's safety one said, "People are very safe here, especially with the staff team."
- There were clear safeguarding procedures and staff were alert to any possible safeguarding concern and understood their responsibilities in reporting these quickly.
- Staff had received training on safeguarding, this included recognising any signs of abuse or discrimination and responding appropriately. Staff knew people's individual needs and how these could impact on their safety.
- Staff had followed safeguarding procedures in the past and raised safeguarding concerns with the local authority and notified the Care Quality Commission.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and managed. A visiting health professional told us, "The service were clear about issues relating to safety of my client and safety of others, due to the associated issues. They addressed these appropriately and effectively".
- There were generic and individual risk assessment according to people's needs and lifestyle. For example, everyone had a personal emergency evacuation plan that took into accounts any individual risks.
- Risks associated with people's health and wellbeing were assessed and monitored. For one person this included a regular blood tests and changing medicine according to the results. For others it included support with changing emotions.
- Environmental risks were assessed and monitored. For example, windows had been fitted with new restrictors and these were checked on a regular basis to ensure they were suitable and safe. Equipment was checked and serviced appropriately including lifting equipment and electrical appliances.

Learning lessons when things go wrong

- Accidents and incidents were recorded, seen and reviewed by the registered manager. This review ensured appropriate and consistent action to reduce the likelihood of the event reoccurring. This included reporting to other organisations and included close working links with the local authority.
- Information relating to incidents and accidents was analysed to identify any themes that could be responded to. For example, one person's behaviour changed around specific activities. Staff awareness ensured extra understanding at these times.

### Staffing and recruitment

- The staffing arrangements ensured there was enough staff available to meet people's individual needs. This ensured the individual support time for each person was provided. The registered manager was able to review and cover with extra staff as required. This included some agency staff use.
- A minimum of four staff worked during the day and two staff at night, one of whom was a 'sleep-in'. A 'sleep-in' member of staff is somebody who works for an agreed number of hours at the start and end of a shift. They may be called on at any time during the night depending on people's needs.
- There were on call procedures for staff to gain advice and support if needed. The registered manager and deputy manager lived locally and were readily available.
- Staff were recruited safely. Appropriate checks were in place to ensure staff were suitable to work at the home. This included, references, Disclosure and Barring Service (criminal record) checks and employment histories.

### Using medicines safely

- Systems were in place to ensure medicines were managed safely.
- Medicines were given to people at times that they needed them and in a way that suited their own needs and preferences. One person liked to have their tablets with food as this helped them to swallow and this was respected.
- Only staff who had received medicine training and had been assessed as competent gave medicines. One staff member said, "If we make an error we report it straight away, we would hand over the medicines for someone else to do. We would then have more training and have our competencies assessed three times before we were able to give medicines again."
- Where people had been prescribed 'as required' (PRN) medicines, such as pain relief or medicines for anxiety. Staff were able to tell us how people may present when they needed these medicines. They told us what steps they would take before giving any medicines for anxiety. The registered manager told us these were 'a last resort.'
- Guidelines on PRN medicines were in place, but some did not give clear instructions, these were reviewed and updated immediately after the inspection visit to ensure appropriate records supported staff.
- There was information about each medicine, why the person was taking it and what the side effects were. This supported staff understanding and safe administration.

### 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. One relative told us they were impressed with staff conduct and said, "Staff followed the COVID protocol and guidance rigidly".

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

# 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.

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

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

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

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

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

- The registered manager and staff worked in accordance with the MCA. Staff understood the importance of gaining people's consent and supporting them to make decisions.
- Where people lacked capacity, specific mental capacity assessments had been completed.
- Some restrictive practices were used to keep people safe. People were constantly supervised by staff. DoLS applications and authorisations were in place for people around any restrictions within their lives that they did not have capacity to consent to. For example, for the use of a door alarm.
- Copies of the applications and authorisations were available to staff and contained within their care records. There was information in people's care plans about any restrictions and limitations, such as the support people needed to go out and the level of supervision required.

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

- The registered manager ensured a thorough pre-admission assessment process was completed. This included involving family and friends and forming a trusting relationship.
- Social and health care professionals were also involved in any admission process to ensure all the care and support needs and preferences for people could be met.
- When people's needs changed, staff worked with professionals to tailor support in line with relevant

guidelines. For example, staff worked closely with specialist behavioural therapists to reduce people's anxieties.

- If people's needs cannot be met, they are supported through the process of finding a suitable placement. One professional told us, "The team at Camber Lodge has showed a lot of care, flexibility, and dedication. However, this placement broke down, it has enabled this person to move to a more suitable service model to meet their needs and to safeguard boundaries".

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and support they needed to care for people safely and effectively. New staff completed a tailored induction programme. Staff did not support people alone without completing this and having a good understanding of people's individual needs.
- Staff were given time to understand people and people were given time to know staff and allow for trusting relationships to be developed.
- Staff completed a rolling programme of essential training. This was co-ordinated by the provider and internal trainers. There was also specific training that was tailored to people's individual needs. For example, training on positive behaviour support, dementia and diabetes.
- Staff were confident in their responses when asked about specific health and emotional needs. Staff received regular supervision, and this identified any areas where further support or development was required. Staff told us they felt well supported and this was demonstrated through the registered managers approach to a staff member attending an important appointment.
- Relatives told us staff had the skills to look after people and support them to have, a full and active life. One relative told us, "Staff know and understand her".

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

- People's nutritional and hydration needs were met. People were encouraged and supported to eat a balanced diet that met their preferences and needs. One person told us about the food they liked and when they had them. "I like sausages."
- There was a weekly menu planner which had discussed with staff to promote healthy eating but chosen by people. Staff told us, "If people changed their minds, they can always have something else."
- People's nutritional needs were assessed, monitored and responded to. This included monitoring people's weights, appetites and nutritional risks. Individual needs were responded to. For example, one person has individual crockery to encourage eating.
- Any nutritional concerns were referred appropriately, and advice followed. For example, one person had their diet modified to support safe eating.

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

- Staff maintained regular and effective contact with health and social care agencies involved in people's care. This promoted a supportive joint working model that people benefited from. One professional told us, "This was highlighted when we vaccinated the service users with one and two and then subsequent booster vaccines, they effectively managed and made our job much easier, paperwork, consent was no issue, and well handled.
- People were supported to maintain and improve their physical and mental health. They were supported to see their GP whenever this was needed. The registered manager told us each person's health and well-being were routinely discussed with the GP each week. Staff supported people to attend appointments virtually or in person.
- Each person had a health action plan that provided details of their individual health needs and how they were responded to. A health care professional told us, staff were quick at 'reporting any concerns or safety

issues. Information was prepared and available to go with anyone who was admitted to hospital. This recorded key information to support consistent and person-centred care.

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

- People's needs were responded to within the design and adaptation of the service. The new owners had refurbished the service and improved the presentation and safety of the environment.
- People had been involved in personalising their own rooms to reflect their choices and personalities. People told us how pleased they were with their rooms. One person said was delighted to show us their walk-in wardrobe and colourful decoration.
- There was a large lounge and dining area with plenty of seating for people to sit and enjoy each other's company, have individual space or watch the television. The corridors and doorways in these areas were wide to enable people's mobility.
- The service had equipment to move people safely and to promote their independent mobility. For example, people had rooms on the ground floor if they could not manage the stairs. Handrails were placed along corridors and a stair lift enabled one person to go upstairs on their own.
- The service had a minibus to transport people for pleasure and to and from places of interest and activities in the community. This allowed people to go anywhere they wanted to in a domestic vehicle.

# 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 were understood by staff who knew them well and respected people as unique individuals. Staff had a good understanding of equality and diversity and respected people's differences and personalities.
- There was a warm, happy and relaxed atmosphere at Camber Lodge. Staff were warm and friendly to people, staff engaged with people in a caring, positive, friendly and approachable manner. One relative said, "Definitely, a caring environment where they are very kind and warm towards X"
- Staff understood people's daily needs and choices, their interests and how to communicate with them taking account of equality and diversity. Staff were skilled at promoting fun and a sense of humour, with people. Staff were mindful to ensure people were not excluded from doing things they wanted to and often acted as an advocate. For example, they ensured people had access to anywhere they wanted to go.
- People's relatives were confident and impressed with staff approach and how they treated both them and their relative. One said, "Staff have been superb and including X and instilling a sense of home and belonging there". A visiting professional was also positive about the staff approach saying, "The team at Camber Lodge has showed a lot of care, flexibility, and dedication".

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

- People were supported to express their views and be involved in making decisions about their support. Staff took time to ask people for their choices, listen to what they said and responded to their preferences. For example, people were asked about what they wanted to do that day and given choices throughout the day. Staff were skilled at motivating and enabling people to make decisions for themselves.
- Some people were less able to verbally express themselves staff had worked closely with them and their representatives to have a deep understanding of their individual preferences and how they expressed their preferences. For example, one person chose the snack they wanted through gesturing. This understanding reduced anxieties for people as their decisions were responded to.
- Each person had an allocated 'key worker' who worked with people to ensure their views and choices were respected. A visiting professional told us, "When I have spoken to X regarding his wishes, he also says that he is happy and wishes to stay living at the service."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained, and their independence was promoted. People's rooms had been personalised and seen as their own private space where they could have private time as they wished.

- Staff recognised the importance of people's appearance and people's wellbeing. People chose what they wore, this reflected their individual personalities. Staff supported people to maintain their own personal hygiene and provided support when needed. For example, staff ensured after meals people were supported to remove any food debris removed from clothing.
- People were supported to maintain friendships and relationships, that were important to them. Relatives and friends were encouraged to be involved and contact with them through the pandemic had been maintained. One visiting professional told us, "When completing on-line meetings, they supported the client in a caring manner and demonstrated a caring attitude regarding family." A visiting professional also told us how staff had supported people to contact an unknown family member. "They have been proactive in researching a family member of a client with no known family, as this was important to the client".
- Staff promoted people's independence. For example, they worked with people to complete a number of domestic tasks including cleaning and some cooking duties in a gentle and encouraging way. Appropriate aides had been fitted to support people to shower independently. One person said, "I can use the shower on my own hanging on to that rail."
- Private information was kept confidential. Records were held securely in the office area which was a restricted staff area. Staff had been provided with training and guidance about the importance of managing confidential information in the right way.

# 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 received personalised care that was tailored around their wishes, preferences and routines. Daily routines were agreed with people and this gave them security and structure. However, routines were not rigid and changed according to people's mood and choices.

- People's needs were fully assessed and plans of care were developed to guide staff.

Positive Behaviour Support (PBS) plans were developed with specialist advisors, these took account of what may cause a person to become distressed, how this could be prevented and what to do to reduce distress and appropriate after care and support.

- Staff knew people very well. They understood each person's needs and were tuned into their individuality and what people enjoyed doing.

- Each person had a key worker. A key worker builds a relationship with the person and works as a link to help ensure, as far as possible, people's needs, preferences, wishes are listened to and actioned.

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 needs had been assessed and were met. Support plans included information about how to support each person to communicate. This included pictures for one person.

- Information was shared with people in different formats and staff spent time explaining information in a way each individual person would understand. For example, easy read leaflets on COVID-19 were used but explained with people.

- Staff were skilled in understanding the different ways people communicated and expressed themselves. Staff picked up on people's verbal and non-verbal communication.

- Those people who were unable to communicate verbally, were supported to communicate. This included the use of Makaton a simple language programme that combines signs, symbols and speech.

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

- The registered manager and staff were passionate about working with people to promote a full and active life for each person. Camber Lodge was promoted as a vibrant community where people could enjoy each other's company. Staff often ate with people and social events were regularly arranged and included staff

and relatives, when able.

- The wider local community was important to people and staff supported people to visits local shops and amenities, meeting and developing relationships with local traders and venues.
- People were supported to carry out every-day activities and to do things that they enjoyed, this ensured they had active and fulfilling lives. We saw people involved in games, chatting, and making items of interest.
- Each person had the opportunity to go out and about. This included trips in the service's minibus that included places of interest, eating out and coffee shops. For example, one person liked to go to the local public house. Staff went with them and ensured they enjoyed a pint of beer safely.
- People told us they enjoyed what they did and had regular contact with people that they wanted to. One person talked about their trip to London that they had enjoyed with a staff member.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and systems to record and investigate any complaint received. The procedure was also available in an easy read pictorial format to help promote people's understanding.
- Staff asked people if they had any concerns. They monitored people for changes in their mood that could indicate they had a concern. Staff were often able to change the situation to relieve the concern early.
- Relatives said they were comfortable to raise any concern directly with the registered manager who responded to issues raised.

End of life care and support

- People were asked about any end of life wishes and preferences and these were recorded. This included preferences around funerals.
- If wanted staff would support people to remain at Camber Lodge to die with the support of health care professionals. Good links had been established with community health care professionals to support end of life care.



# 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 culture of the service was open, honest and focused around supporting people to live their lives the way they wanted to.
- The registered manager had a high profile in the service and promoted this culture in her approach. Everyone knew who she was and were comfortable to approach and chat with her about anything. One relative told us, "Brilliant personal manager who is neither aloof nor detached. Hands on but not a micro manager".
- The registered manager supported the inspectors to talk to people in the service during the site visit ensuring people had the opportunity to share their views. They facilitated conversations in a relaxed and open way.
- Staff were confident with management arrangements and were able to voice their views and felt involved and valued. The registered manager promoted inclusiveness. For example, she involved one staff member in the inspection feedback session provided by the Inspectors.
- The registered manager was aware of their responsibilities including those under duty of candour. She was open and honest when reviewing any accident and incidents. Relatives and professionals told us they were always kept up to date and informed of any occurrence in the service. "The manager always lets us know what's going and what's happened."

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

- The registered manager was aware of her responsibilities and was focussed on improving and developing the service. She worked most days in the service and had a good oversight. She was supported by the provider and systems and processes they had in place. Visiting professionals were positive about the management arrangements. "They seem to have a robust management structure and seemingly try to have a Manager or senior support worker on every shift that I have been there to visit. The manager is fair and again quite passionate about her service users".
- The provider had invested in the service since ownership improving the environment and providing structured documentation to support the quality monitoring systems. A regional quality manager also provided support and completed a quality report each month. A visiting professional had seen positive about improvements to management systems and the environment. "The new owners have also invested in

the property which was long overdue".

- The registered manager confirmed systems along with appropriate paperwork were still be fully established and was progressing this. For example, records confirming regular environmental safety checks needed to be standardised. Peoples records also needed further attention to ensure they fully reflected the person-centred approach provided.

- Audits and quality reports were used to identify areas for improvement. For example, a recent report completed by the community pharmacist was reviewed with an action plan put in place to respond. This was being progressed and included a review of all PRN guidelines.

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

- The registered manager was committed to opening lines of communication and involving people, their representatives and staff in the all aspects of the service.

- People were at the centre of the service. They were supported and empowered to have their views heard and understood. Key workers had regular reviews with people they were skilled at listening and understanding what people were saying taking account of their individual communication needs. Regular 'resident's meetings' were held and facilitated with pictures to support engagement.

- Staff and the registered manager consistently discussed matters with people, relatives and professionals this ensured immediate and frank feedback. One professional said, "The manager remains in contact with me regarding any issues that I need to be aware of and I do have ad hoc catch up with her and X. The manager will take on board my advice and recommendation and I feel that there is an open relationship".

- Staff views were valued and an open relationship with the registered manager allowed for a free flow of ideas and views. Staff meetings were used to inform staff of changes at the service.

The notes of these meetings confirmed staff were encouraged to speak to the registered manager at any time.

Continuous learning and improving care, Working in partnership with others

- The registered manager and staff were committed to working in partnership with all interested parties for the best outcomes for people who used the service.

- The registered manager worked with other agencies to improve practice and care in the service. For example, they had worked closely with the local authority over the past years to improve areas identified through the inspection process, and the safe management of the pandemic.

- Accidents and incidents were recorded reviewed and used to reduce the likelihood of the event reoccurring when possible. Information was shared with staff for learning and to confirm and changes in practice. For example, one person had a tendency to move around the home at night, systems were implemented so staff were alerted when they were moving around without supervision.

- Staff worked in partnership with other professionals to improve people's lives. This included working closely with a wide variety of health and social care professionals. For example, they had recently worked a speech and language therapist to support people to eat safely.

- Visiting health and social care professionals confirmed a very positive working relationship with the service. One professional told us, "Staff work well with us and with families."