

National Neurological Services Ltd

Deepdale Neurological Centre

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

Deepdale Neurological Centre is a specialist care home which provides care and accommodation for up to 8 people who may have a brain injury, other neurological conditions and/or physical and mental health needs. At the time of inspection 6 people lived at the home, however 1 person was in hospital at the time of our inspection.

At the last inspection we found the safety and quality of people's care was compromised. The registered manager had implemented an action plan to address the breaches of regulation and recommendations found at the last inspection and had made improvements to all aspects of the service.

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

People living at Deepdale Neurological Centre benefited from a service that was safe, effective, caring, responsive and well led.

Regular health and safety checks were carried out to ensure the home was a safe environment for people to live in. Risks to people were identified, managed and mitigated by staff to lessen the risk of harm to people. People received their medications as prescribed and by staff who were trained and competent.

Staff recruitment processes ensured staff were safe to work with people. In addition to mandatory training, staff received more specialised training to help deliver care to people which was tailored to their specific health care needs.

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's accommodation was not unlike a self-contained flat. People told us they felt at home at Deepdale Neurological Centre. We observed staff support and interact with people in a caring and respectful way.

The registered manager was described by staff as being helpful and approachable. The manager helped instil a positive culture which was committed to delivering high-quality and individualised care to people. Staff also understood, shared and practiced this ethos and values.

The service worked in collaboration and partnership with other relevant organisations to help achieve better and more positive outcomes for people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 5 November 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 1 and 2 October 2019. Breaches of legal requirement were found in relation to safe care and treatment, staffing and good governance. We also made recommendations in relation to infection prevention and control, mental capacity, record keeping, end of life care and quality assurance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Deepdale Neurological Centre on our website at www.cqc.org.uk

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Deepdale Neurological Centre

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

This inspection was carried out by 1 inspector.

Service and service type

Deepdale Neurological Centre 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. Deepdale Neurological Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We carried out an inspection of the home to ensure it was safe and suitable to meet people's needs. We also observed the delivery of care and support at various times throughout the day. We spoke with 2 people who lived at the home, the registered manager, the regional quality director, the team leader and 3 members of care staff.

We looked at records in relation to people who used the service including 2 care plans, medication records and systems for monitoring the safety and quality of the service provided. We looked at staff training and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with a relative on the telephone to help us understand their experience of the care and support their loved one received. We also received written feedback from a visiting professional.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure care and treatment was provided in a safe way. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection we found the registered provider had failed to provide staff with training to manage behaviours that could challenge to protect people in the home and staff. At this inspection, we found people had risk management plans to help guide staff on how to support them against risks which were individual to them and from the environment. Staff were trained to manage behaviours that could challenge to protect people in the home and staff.
- At the last inspection we found staff were not provided with adequate guidance on how to manage risks of confrontations and aggressive behaviours. Since the last inspection, the service had implemented positive behaviour support planning. This helped staff understand and support people who have a cognitive impairment and/or display behaviour that others find challenging. The registered manager explained how since the last inspection, a positive behaviour support practitioner had been appointed by the provider to act as a source of guidance and training for staff.
- Staff had received Management of Actual or Potential Aggression (MAPA) training. This helped staff to adopt proactive approaches such as preventative strategies in response to early signs of distress, helping people to regain control.
- Staff had received training in how to record accidents and incidents. Both the registered manager and provider had oversight of accident and incidents, meaning patterns and trends were identified so appropriate action could be taken to help minimise the risk of recurrence.
- At the last inspection we found while there was an organisational wide policy for lessons learnt, the system had not been implemented adequately to explore how the provider could protect staff and people from incidents of potential harm to explore themes and trends.
- At this inspection, we found protocols were in place for identifying lessons that could be learnt following incidents or significant events in the home. Debriefs and reflective discussions were carried out to identify where improvements could be made in the future.
- At the last inspection, we found that although the provider had emergency procedures for keeping people and staff safe during care, five of the staff were not trained in emergency first aid. At this inspection, we found all staff had undergone first aid training and had appropriate skills and knowledge.

Preventing and controlling infection

At the last inspection we recommended the registered provider to seek guidance on infection control awareness and take action to update their practice accordingly.

At this inspection we checked to see whether the provider had acted on our recommendations and found that they had.

- At the last inspection we found people were not adequately protected against the risk of infections. 6 of the staff had not completed training in infection control and food hygiene. At this inspection we found staff had received up to date training in infection control, and food hygiene. The service had recently undergone an IPC audit from the Local Authority's IPC team and had scored well.
- Cleaning records were in place and there were adequate supplies of PPE which staff used appropriately. The home was clean and well maintained.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The service facilitated visiting for people's family and friends. People told us their loved ones could visit them at any time. Visiting is important to people's psychological and emotional well-being.

Using medicines safely

- People received their medicines from staff who were competent to administer them. There was information to guide staff on the administration of 'when required' medicines and those with a variable dosage.
- People's medicines were kept in a secure cabinet in people's rooms. Where people expressed a wish to manage their own medicines, and had been assessed as competent to do so, they were empowered by staff to self-medicate safely.
- The service adopted and practiced the standards for stopping over medication of people with a learning disability, autism or both with psychotropic medicines, (STOMP). Although STOMP is aimed at people living with a learning disability, many different organisations adopt its principles to help stop the overuse of these medicines and help people to stay well and have a good quality of life, without the need for excess medicines.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of harm and abuse. Staff had received safeguarding training and understood how to safeguard people from abuse and how to report any safeguarding concerns.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Although the service sometimes used agency staff, the same staff were used so they were familiar with people's needs, which is important for continuity of care. Some agency staff were in the process of becoming regular members of staff as they enjoyed supporting people at the service so much.
- Recruitment of new staff was safe. Pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection, we found not all staff had received appropriate support and training necessary to enable them to carry out their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the last inspection, we found the provider had not established a system for ensuring staff were provided with induction and training to meet the specific needs of people at the home. At this inspection, we found staff underwent a 6 week-long induction programme. This included a mix of face to face and online training. Staff also carried out 'shadow shifts' where they shadowed an experienced member of staff to help them become familiar with the home's practices and prepare them for the role.
- The registered manager explained that with the new system, all staff had to complete a programme of training before they started a shift. The system would not permit any staff member who had not completed their training to be included on the staff rota. One member of staff told us, "We are all trained and can ask for additional training if we need it."
- Deepdale Neurological Centre supports people with specific needs. At the last inspection we found staff had not been provided with more specific training to respond to people's needs. There were times when untrained staff had used physical restraint which can expose people and staff to risk of injuries.
- At this inspection, we found staff had received training to help meet the individual needs of people living at the home, including those living with an acquired brain injury, mental health, epilepsy and diabetes. Although staff had received training in physical restraint, staff told us there was never a need to use it, as they were trained in early recognition of distress and used positive behaviour planning to help reduce people's anxiety.
- Staff also carried pocket guides which provided best practice guidance, for example, key reminders about mental capacity, safeguarding, dignity and infection control. Staff told us how useful they found them.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection, we recommended the provider considered current guidance on use of restraint and mental capacity assessments and take action to update their practice accordingly, including reminding staff to observe any conditions attached to DoLS.

At this inspection we checked to see whether the provider had acted on our recommendations and found that they had.

- At the last inspection, we found there was a lack of awareness on whether conditions had been set for authorised DoLS. At this inspection, we found the registered manager and staff were aware of their responsibility for adhering to any conditions. One member of staff confirmed, "We are fully aware of who is on a DoLS, what this means and any conditions in place."
- At the last inspection, we found not all MCA assessments were documented to demonstrate how staff had determined a person's capacity in respect of the use of restraint. At this inspection, although staff were not utilising restraint, staff were working within the principles of the MCA. They had received training and understood that they could not deprive a person of their liberty unless it was legally authorised.
- The service worked well with other professionals to ensure compliance with their obligations under the MHA. A visiting professional confirmed, "We discussed MCA responsibilities regarding health decisions which were acknowledged and efforts to maximise the person within this process evident during the discussions."
- Staff recognised the importance of seeking a person's consent before starting to provide any care or support. Records of consent were completed to show whether people were able to consent to their care and support.

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

- At the last inspection, although we found the provider followed national guidelines to ensure care was delivered in line with standards, this was not consistent to ensure staff had adequate skills to meet the standards and follow the guidance.
- At this inspection, we found records showed people's needs, risks and choices had been assessed before they started using the service to ensure staff were able to meet their needs and fulfil their goals. Staff were fully trained and had received support via supervisions and appraisals to help ensure they had the right skills for their role.

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

- At the last inspection, we found not all staff had received training in food preparation and hygiene. We also found nutrition and hydration records and weight monitoring records had not been consistently completed where required. At this inspection we found improvements had been made, staff were trained in food hygiene and recorded people's intake where this was required and appropriate.

- Staff supported people to ensure they received sufficient nutrition and hydration to meet their needs and preferences. Where people were assessed as having specific nutritional needs, professional guidance was sought to ensure people were prevented from the risk of malnutrition or dehydration.
- People were afforded maximum choice over their nutrition and hydration. Staff supported people to shop for food, helping them to make healthy choices in line with their dietary needs, for example, a diabetic diet. Food was home cooked on the premises, and wherever possible, people were encouraged to do this for themselves, with help, guidance and support from staff.
- People told us they had enough to eat and drink. People had a kitchenette in their rooms and had access to a communal kitchen at all times, where they were able to prepare drinks and snacks throughout the day. This helped encourage and maintain people's independence and life skills.

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

- At the last inspection, we observed the environment lacked basic decorations to make it a homely and stimulating environment. At this inspection, we found people had personalised their own rooms to make them feel like home. People told us they thought of their rooms as their 'flat'. All rooms contained a kitchenette and a wet room.
- The home was bright and airy and well adapted to meet the needs of people living with a cognitive impairment. Signage in communal areas helped people better navigate their surroundings. There was a communal lounge and diner where people could socialise if they wished.
- The service had a secure rear garden where people could access outdoor space at any time. Some people enjoyed planting seeds and plants in the summer months and encouraging the wildlife by feeding birds with feeders.

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

- Staff supported people to access external healthcare professionals such as GPs and district nurses. Staff supported people to attend hospital appointments where necessary. Guidance from community healthcare professionals was acted to ensure people's health needs were met.
- Feedback from health care professionals in relation to staff seeking and following professional guidance was positive, one told us, "I have offered advice around particular areas which has been taken on board and generated additional discussions to tackle the specific issue."

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 our last inspection we rated this key question good. The rating for this key question has remained 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 well and supported in line with their needs. We observed warm interactions between people and staff throughout the day of our inspection. People were actively engaged with their care and support, and staff spoke with people at every opportunity.
- People and their relatives were keen to tell us how well staff treated people. One person told us, "Yes, staff are kind." A relative added, "Staff are caring, and person centred." A visiting professional confirmed, "My observations of staff during my visits have appeared to be caring, engaging, kind and supportive towards the residents there."
- The service took consideration of people's human rights and equality and diversity. Any limitations on people's abilities due to their healthcare needs, were not treated as barriers to people accessing support and opportunities. One member of staff told us, "Staff embrace person centred care and give people choice and control, we give all options."

Respecting and promoting people's privacy, dignity and independence

- Staff were able to describe how they protected people's dignity and privacy. One person told us, "It's like my own flat here, private, and staff take care of me, I am quite happy."
- Where people required support, staff provided this in a respectful way, whilst encouraging people to maintain their independence at every opportunity. We saw examples of how people were encouraged to shop for ingredients to make meals, to make snacks and drinks and to attend to their laundry.

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

- Staff supported and encouraged people to express their views and make decisions about their care and support. This was done at every opportunity. For example, encouraging people to decide what clothes they wanted to wear that day.
- People's feedback regarding their care and support was sought via residents' meetings and questionnaires.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

At the last inspection, we recommended the provider considered current guidance on maintaining and recording care plans and reviews.

At this inspection we checked to see whether the provider had acted on our recommendations and found that they had.

- People's care records took account of people's needs, likes, dislikes and goals. Not everyone was able to take an active role in their review of their care records, but where they were able to do so, this was encouraged.
- People's care and support was planned to ensure it met their needs and goals. People were referred appropriately to external professionals, to ensure they received the care and support they needed. A visiting professional told us, "There is a strong focus on trying to achieve positive goals and outcomes."

End of life Care

At the last inspection, we recommended the provider consulted best practice on end of life care planning.

At this inspection we checked to see whether the provider had acted on our recommendations and found that they had.

- At the time of our inspection, there was no one receiving end of life care. Although people and their relatives were given the opportunity to make decision about their end of life care wishes, not everyone felt comfortable to discuss this. However, the registered manager told us this was a topic of discussion they revisited with people.

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

- Staff supported people to access the community and take part in activities of their choice. People were able go out to the shops, to go for walks and day trips. One relative told us, "Staff support [Person's] requests for trips to the shops and help [Person] manage their money."
- People were also supported to visit their family and friends. People's relatives were able to visit them at any time. People were also supported to maintain contact with their relatives and friends via the telephone.

- We observed staff engage people in activities. We observed that people appeared calm and where people were restless or anxious, staff supported them in a meaningful and considered way to reduce their level of anxiety. A visiting professional told us, "The care appears to be person centred and meets needs. An example of person-centred approach is that Deepdale have located and supported a lady there who is a keen knitter – to attend a local knit and natter club recently."
- People were supported with activities and practices which were culturally important to them. One staff member described how they supported a person with their religious and spiritual beliefs by taking an active role, such as learning about the religion and participating in prayer, which was extremely important to the person.

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.

- Staff were trained to communicate with people in a way they could fully participate and understand. People's care records contained detailed guidance for staff on the most effective ways to communicate with people. People were provided with information and reading materials in a format that suited their communications needs.

Improving care quality in response to complaints or concerns

- At the time of our inspection, the provider had not received any complaints. An accessible procedure was in place to enable people and their relatives to raise any concerns.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we found the provider did not operate effective systems and processes to make sure they assessed and monitored their service against regulations. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection we found effective systems for monitoring the quality of the service and meeting regulatory requirements were not established. Quality monitoring processes had not ensured staff were prepared for the role. At this inspection, a new training provider had been appointed and staff had access to online training. Processes were in place to ensure staff training was current and up to date.
- Staff were further supported by supervision and appraisal processes. The registered manager explained how a governance tracker highlighted any gaps in this process and helped them keep up to date. Staff told us they thought supervision and appraisals were helpful and allowed them to express their views.
- At the last inspection although the registered manager carried out a variety of audits, incidents were not analysed through de-briefs to identify the impact of specific incidents to staff and people and were not effectively implemented to provide an honest scrutiny of the service.
- At this inspection, we found that processes for analysing incidents had been overhauled. Incidents were uploaded to an electronic system which enabled them to be reviewed by the provider's quality team. Regular meetings were held with the provider and other managers of sister services, to ensure incidents were discussed and reviewed and any findings and best practice guidance was shared with the staff team.
- Audit and governance processes were able to identify any shortfalls in the safety and quality of the service and findings were used to help drive improvement.
- Positive feedback was received about the registered manager from people, relatives, and staff. One senior staff member confirmed, "[Manager] is very supportive with an open door – for everyone, people, staff, family, and professionals. They promote an open culture, embraced by staff, who are also open." A relative commented, "Whenever I have an issue to discuss, they [Manager] give me sufficient time and try to address my requests."

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

characteristics.

At the last inspection, we recommended the provider consulted best practice on carrying out quality assurance surveys and review their practices.

At this inspection we checked to see whether the provider had acted on our recommendations and found that they had.

- At the last inspection we found although the registered provider carried out staff surveys to seek their views, surveys had not been analysed and outcomes shared with staff.
- At this inspection, we found staff were involved and engaged in the service delivery. Staff told us they were able to share their views on how the service could be improved and that they felt listened to.
- There were regular staff meetings where staff were able to air their views and put forward suggestions for consideration. For example, some staff had voiced the need for support with challenges associated with the menopause, in response, the service appointed a menopause champion, to act as a source of support and guidance for staff.
- The registered provider was keen to recognise and reward positive staff practices. For example, 'Marvellous Monday' was a regular newsletter which not only provided updates relevant to the provider's services, but which highlighted and celebrated staff practices which had exerted a positive impact on people.
- The service welcomed feedback from external visiting professionals and people's family and friends, who were able to give feedback via a questionnaire which was easily accessible via an online link.

Continuous learning and improving care

- At the last inspection we found systems for promoting continuous learning and improving care were not consistently implemented to monitor shortfalls, learn from previous incidents, and drive improvements. The provider had not adequately implemented practices such as debrief meetings to learn from significant incidents. Systems had not identified other shortfalls found at the last inspection.
- At this inspection, we found processes had been overhauled to ensure that reflective discussion with staff and debrief sessions took place after any significant incidents. This aided the development of best practice and helped improve the safety and quality of care and support people received.

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

- At the last inspection we found the provider's systems did not consistently assist in the planning and promotion of person-centred care, as systems to monitor staff learning needs and ensure staff had the right competences were not effective.
- At this inspection we found people's care was planned and promoted to help ensure people received person-centred and high-quality care. People's care plans evidenced individualised outcomes for people, and people took an active role in setting their own goals. Staff demonstrated a good knowledge and understanding of people's needs.

Working in partnership with others

- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed.
- Since the last inspection, the service had worked in partnership with external professional agencies such as commissioners to help improve standards in the quality and safety of care. Both the provider and the registered manager demonstrated a genuine commitment and dedication to provide high quality care for

people.

- The registered manager was aware of their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service.
- The registered manager demonstrated an understanding of their duty of candour, and the importance of keeping people's next of kin informed. The registered manager encouraged feedback and adopted a transparent and open approach.