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Yellow House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 31 May 2016. Yellow House Care Home is registered to accommodate up to 10 people who require support with their personal care. They specialise in supporting adults with a learning disability. The service is based in a residential area of Hove. This service has not been inspected before.

There was a manager in post, who had applied to become the registered manager. However, at the time of our inspection, they were not registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to evacuate people and deal with emergencies. However, the service had no formalised business continuity procedures to follow. This placed people at risk should an emergency take place.

Staff told us they felt supported and had informal development plans to enhance their skills and knowledge. However, we were informed by staff and the manager that regular formal supervision meetings had not regularly been taking place for care staff.

Statutory notifications had not been routinely submitted to CQC by the provider. A notification is information about important events which the provider is required to tell us about by law. Notifications in relation to these relevant events had not been sent to the CQC.

We have identified the issues above, as areas of practice that need improvement.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel safe, because this is my home and I live here". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The manager had received training and staff were knowledgeable of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including autism, behaviour that may challenge, and the care of people living with dementia.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, "I have had three cups of tea this morning, they get me one whenever I ask". People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included swimming, yoga, singing and games consoles. People were encouraged to stay in touch with their families and receive visitors.

People told us they felt well looked after and supported and stated that staff were friendly and helpful. We observed friendly and genuine relationships had developed between people and staff. One person told us, "I'm happy here". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People knew how to make a complaint. They said they felt listened to and any concerns or issues they raised were addressed. Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, where managers were always available to discuss suggestions and address problems or concerns. One member of staff said, "We can always ask for help and always approach [the manager]. We discuss any concerns as a team, we always discuss it together".

The service regularly asked other stakeholders to fill in surveys about the quality of the service and people's feedback was included in plans for future improvements. There were effective systems in place for monitoring the quality and safety of the service. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The provider had not ensured the service had suitable business continuity procedures in place to ensure people's safety in an emergency.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that they were ordered, administered and disposed of in line with regulations. Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff received training which was appropriate to their role and responsibilities. However, formal systems of monitoring performance and personal development, such as supervision meetings had not been regularly taking place.

Staff had a good understanding of peoples care and mental health needs. Staff were knowledgeable of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Is the service caring?

Good

The service was caring.

People felt well cared for, their privacy was respected, and they were treated with dignity and respect by kind and friendly staff.

People were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families supported them to provide individual personal care.

Is the service responsive?

Good

The service was responsive.

Care records accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities within and away from the service. People's interests were used as a way of motivating people with their goals.

There was a system in place to manage complaints and comments. People and relatives felt able to make a complaint and were confident that any complaints would be listened to and acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service had not been routinely providing CQC with required notifications.

People commented that they felt the service was managed well and that the management team was approachable and listened to their views. Staff felt supported by the management team and told us they were listened to. Staff understood what was expected of them.

Quality assurance was measured and monitored to help improve standards of service delivery. Systems were in place to ensure accidents and incidents were reported and acted upon.

Yellow House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 31 May 2016 and was announced. 48 hours' notice of this inspection was given, which meant the provider and staff knew we were coming. We did this to ensure that appropriate staff were available to talk with us, and that people using the service were made aware that we would wish to talk with them to obtain their views. This service has not been inspected before.

One inspector and an expert by experience in older people's care undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and clinical commissioning group. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care in the communal areas of the service. We spoke with people and staff, and observed how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such accident/incident recording and safety documentation.

During our inspection, we spoke with six people living at the service, four care staff, the manager and the deputy manager.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe and staff made them feel comfortable. One person told us, "I feel safe, because this is my home and I live here". Another added, "Free from harm". Everybody we spoke with said that they had no concerns around safety. However, we found areas of practice that require improvement.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. Regular fire alarm checks had been recorded, and staff told us they knew what action to take in the event of a fire. However, the service had no business continuity plan. The aim of a business continuity plan is to instruct staff and provide a reference tool for the actions required during or immediately following an emergency or incident that threatens to disrupt normal activities. These plans assist with the continuation of providing residential care, by minimising the impact of any damage to people, staff, premises, equipment or records. We raised this with the manager and deputy manager, who told us that a business continuity plan would be developed and implemented for the service. We were told by staff that there were systems in place to evacuate people and deal with emergencies. However, the lack of formalised and robust systems to follow placed people at risk of harm should an emergency take place at the service. We have identified this as an area of practice that needs improvement.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. A visitor told us, "I have never witnessed any sort of discrimination".

Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We also saw safe care practices taking place, such as staff supporting people to mobilise around the service. We spoke with people, staff and the manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. One person told us, "I go out shopping on my own". The manager told us, "[Person] goes out in their wheelchair independently and another has chosen to manage their own medication". They added, "Risk assessments are updated when they need to be".

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The manager told us, "We have enough staff based on the dependency of the residents to meet their requirements". We were told, when required, existing staff, or agency staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people indicated they felt the service had enough staff and our own observations supported this. A member of staff told us, "I think we've got enough staff, we always cover for each other. It's not a chore to come to work". Another member of staff added, "Absolutely enough staff".

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

We looked at the management of medicines. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. A visitor told us, "I have only seen the handing out of medication to my [person] and that is done in a safe manner". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Requires Improvement

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "I'm well looked after by the staff". A visitor said, "The staff take their work very seriously, and their understanding of issues". However, despite the positive feedback we received, we identified areas of practice that needs improvement.

Staff told us that they received support and professional development to assist them to develop in their roles. We asked staff if they received regular supervision meetings and an annual appraisal. Supervision is a system of meeting formally to ensure that staff have the necessary support and opportunity to discuss any issues or concerns they may have. However, we were informed by staff and the manager that regular formal supervision meetings had not been taking place for care staff. Care staff we spoke with appeared vague about when they had last received supervision or when their next one was due. Staff were not unduly concerned that formal supervision had not been taking place. One told us, "I can't remember a recent supervision. I've got no concerns at all though". Another added, "The last supervision I had was in October 2015. We could always approach management and have an unofficial supervision". We raised this with the manager and deputy manager, who were aware of the situation. The manager told us, "Supervision should be monthly, but we've not had structured supervision for about six months, just informal chats". We were told by management they had prioritised that one to one supervision sessions were to be implemented and brought up to date.

Regular and good supervision is associated with job satisfaction, commitment to the organisation and staff retention. Supervision is significantly linked to employees' perceptions of the support they receive from the organisation and is correlated with perceived worker effectiveness. The emotionally charged nature of care work can place particular demands on people in the field. It is therefore important to provide regular opportunities for reflective supervision. We have identified the above as an area of practice that needs improvement.

Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation and health and safety. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. They also received training specific to peoples' needs, for example around autism, behaviour that may challenge, and the care of people with dementia. The manager told us, "Induction includes shadowing for two weeks and staff are signed off after about six weeks. We look for a caring attitude and an understanding of the role". They added, "Training is ongoing for staff. We access the Local Authority training". Staff told us that training is encouraged and is of good quality. One member of staff said, "I've had in house training and external, and I can talk to [the manager] if I want any more".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff told us they explained the person's care to them and gained consent before carrying out care. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. The manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty.

People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference. Everybody we asked was aware of the menu choices available.

We observed lunch. It was relaxed and people were supported to move to the dining areas or could choose to eat in the lounge with a table in front of them. People were encouraged to be independent throughout the meal and staff were available if people required support or wanted extra food or drinks. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation. All the time staff were checking that people liked their food and offered alternatives if they wished. People were complimentary about the meals served. A visitor told us, "The meals are home cooked". We saw people were offered drinks and snacks throughout the day, they could have a drink at any time and staff always made them a drink on request. One person told us, "I have had three cups of tea this morning, they get me one whenever I ask".

People's weight was regularly monitored, with their permission. Some people were provided with a specialist diet to support them to manage health conditions, such as intolerance to specific foods. We saw that details of people's special dietary requirements, allergies and food preferences were recorded to ensure that the cook was fully aware of people's needs and choices when preparing meals.

Care records demonstrated that when there was a need identified, referrals had been made to appropriate health professionals. Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals. They were knowledgeable about people's health care needs and were able to describe signs which could indicate a change in their well-being. One member of staff told us, "We saw that [person] had pain in their ankle, so we phoned the GP. Any concerns whatsoever, we contact the GP or appropriate service". We saw how one person had been sensitively supported to have an operation, and if people needed to visit a health professional, such as a GP or an optician, then a member of staff would support them.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they or their relative were well cared for and treated with respect and dignity, and had their choices and independence promoted. One person told us, "I choose how I spend my time". Another person added, "I'm happy here".

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner. We observed staff being caring, attentive and responsive and saw positive interactions with good eye contact and appropriate communication. For example, when people returned from trips out, they sat with staff, so they could listen to the 'report back'. Staff listened intently and showed interest and encouragement around the activities that had taken place in the person's day. A member of staff told us, "The residents are lovely. I love bonding with them and putting a smile on their face". The manager added, "I am very fortunate to have such a caring and compassionate team".

Staff demonstrated a strong commitment to providing compassionate care. From talking with staff, it was clear that they knew people well and had a good understanding of how best to support them. We spoke with staff who gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what they liked to do, the activities they took part in and their preferences, for example, in respect of food. Most staff knew about peoples' families and some of their interests. A member of staff told us, "[Person] likes to help me clean the house, as they like to keep busy. [Another person] likes their Lego, music and drawing. I take [third person] to the shops and for a coffee. We get to know everybody really well".

The people who lived at Yellow House Care Home had learning disabilities and complex needs. Staff told us they used their observational skills and the knowledge of the person to determine whether they were happy with the care provided. We also observed that staff were skilled in using different approaches and ways of communicating with people, that was appropriate to their needs. One member of staff told us, "[Person] has a specific routine that they need to follow. As their keyworker I've got to know them and even though communication is sometimes difficult, we've built up a rapport. As time has gone by, we now communicate really well together". The overall aim of key working is to ensure the provision of holistic care and support to meet the individual needs of the person and their family.

People looked comfortable and they were supported to maintain their personal and physical appearance. One person told us how their key worker had supported them to dye their hair and they were so pleased with it, they were going to do it again. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs. One person instructed staff to ensure that they were alone when they were being transferred in a hoist, and this was respected. A member of staff told us, "I respect dignity and privacy, it's a massive thing here".

People's care plans included information that demonstrated how they were supported with making day to day decisions about their care. One person told us, "I can make my own decisions. I go to the shops on my own". We saw staff were meeting people's needs and protected their rights to be involved in their care. A member of staff added, "We always offer choice. It's about the individual, not what's convenient for running the service". We saw an example whereby through their own choice, a person had been supported to change their GP service to one that was closer to the service.

Staff supported people and encouraged them, where they were able, to be as independent as possible. The manager told us, "People choose each day what they want to do and we encourage them to be independent. Some make their own lunches and cook dinners. [Person] booked their own GP appointment the other day and that was really good". We saw examples of people assisting to lay the table, and one person had a mop and bucket in their room, as they liked to clean it themselves. Care staff informed us that they always encouraged people to carry out tasks for themselves. One member of staff told us, "We encourage the residents to do as much as they can. Some like cooking things for themselves".

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. One person told us, "I like my brother coming to take me out, because he is very handsome".

Good

Is the service responsive?

Our findings

We saw that the care and support people received was responsive to their needs and was designed to meet their individual goals. People told us that staff knew them and their particular likes and dislikes, and they were supported to take part in activities in and out of the service. One person told us "We have a movie and popcorn night, Wii activities and dance and yoga". Another told us, "My [relative] comes to take me out".

An assessment of people's needs was carried out prior to them moving into the service to make sure their needs could be met. Individual care and support plans, including risk assessments were then set up. The plans were person centred, in that they were tailored to meet the needs of the person. People's plans covered areas such as their communication, health care, personal care, mobility and activities. Each person had keyworkers assigned to them. There was evidence that people had been involved in their reviews as much as possible to assist with their engagement and understanding. People who were important, such as members of their families, friends and advocates were invited to review meetings and we saw that people's wishes were at the centre of the review process. A visitor told us, "I saw the original care plan. I know they contact professionals about any special issues".

People had very detailed assessments and care plans, so there was good quality information to help staff to meet people's needs and to understand their preferences. The staff focussed on people's individual needs and it was evident that a lot of time and effort had been taken to get to know people's likes and dislikes and how they liked things to be done. For example, we saw how one person's health and wellbeing had been significantly improved by a specific member of staff building a rapport with them, and developing a plan of care that suited this individual. Another example showed how through staff knowing a person's personality and what made them anxious, the service organised a trip to a local pub. Specific routines were followed and certain arrangements made, so that this individual was able to join the rest of the people for a meal. A member of staff told us, "We read the care plans and we get to know people. It's like a family".

There was evidence that people engaged in activities, in the service and out in the community. On the day of the inspection some people were out in the community taking part in activities and attending day services. One person told us, "We have been to Brighton Library [today], where they have a special section for people with special needs. We used computers with special software". Another person said, "The day passes quickly". A member of staff said, "There's always activities going on, like jewellery making, music, art and shopping trips". We saw evidence of people enjoying lots of trips and activities in photographs and detailed in people's care plans. The service also supported people to maintain their hobbies and interests and achieve specific goals. For example, one person was a keen swimmer and they were supported to regularly attend a local swimming pool. Another person told us, "I have my own TV and computer".

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. There was a suggestions box, and meetings and satisfaction surveys were carried out, providing the manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the meetings and surveys was on the whole positive, and suggestions were received from people about choices of food and activities.

The procedure for raising and investigating complaints was available for people. People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed by the manager. A visitor told us, "If I had any cause to complain, I would approach the manager". Staff told us they would support people to complain. One member of staff said, "I would absolutely help someone to complain".

Requires Improvement

Is the service well-led?

Our findings

People and staff spoke highly of the service and staff commented they felt supported and could approach the management team with any concerns or questions. However, despite the positive feedback we received, we identified areas of practice that need improvement.

There was a manager was in post, however they had not currently registered with the CQC. An application to register had been received by the CQC. The service had been without a registered manager for approximately nine months. The Health and Social Care Act 2008 requires that as a condition of the provider's registration, that they have a registered manager.

Statutory notifications had not routinely been submitted to CQC by the provider. Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service. The manager told us that four people at the service were subject to DoLS. Notifications in relation to these relevant events had not been sent to the CQC. The manager told us that they were unsure whether they had been required to provide us with this information, and would do so as soon as possible.

We have identified the issues above, as areas of practice that need improvement.

People and staff were actively involved in developing the service. We were told that people gave feedback about staff and the service, and that residents' meetings also took place. We saw that through feedback from people and their relatives, that the exterior of the service has been re-decorated and that outings to the local pub and cinema were organised. Additionally, a member of staff told us, "It was me who proposed getting a cleaner to free up time for the care staff with the residents. They listened and employed one".

We discussed the culture and ethos of the service with the manager and staff. They told us, "We make people feel like this is their home, stable, happy and offering choices and opportunities. This is a happy, healthy and sociable home. It's the people of the Yellow House's home. I say, don't ask me if it's ok to do something, it's your home. I should be asking you". A member of staff said, "We concentrate our efforts and energy on creating a happy, carefree environment for the residents". Another added, "I love it here. The staff, the residents, we've all become really good mates. It's a happy house, we do loads for the residents". In respect to staff, the manager added, "The staff are amazing. Their performance is great, they are 100% committed".

Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "I'm listened to by the manager, she's really approachable". Another added, "We work brilliantly as a team". Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. The manager told us, "We listen to the staff". A member of staff said, "We can always ask for help and always approach [the manager]. We discuss any concerns as a team, we always discuss it together".

Management was visible within the service and the manager and deputy manager took an active approach

to providing support. The manager told us, "I'm a hands-on manager, I like working on the floor". They added, "We have a fantastic team, they are wonderful carers. They are always aware of their duties". The service had a strong emphasis on team work and good communication and sharing of information. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. One member of staff said, "We have handover meeting to discuss information and issues that have happened. We are brilliant at communication. If we are unsure of anything, we discuss it as a team, or go to management".

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. For example, after one incident, specific mobility equipment was obtained for one person. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety and medication. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. For example, we saw that in light of one internal audit, repairs were made to areas of the service.

The manager informed us that they were supported by the provider and kept informed of up to date sector specific information, such as any new legislation and good practice guidelines within the sector. Information was also made available for staff, including guidance around moving and handling techniques, the MCA, and updates on available training. We saw that the service also liaised regularly with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery.

The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.