

The Fircroft Trust (Trading) Limited

Firs Court

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

Firs Court is part of the charity, The Fircroft Trust. Firs Court is divided into three parts, a care home offering accommodation and personal care for up to nine people in purpose-built accommodation, supported living services for six people, and four adjacent houses for independent living for six people. All the people who live at Firs Court have a learning and/or physical disability. Not everyone who lives in supported living or independent living receives a regulated activity.

Firs Court can accommodate a total of 25 people and 21 people were living at Firs Court on the day we visited, of which ten were receiving a regulated activity.

The service was registered before the development of Registering the Right Support guidance. However, the service follows the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

People and their relatives told us they were safe and well treated. Staff understood their roles in safeguarding people from harm. Risks to people had been assessed and staff knew how to manage these risks safely. Staff worked with people to support them to understand possible risks. There was a process to identify learning from accidents, incidents and safeguarding concerns. There were enough staff to meet people's needs and recruitment checks were carried out before staff started work. There were robust measures in place to protect people from the risk of infection. Medicines were managed safely but arrangements for as required medicines did not always follow best practice guidance.

We have made a recommendation that the provider consult best practice guidance on the administration of as required medicines and incorporate that into its processes.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received personalised care that was responsive to their changing needs, empowered them and offered them choices. People were supported to develop interests and engage in opportunities to socialise and be a part of the wider community. The registered manager was proactive in supporting people's communication needs to ensure they had information in a format that met their needs.

People's needs were assessed before they started using the service. Staff received a range of training and support to meet people's needs effectively. People were supported to maintain a balanced diet. Staff worked closely with a range of health professionals and ensure people had access to a range of healthcare services when needed. Health professionals were positive about the care and support people received from the service and how well staff knew and understood them.

Staff asked for people's consent before they provided care or support. 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 and their relatives told us staff treated them with care and kindness. People were consulted about the support they received. Relatives told us their views were sought where appropriate and they were listened to. Staff treated people with dignity, respected their privacy and promoted their independence.

People, their relatives and health professionals were very complimentary about the registered manager and the management of the service. There was a clear person-centred culture at the service and staff worked to improve outcomes for people.

There were checks and processes in place to monitor the quality of the service. The registered manager was introducing new more comprehensive system at the time of the inspection. People's, relatives' and health professionals' feedback was sought through an annual survey and feedback was considered for making improvements to the service.

Staff spoke positively about the support they received from the provider and registered manager and told us they worked well as a team. The service worked closely with health professionals who were complimentary about the care provided.

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

Rating at last inspection:

The last rating for this service was good (published 21 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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.

Firs Court

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

Service and service type

Firs Court is both a care home and provides a supported living service to people with tenancy agreements, living in their own flats. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided in the care home, and both were looked at during this inspection.

Firs Court supported living provides support and personal care to people living in their own homes on the same site, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Not everyone who lives in supported living receives a regulated activity.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information, we held about the service. This included details about

incidents the provider must tell us about, such as any safeguarding alerts they had raised. We also contacted the local authority commissioning and safeguarding teams to ask for their views about 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 five people and seven relatives either in person or by phone. Some people were unable to express their views about the care they received and so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five relatives in person or by phone.

We spoke with three care workers, a senior care worker, the housekeeper, the deputy manager and the registered manager. We looked at four people's care records and records used to manage the service, for example, staff training records, maintenance records, medicines administration records and meeting minutes.

After the inspection

We requested some further information to be sent to us, for example, in relation to staff training and meeting minutes. We contacted the chief executive of the trust and nominated individual for the service, two other relatives and three health care professionals to obtain their views about the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were safely managed. Where people were prescribed 'as required' medicines there was not always guidance for staff on when these medicines should be administered. Staff knew people well and understood the signs to look for that would indicate the medicines may be needed. However, there was no guidance where the dose prescribed was variable.

We recommend the provider consult best practice guidance on the administration of as required medicines and incorporate that into its processes.

- People had medicine administration records (MARs) which included details of any known allergies, to help reduce possible risks. MARs showed that people had received their medicines as prescribed, in line with the prescriber's instructions.
- Staff who administered medicines were trained and had their competency to administer medicines. People's medicines were securely stored and daily checks were made to ensure people had received their medicines when they should.

Systems and processes to safeguard people from the risk of abuse

- People were safe from abuse, neglect or harm. People told us they felt safe and secure. One person commented, "We are very safe here. Staff take care of us." People interacted positively with staff and appeared to recognise and respond to them. Relatives told us they thought their family members were safe from harm and neglect.
- Staff and the trustees had received safeguarding training. They understood the possible signs of abuse and their role to report any concerns. They were aware of whistleblowing procedures and who they could go to if they had any concerns. The registered manager understood their responsibilities under safeguarding and had raised safeguarding concerns appropriately.
- We were aware of an ongoing safeguarding investigation at the service. The local authority advised the service had responded, identified learning and was cooperating with the investigation. We will check on the outcome of this and any learning identified through our ongoing monitoring.

Learning lessons when things go wrong

- There was a system to respond to and monitor accidents and incidents and share learning at the service. Staff understood the importance of reporting and recording accidents and incidents. The registered manager told us these were regularly reviewed and learning discussed in staff meetings or supervision. For example, we found learning from patterns of incidents for one person had been discussed with health professionals and changes made to the care plan.

- Where appropriate advice was sought from health care professionals and accidents and incidents were referred to local authorities and the CQC.

Assessing risk, safety monitoring and management

- Risks to people were assessed and reviewed regularly to reduce the likelihood of them occurring. Risk management plans guided staff on how to reduce risks. Action was taken to address risks, for example, risks in relation to people's mobility were minimised through detailed moving and positioning guidance. Risks in respect of people's health needs were assessed and managed with guidance from relevant health professionals.
- Risks in relation to the premises and equipment were managed through internal checks and external service agreements. This included checks on water temperatures and fire safety equipment as well as hoists and gas and electrical safety. We saw an electrical safety check of the premises had been carried out but there was no certificate available to confirm the findings. The registered manager advised they would organise a further check to be completed.
- A visit from the Fire Safety Service in January 2020 had identified a number of actions needed by July 2020 to ensure effective fire safety provision. This included the need for a new fire risk assessment for the building. The registered manager was in the process of organising this and there was an action plan in place to address the areas identified by the visit. Risks in respect of legionella were assessed and managed through an external maintenance company.

Staffing and recruitment

- There were enough staff on duty to meet people's needs safely. Relatives told us there were enough staff to support people and to ensure they were able to take part in a range of activities. We observed that people were attended to promptly and staff had time to interact and engage people and provide care personalised to their needs.
- Staff told us there were enough of them at all times to support people safely. The registered manager told us staffing levels could be flexed to meet any changes in needs and they had access to suitable agency staff where needed.
- Recruitment checks were completed before staff started to work at the service. Recruitment records were held and managed centrally. However, we saw the application form did not request applicants' full employment history in line with the regulations. No gaps in employment were found on the forms we viewed and the application form was amended for new applicants during the inspection.

Preventing and controlling infection

- Staff understood how to protect people from infection. We saw hand wash facilities and sanitisers were available at the entry and throughout the home and staff guided people to wash their hands appropriately. There was guidance for visitors about how to limit infection risk and guidance in relation to the latest health risk.
- Staff had infection control and food hygiene training and knew how to reduce the risk of infection. We observed staff used personal protective equipment appropriately. The home was clean and relatives confirmed this was also their experience when they visited. One relative said, "It is always clean whenever I go and there are no smells."
- The Food Standards Agency had awarded the highest rating at the last inspection of the kitchen on 28 November 2019.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people receive care in their own homes an application must be made to the Court of protection to deprive them of their liberty.

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.

- Staff had received training on the MCA and DoLS and were aware of the need to assess people's capacity for each separate decision and how they might understand people's nonverbal cues. We saw capacity assessments and best interests' decisions were made in consultation with people, their families and health professionals. Some records did not always clearly evidence the decisions had been taken separately to reflect the guidance. The registered manager told us they would ensure records reflected this clearly going forward.
- People told us and we observed throughout the day that staff asked for people's consent before they delivered care.
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place and any conditions noted and kept under review.

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

- People's needs were assessed and their choices respected. Most people had lived at the home or supported living for a number of years and their needs had been assessed prior to them coming to live there. People's needs were reviewed and assessed regularly and changes made to support these needs in line with guidance. Where appropriate, health or social care professionals were involved to ensure people's individual needs could be met.
- Assessments looked at all areas of people's needs and their preferences

Staff support: induction, training, skills and experience

- Staff received a range of training and support to equip them to carry out their roles. Staff had training specific to their role such as epilepsy and dementia training. Staff also received training across a range of other areas which was regularly refreshed such as safeguarding adults, fire safety and moving and positioning people.
- People and their relatives said they thought staff were competent to do their jobs. A relative commented, "The staff know what they are doing, they are very good." Staff told us they got enough training to meet people needs and that they were encouraged to take up additional training. One staff member said, "The manager really supports you with training." Staff received regular supervision to support them in their roles.
- The registered manager had developed a staff passport book that covered all areas of their roles. Staff highlighted any aspects of their roles they were unsure about in the passport, as well as those they were confident in. Topics were discussed at staff meetings and supervisions to ensure staff were confident in their roles. New staff received a period of shadowing experienced staff and an induction in line with the Care Certificate; the recognised benchmark for new health and social care workers.

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

- People's dietary needs were assessed and supported. Risks in relation to malnutrition or choking were managed with detailed guidance from health professionals included in their care plan. We observed staff were knowledgeable about this guidance and followed the care plans so that people received the correct diet. People's weight and food and fluid intake was monitored, where appropriate, to ensure any concerns were promptly identified.
- Staff were knowledgeable about people's food and drink preferences. Where people had particular cultural dietary needs or nutritional requirements this was identified in their care plans, along with guidance for staff to meet these needs.
- We observed the meal time experience and saw people were appropriately supported to eat at their own pace and where needed were correctly positioned, to reduce choking risks.
- Staff told us people participated in creating menus and there were choices available to meet people's preferences. Staff were aware of the need to encourage healthy eating when they planned menu choices with people.

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

- People were supported and involved in maintaining good health. Staff were proactive in supporting people to see the doctor, dentist or optician when they needed to and to understand and be involved in the process.
- In line with the principles of Registering the Right Support people were supported to attend appointments in the community where possible. Information was provided to people in a format that met their needs and key workers spent time involving and supporting them to play an active role as possible in their appointments
- Health care plans were detailed and identified people's health needs with guidance for staff on how to support them and outcomes of appointments with health professionals, so that staff could follow their advice. We saw feedback from one health professional who had commented on the 'outstanding preparation' with people for their annual medical review.
- Where people's health needs had changed the registered manager had referred them to appropriate health professionals in a timely way to ask for support. Feedback from health professionals about the way staff worked with them was complimentary. One health professional commented; "The staff know people well and are proactive at identifying any issues and follow all recommendations."
- People had hospital passports detailing their health and communication needs and any other important

information to inform emergency staff of their needs.

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

- The environment met the needs of people it supported. The home was purpose built and the environment in the home was warm and homely and wheelchair accessible. People had been encouraged to personalise their rooms with their own items and furniture that was important to them.
- There was a lounge and dining area in the home and a large kitchen to allow people to make drinks and help prepare meals. There was a garden for people to enjoy in the warmer weather.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now changed to good.

This was because while there remained a strong visible person-centred culture at the service, we did not see evidence of innovative practice and feedback we received reflected the characteristics of a good service. 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 well treated and supported. People and their relatives were all complimentary about the care and support provided. One person told us, "Staff are all kind. I like it here." A relative said, "Staff are very much kind and caring. I can't sing their praises highly enough." Another relative remarked, "It's a nice family atmosphere. People are well looked after here."
- Staff knew people well and could describe their personalities and likes and dislikes. They understood people's life histories and the things that mattered to them. Staff recognised if people were anxious and needed reassurance or if there were changes in their moods.
- Relatives commented positively on the 'family feel' of the home. Staff had received training on equality and diversity and understood the importance of supporting and protecting people's diverse needs. People's needs in respect of their protected characteristics were assessed and guidance provided in their care plans.

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

- Staff were proactive in supporting people to express their views and to be involved in making decisions as much as possible in line with Registering the Right support guidance. People told us they were supported to express their views and make decisions. For example, one person was supported to learn to travel safely so they could go out with friends independently to a restaurant. Feedback from health professionals confirmed staff supported people to voice their opinions about their health care.
- The registered manager had developed information and guidance in an accessible format to help inform people about the current pandemic to support decision making.
- People and their relatives where appropriate told us they were involved in reviews and were consulted about any changes to their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and their independence promoted. Following the principles of Registering the Right Support people were encouraged to access the community independently where possible and in a safe way. The registered manager told us the service had supported one person to move away from the service into their own independent living in the community, in line with their preference.
- Staff maintained people's independence as much as possible by supporting them to manage as many

aspects of their own care that they could. Care plans detailed the aspects of their care people could manage independently and what skills they were developing. We observed people were supported to prepare aspects of the meals for themselves in line with the principles of registering the right support. A relative told us, "My [family member] is very content and happy. The staff give them space to do their own thing when they need it."

- People and their relatives told us they were treated respectfully. A relative remarked, "Staff kindness is not patronising, they treat people with real respect, humanity and dignity."
- We observed staff respected people's privacy and dignity by knocking on doors and asking people for their permission before entering their rooms. Staff spoke respectfully with people and told us when they provided personal care, they explained to the person what they were doing as they went along and asked if they were happy to continue.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had detailed personalised care plans that described their health care and support needs and preferences across all aspects of their care. These were reviewed regularly and included guidelines for staff on how to best support them. People and their relatives told us their care and support was individualised to their needs. A relative remarked, "I am very happy the care they give shows they really understand, [my family member]."
- People received care responsive to their needs. People's care plans evidenced that where there were changes to their needs or health conditions the staff worked closely with health and social care professionals to ensure that the care and support provided continued to meet all their needs. A health professional commented; "The staff are able to explain medical terms and interventions perfectly, putting people at ease with the process and including them fully in a consultation."
- There was detailed information about people's, life histories and people and events that were important to them. This helped staff interact in a more personal and meaningful way. People also benefited from long serving staff who were consistent in their approach knew them very well.

Meeting people's communication needs

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

- The registered manager had a proactive approach to meeting the communication needs of the people the service supported. We saw evidence of information about the service being available to people in a format that met their needs. There was also pictorial information available in relation to the health pandemic that explained the importance of hand washing and the guidance, current at the time of the inspection on going out.
- People and a number of the staff had been at the service for a number of years and therefore knew people very well and were able to identify small changes in behaviour or mood and understand their nonverbal communication cues.

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

- People's needs for stimulation and social interaction were met. People and their relatives said they were supported to take part in a range of activities throughout the day. People had activity planners to help plan their routines and ensure they were stimulated. A relative commented, "[my family member] is busy going to

various clubs, always doing something, staff are always asking if there are other things they would like to do."

- Most people were out at a range of day centres and other clubs during some of the inspection. For people who were spending their day in the home we observed people took part in individual activities and staff were able to spend time interacting with them. There was also a visiting musician which we observed people taking part in enjoyably.
- People were encouraged to take an active part in the community in line with registering the right support principles. People were supported with travel training which enabled them to travel to meet friends and maintain links with people that mattered to them independently.

Improving care quality in response to complaints or concerns

- There was a system to manage complaints and identify improvements. There was a complaints policy and process in place which people had access to. However, we noted it did not advise people where they could go if they were unhappy with the final outcome of their complaint. The nominated individual agreed to amend their complaints policy to make this clear.
- People and their relatives told us there was nothing about the home they were unhappy with. They said if there was a problem about anything they would speak with the staff. They were confident staff would address any issues. Relatives told us they had not needed to make any formal complaints since the last inspection and the staff were responsive in dealing with any issues they raised. One relative said, "The home is very well managed, 'I don't hear any complaints, everybody seems very happy. You can tell by the atmosphere and how residents are treated.'"

End of life care and support

- People's needs at this stage of their lives were considered and planned for. Nobody was in receipt of end of life care at the time of the inspection. Where people and their families had agreed people had an advance care plan that explained their and their families wishes at this time to guide staff. These were personalised and included consideration of people's protected characteristics for example, their religious needs and any particular wishes.
- The registered manager told us they worked with health professionals, families and the people they cared for to ensure their preferences and needs were met at this time should the need arise. We saw compliments and expressions of thanks from relatives whose family members had passed away, thanking the service for the care and dedication they gave. One comment read, "The service at the crematorium was beautifully put together - one could not have wished for a better mark of respect to them."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- There were a range of checks and audits in place to monitor the quality of the service. For example, there were regular monthly medicines audits, health and safety audits and a recent infection control audit had been carried out. We found some checks were not always recorded in detail to verify they had been completed satisfactorily for example weekly and daily medicines checks were not recorded fully. The registered manager showed us a new quality monitoring system he had been developing which was being rolled out across the service. This formalised processes across the service to more readily identify issues.
- Checks and audits of medicine administration records (MARs) and health and safety checks identified any areas for action to address any issues found.
- The registered manager monitored accidents, incidents and feedback about the service and held regular meetings with staff to discuss good practice and to share any learning. Where learning was identified for example in relation to feedback about access for visitors, we saw this had been discussed with staff and a new process put in place. They were in regular contact with the trustees and wrote a monthly report for the trustees to update them about the service.

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

- The service had a statement of purpose that explained its visions and aims which were to promote the independence of each individual, maintaining and developing new skills and enabling people to lead as independent a life as possible and to support people to achieve their personal aspirations by encouraging positive action for mind and body.
- Staff were positive about the person-centred culture of the home and were aware of the vision and aims of the service. It was evident there was shared vision of person-centred care, inclusivity and empowering people in line with registering the right support principles. One staff member said, "We all share good values here. We help people to be as independent as they can, keep people safe and get into the community and focus on people's interests."
- People and their relatives were complimentary about the way the service was run and the leadership of the registered manager. One relative said, "The manager is the glue that holds it all together. He is really kind caring and compassionate."
- Staff all worked together in an open and person-centred way to enhance the quality of life for people at the home. We saw examples of good team work throughout the inspection with staff across the home supporting people and each other to ensure people's needs were met. Staff confirmed they worked well as a team. One staff member said, "We all sing from the same hymn sheet here in putting people first. We have

the same values and work ethic."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 registered manager understood their role as a registered manager and had notified CQC of incidents as required. They were aware of the need to display their inspection rating on the provider's website and at the service as required.
- People and their relatives were all highly complimentary of the registered manager. One relative said, "The home is very well managed, the registered manager does a phenomenal job. Lots of people have huge respect for him." The registered manager was at the inspection but had been working remotely from the service, remaining in daily contact. The deputy manager and trustees were supporting the managing of service.
- There was visible leadership and management presence at the service. Health professionals and relatives told us they knew the registered manager and deputy manager and who to speak to about the service.
- Staff demonstrated a good understanding of the responsibilities of their roles. They told us there were regular staff meetings and handovers to ensure effective communication. Staff had access to support and advice from the management team when they needed it, including an on-call number for use in the evenings and at weekends. A staff member remarked, "The registered manager goes above and beyond to make things work. He cares about the quality of the service and the care people get."
- The provider and registered manager understood the duty of candour and there was a policy and procedure to follow when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- Feedback about the service was sought from people, their relatives, staff and visiting health and social care professionals. Feedback forms we saw were positive about the service provided; these were reviewed and considered for learning.
- Regular meetings were held to encourage people to be actively involved in the running of the home. The provider published a newsletter to provide updates about the service.
- The service had built up positive working relationships with health professionals and the wider community. One health professional commented, "Staff are very responsive, it's the best home in Kingston and further afield."