

Peabody Trust

148 Hornsey Lane

Inspection report

148 Hornsey Lane
Islington
London
N6 5NS

Tel: 02072723036

Date of inspection visit:
27 March 2019

Date of publication:
17 April 2019

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:

148 Hornsey Lane provides accommodation and personal care to a maximum of 12 adults with long-term mental health needs. At the time of the inspection ten adults were living in the care home.

People's experience of using this service:

People using the service told us they felt safe in the home and staff were kind, caring and respectful. They spoke positively about living in the home and raised no concerns. People's relatives were also positive about the care provided by staff and said that staff treated people with respect and dignity.

Staff took appropriate action to ensure people were safe from avoidable harm and abuse. Systems were in place, which ensured that people were living in a safe environment and risks to their health and wellbeing were regularly assessed. These related to regular health and safety and fire checks, infection control and management of incidents and accidents.

Staff had received training on how to identify abuse and understood their responsibilities in relation to safeguarding people, including reporting concerns relating to people's safety and well-being. Risks to people had been assessed, updated and regularly reviewed to ensure people were safe and risks to people in relation to treatment or care were minimised.

Systems were in place to ensure that people received their prescribed medicines safely. Medicines were stored and managed well. Staff had received medicines administration training and their competency was assessed to ensure they knew how to administer medicines safely.

On the day of the inspection we observed that staff did not appear to be rushed and were able to complete their tasks. We discussed staffing levels with the registered manager and she explained that there was flexibility in respect of staffing and staffing levels were regularly reviewed depending on people's needs and occupancy levels.

People were supported to live a healthy life. Staff supported people to have a healthy and nutritious diet that was in line with their individual dietary needs and preferences. People had access to healthcare professionals when needed.

People's care and support plans were up to date and personalised. They included details about people's individual needs and preferences and guidance for staff to follow so people received personalised care and support that met their individual needs and preferences.

Staff received appropriate training to ensure they had the right knowledge and skills to support people in a

safe and effective way. The registered manager supported staff by providing them with regular supervision and a yearly appraisal of their performance.

Staff knew people well and had a caring approach to their work. They understood the importance of treating people with dignity, protecting people's privacy and respecting their differences and human rights. During the inspection, we observed staff treated people with respect, kindness and compassion. Positive caring relationships had developed between people who used the service and staff and people appeared at ease in the presence of care support workers and the registered manager.

The home was designed to enable people to spend their time on their own or in the company of others. There were communal areas to socialise with other people using the service and individual rooms to spend time on their own if preferred. The décor was homely and we saw people were comfortable in their environment.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff gained people's agreement before providing them with assistance with personal care and other activities.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The home had made necessary applications for DoLS.

Staff encouraged and supported people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them. Activities available in the home included massages, music appreciation, movie nights and bingo. There was also a relaxation room available to people where they could spend some time alone if they wished.

People received care that was in line with their care needs and individual preferences, which were described in comprehensive care plans. Care plans included guidelines for staff on how to support people effectively.

There was a formal complaints procedure in place which was available to people. People told us they had not had any complaints and they felt listened to by staff and the registered manager.

The home had a management structure in place with a team of care support workers, senior support worker and the registered manager. Staff told us that the morale within the home was good and that staff worked well with one another. Staff thought the service was well led. They felt supported by the registered manager who they described as approachable and willing to participate in support worker's tasks to help when needed. There was good communication between staff members at the service. Effective systems were in place to ensure formal discussions were recorded and agreed actions were followed. Staff were encouraged to participate in the running of the service. This gave them the opportunity to lead on allocated areas of responsibility and to develop their professional skills and knowledge.

Management monitored the quality of the service and we saw evidence that regular audits and checks had been carried out to improve the service. Audits and checks had been carried out at regular intervals in areas such as care documentation, health and safety, equipment, cleanliness of the home, medicines management and staff training.

There were regular residents' meetings taking place at the service. In these meetings, people were encouraged to voice their opinion about the support they received and participate in decision making about day-to-day matters related to living at the service.

Rating at last inspection: The service was previously owned and managed by another organisation and had been inspected in February 2018 and rated as Good. A different organisation took ownership of the service in April 2018. This inspection in March 2019 was the first inspection for the service under the new provider ownership.

Why we inspected: This was a scheduled planned comprehensive inspection.

Follow up: We will continue to monitor the service through the information we receive.

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

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.

148 Hornsey Lane

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of two inspectors.

Service and service type:

148 Hornsey Lane is a 'care home'. People in care homes receive accommodation or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home 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 was a comprehensive inspection, which took place on 27 March 2019 and was unannounced.

What we did:

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return [PIR] in February 2019. The PIR 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 used this to plan our inspection.

During the inspection we spoke with the registered manager, senior support worker and two support workers. We also spoke with five people who lived at the home. Following the inspection, we spoke with two relatives and obtained feedback from two care professionals.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of four people using the service, six staff employment records and quality monitoring records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People we spoke with told us they felt safe in the home. One person said, "I feel safe." When asked if they felt safe in the home, another person told us, "Yes, I feel safe, I have lived here for years."
- Risks to people's safety were assessed. Risk assessments included risks of people choking, management of finances, mismanagement of medicines, addictive behaviours and behaviours that challenged the service. Risk assessments included details of the level of risk, early warning signs and triggers and clear details about how the risk would be managed so that people were able to live independent lives in a least restrictive manner. Risk assessments were reviewed regularly and included guidelines for staff on how to support people in minimising these risks.
- Staff were aware of the strategies and protocols in place to help staff manage people's challenging behaviours and addictive behaviours. For example, one person's behaviour support plan included details of early signs of behaviour that challenged the service and details of how staff should support the person to minimise the risk of that behaviour escalating.
- Staff we spoke with were aware they needed to report any concerns to do with people's safety to management.
- There were plans and procedures in place to deal with a foreseeable emergency. The fire plan was clearly displayed in the home detailing fire exits and escape routes. All staff had completed fire safety training.
- Service checks of the gas, electrical and fire safety systems were carried out as required and we saw documented evidence of this.
- On the day of our inspection, we noted that personal emergency evacuation plan's (PEEPs) were not in place for all people. Where PEEPs were in place, these lacked information about how staff were to support people to leave the home in the event of an emergency. We raised this with the registered manager and she confirmed that she would review these and ensure these were in place for all people. Following the inspection, the registered manager took immediate action to address this issue and reviewed and updated all people's PEEPs. PEEPs were personalised and specific to each person and their needs.
- People took part in regular fire drills so that they were familiar with fire safety procedures. Regular fire drills and checks were carried out by the home and documented accordingly.
- People using the service were permitted to smoke in their rooms. We were told that people were provided with fire resistant curtains, bedding and self-extinguishing ashtrays. This demonstrated that further measures had been put in place to ensure the risk of fire was minimised. We also saw documented evidence that people had fire safety meetings with fire safety officers to discuss evacuation procedures, smoking in bedrooms and smoke alarms.
- Records showed that a range of regular health and safety checks had been carried out to ensure people lived in a safe environment. These included monthly bedroom checks, manager's monthly health and safety

checks, periodic electric equipment and water hygiene checks.

Staffing and recruitment

- Staff records showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults. The registered manager confirmed that they ensured all necessary checks were carried out before staff were able to work in the home.
- We discussed staffing levels with the registered manager and care support workers. All staff we spoke with told us that there were sufficient numbers of staff to safely meet people's needs. We looked at the staffing rota for the day of the inspection and this correctly reflected the staff on duty. On the day of the inspection, we noted an air of calm in the home and staff were not rushed. Staff were able to spend time interacting and speaking with people. The registered manager explained that there was flexibility in staffing levels so that staff could be deployed when and where they were needed. The registered manager told us there was consistency in terms of staff so that people who used the service were familiar with staff and this was confirmed by relatives we spoke with.

Using medicines safely

- The home had appropriate medicines arrangements in place. During this inspection, we looked at policies, storage, records, training and systems for medicines management. We found the home was managing medicines safely. The service had a policy in place which covered the recording and safe administration of medicines.
- The home provided training and assessed the competency of staff to ensure they handled medicines safely.
- People received the support that they needed with their medicines. Medicines administration records indicated that people received their medicines as prescribed.
- Some people were prescribed PRN medicines (medicines prescribed to be administered to a person when needed). We saw written protocols for administering PRN medicines, these included clear guidance to advise care support workers when and how to administer these medicines.
- Medicines were stored securely at the home. We saw documented evidence that care support workers checked and recorded medicines storage temperatures daily and these were within the required range.
- The majority of medicines administered to people were pre-packed in blister packs. The service carried out daily and weekly medicines counts to ensure the medicines in stock matched with the medicine administered.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place to safeguard people from abuse. All staff received training in safeguarding people. Staff we spoke with were knowledgeable about types and signs of abuse. They knew that they needed to report any suspected abuse and/or discrimination to the registered manager.
- A whistleblowing policy was in place and staff we spoke with said they would not hesitate to use it, should it be necessary. They told us that they would always report to management any poor practice from staff to ensure people were safe.
- All staff we spoke with said they were confident management would act on any concerns reported to ensure people's safety.

Preventing and controlling infection

- Systems were in place to minimise the risk of infection in the home. Staff had received training in infection prevention and control. Protective clothing, including disposable gloves, were available to staff and they confirmed this. Staff used these when carrying out tasks that included assisting people with personal care.
- Staff carried out a schedule of daily cleaning tasks. We found that the environment was clean on the day of the inspection.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. The registered manager logged all completed accidents and incidents forms electronically. These included details of the incident, action by the registered manager and remedial action to reduce the incident/accident occurring again. People's care files included a summary of their individual accidents and incidents so that it was easy to monitor and analyse possible risk factors and behavioural patterns for each person.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People using the service had lived in the home for several years. They told us that they received the care and support from staff that they needed and wanted. One person using the service told us, "I am happy here. Staff are fine. They are lovely." One relative told us, "Brilliant care and really personal." Care professionals we spoke with told us that people were well looked after and they had no concerns about the care provided.
- People's care and support plans showed that people's needs had been individually assessed. They contained information and guidance that staff needed to deliver the care and support that people needed. Details of people's individual needs, including their daily routines, cultural, religious, dietary, relationship needs, and preferences were included in their support plans. This helped staff understand people's individual needs and effectively provide the care that they needed.
- People's health and support needs were regularly reviewed with their involvement and updated in their care records.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received an induction that included shadowing experienced staff to learn about their role in supporting each person and completing care duties effectively and safely. The Care Certificate standards were incorporated in the induction programme for newly employed staff. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people.
- Staff told us, and records showed that staff had completed a range of training relevant to their role and responsibilities in meeting people's individual needs. Training included food hygiene, infection control, health and safety, safeguarding, moving and handling and the Mental Capacity Act 2005 (MCA).
- The service had nominated staff who were champions in various areas such as medicines, infection control, safeguarding adults and health and safety. The purpose of this was to improve awareness of areas of care and enabled staff to share information and develop understanding amongst staff.
- Staff told us that they were well supported by management. They received regular supervision and appraisal of their development and performance.

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

- There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for them and for staff on the dietary needs of people and how to promote healthy eating.

- Staff understood and supported people's cultural and religious dietary needs. They consulted with people about the types of food that they preferred and ensured healthy foods were available to meet people's diverse needs and preferences.
- People's weight was monitored closely. Staff knew that they needed to report all changes in people's weight.
- Staff and people in the home cooked together and in the evening all people were encouraged to eat together. On the morning of the inspection, staff supported people with their breakfast. One person ate kippers and another person had poached eggs on toast. The registered manager explained that people ate their breakfast and lunch at any time they wished and there wasn't a set menu. In the dining room there were drinks available for all people and staff regularly offered to help people make drinks.
- People decided what they wished to eat on a weekly basis during the house meeting. This ensured that the menu met people's individual preferences and that the menu was regularly changed so that people were offered a varied diet.
- When any issues around eating and drinking had been identified, staff helped people to receive support from relevant health professionals. For example, records showed that a speech and language therapist (SALT) had been involved in one person's care who had swallowing difficulties and this person had a comprehensive management plan in place with clear guidelines about bite size, drinks, positioning and how to manage oral hygiene. Another person was diabetic and the service supported this person to have a low sugar diet. We also saw evidence that a dietician had been involved in this person's care and staff were monitoring this person's food intake daily in a food journal.
- In January 2018, the Food Standards Agency carried out a check of food safety and hygiene and awarded the service five out of five stars, rating the service as "very good".

Staff working with other agencies to provide consistent, effective, timely care

- Staff engaged with people, their families where appropriate, and with other agencies to meet the health and care needs of people. Records showed that the service had regular contact with community healthcare and social care professionals about people's needs. Staff worked with these professionals to ensure people were provided with the care and support that they needed.
- Changes in people's needs were shared with commissioners [representatives of public bodies that purchase care packages for people], when needed.

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

- People using the service told us that they were happy living in the home and were satisfied with their bedrooms. People's bedrooms were personalised with items and furnishings of their choice. We observed that one person was interested in the military and had military flags displayed in his room.

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

- There was detailed information in people's care files to inform staff about people's health, behaviour and general wellbeing. Guidance was in place for staff to recognise when there was deterioration in those needs and to provide people with the support they needed. The actions for staff to take were clear, person centred and described how to provide effective support.
- Records showed that people using the service had seen a range of health and social care professionals including, GPs, psychiatrists, dentists and community nurses.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care support plans included detailed information about people's capacity, their mental state and cognition. Care support plans included information about how each individual person wished to be communicated with and included specific information detailing the person's preferences.
- Staff we spoke with had knowledge of the MCA and training records confirmed that the staff had received training in this area. Staff we spoke with were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.
- Where people were unable to leave the home because they would not be safe leaving on their own, the service had made applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS). All people in the home had been assessed and all people with the exception of one were all deemed to not need DoLS in place as they all had capacity.
- Staff told us that they always asked for people's agreement before supporting them with personal care and other tasks.

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

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 using the service told us that staff treated them well. They spoke of liking the staff. One person told us, "Staff are kind and caring. They really are." When we asked one person whether staff were caring, another person said, "Yes." One relative we spoke with told us, "Staff are very nice. They know people well. People are treated well."
- On the day of the inspection, we observed interaction between people and staff and noted that staff were patient when supporting people and communicated well with people. We observed staff provided prompt assistance but also encouraged people to be independent where they were able to. On the day of the inspection, we saw one person become agitated and nervous. The registered manager observed this and immediately made attempts to comfort and reassure this person. This person responded positively to the registered manager's intervention. The person appeared relaxed and at ease in the presence of the registered manager. Later the same day, this person approached the registered manager and gave the registered manager a hug and said, "Boss, I love you."
- The service supported people during difficult times when they experienced discomfort and emotional distress. People participated in regular reminiscence and feelings groups. The groups gave people a safe space to talk about their feelings and emotions. External health professionals ran both groups.

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

- Records showed that people made decisions about their care. Care plans included guidelines for staff on how to support people in improving their skills, such as, cooking, keeping their rooms in good order or how to feel comfortable and relaxed in their own environment.
- Each person had an allocated keyworker who was responsible for overseeing the person's care at the home. People and their keyworkers met monthly to discuss various aspects of their care such as personal wellbeing, appointments and how staff could support people in ensuring care provided was appropriate and beneficial to them.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were considerate and respectful of their privacy. During the inspection, staff were attentive to people's needs and supported them in a manner that maintained their privacy and dignity. People's decision to spend time alone in their room was respected by staff. We also observed staff knock on people's doors and ask permission before entering.
- Records showed people could decide if a male or female worker provided them with personal care. People

could also specify which staff member they felt more comfortable with and they would like to support them when receiving personal care.

- People's support plans included information about promoting and supporting people's independence. Staff gave us examples about how they involved people in doing 'day to day' household tasks including, personal laundry, cleaning and tidying their bedrooms to help them develop their skills and independence.
- Staff understood the importance of confidentiality. They knew not to speak about any people using the service unless they were involved in the person's care.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support. Care and support plans detailed people's individual needs and included clear guidance about how staff needed to support them. Staff we spoke with were knowledgeable about each person's needs and knew how to provide them with the care and support that they required.
- Information about people's personal histories and their individual backgrounds were recorded in people's care plans. Staff we spoke with knew how to assist people to follow their religious, cultural and other personal customs. Staff told us how they supported people to eat food that was in line with their cultural requirements. One person in the home liked to eat Caribbean food and staff accompanied this person to get takeaway from their favourite restaurant. Another person was supported to go to a Turkish restaurant weekly.
- Staff were aware of people's individual religious beliefs and were aware of traditions and customs so that they ensured these were respected and people were able to practice their religion and worship freely. One person in the home was supported to attend a Church every Sunday and another was supported to visit St Paul's Cathedral every Friday.
- The registered manager explained that they actively celebrated various events such as Black History Month, International Women's day and World Mental health day. People were involved with the planning of these events and made decisions about the food to be served.
- People were involved in regular reviews of their needs to ensure that the service knew how to meet people's individual current care needs and wishes, so that they received personalised care.
- The registered manager explained that the service focused on providing specific activities for people depending on their interests. She explained that people had indicated that they preferred to do activities in the home and therefore the service had external activities organisers that provided activities in the home on a regular basis. Activities included massages, music appreciation, movie nights and bingo. There was also a relaxation room in the home where people could spend time alone if they wished. On the day of the inspection people relaxed in the morning and then participated in bingo in the afternoon.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service who have information or communication needs because of a disability, impairment or sensory loss. The registered manager told us that currently all the people using the service understood English so understood verbal communication from staff. Some documentation included pictures to help with accessibility of the information. The registered manager also explained that people had access to an independent organisation which provides independent advocacy and user involvement services.

Improving care quality in response to complaints or concerns

- People using the service and their relatives knew how to make a complaint. People's relatives were confident that any issues to do with people's care and other aspects of the service would be taken seriously by management and addressed. There had been no recent complaints recorded. Care support workers knew that they needed to report to management any complaints and concerns about the service that were brought to their attention by people using the service, people's relatives or others.
- The service had a formal complaint procedure in place. We saw that this was displayed in the communal area and people had access to it. The registered manager explained that issues were raised and dealt with during weekly house meetings. People could also raise their complaints via a suggestions box in the communal area of the home. People told us they did not have any complaints about the care they received or about the staff who supported them.

End of life care and support

- The service was not currently providing end of life care. People were able to express their wishes and we also noted that when people had decided not to discuss the matter, this had been respected and a note had been made to reflect people's decision. Records showed that this subject had been approached with sensitivity.

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

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

- All staff we spoke with were committed to providing a safe, caring, effective and responsive service to people. One member of staff told us, "I enjoy working here. I love working with people and ensuring people live a fulfilled life." The registered manager was clear about her role and had the skills, knowledge and experience to lead the service. All care support workers we spoke with also had knowledge and understanding about their roles and responsibilities.
- Staff spoke positively about the registered manager and the environment in the home. One member of staff said, "There is great morale here. We respect one another and are mindful of one another. Great teamwork. We always share information." Another member of staff told us, "The registered manager is always smiling and always there to support. She really listens and will always come back to me."
- We observed that the service was well organised and staff were provided with information on what was expected from them. In the staff office, there was an information board which included details about regular and other activities planned for each day and important information. Staff were allocated tasks and duties they needed to complete during each shift. We saw that these were recorded and signed off by staff following completion of a task. This meant there was a clear distribution of responsibilities and accountability amongst the staff team.
- The registered manager explained that communication was important for the effective running of the home. The service held three handovers daily so that staff were able to discuss issues and provide updates. Staff spoke positively about how useful handovers were.
- There was a communication book in place which enabled staff to record important information and messages for other staff. It included information about accident/incidents, phone calls received, medication deliveries and information about people.

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

- Staff we spoke with confirmed that they received the information that they needed to deliver personalised care. One member of staff told us, "Communication is very good. They keep me informed with handovers and the communication book."
- The registered manager knew the importance of being open, honest and transparent in relation to the care and other services that they provided to people, and of taking responsibility when things go wrong. The registered manager knew when she needed to report notifiable incidents to us and did so accordingly.

- People's relatives told us that they were listened to. They spoke highly of the management of the service and told us that they were kept well informed about people's needs and fully involved in decisions to do with people's care.
- We observed care documentation and documentation relating to the management of the service was well maintained, up to date and comprehensive. Documentation requested during the inspection was readily available.

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

- People using the service had opportunities to feedback about the care they received by taking part in monthly resident meeting's, weekly house meetings and monthly key worker sessions where people's care needs were reviewed.
- People who used the service were encouraged to voice their opinions and any concerns they had openly during weekly house meetings. In the meeting minutes, we saw that topics discussed included everyday living, emotional support, participating in household duties, planning of activities and general discussions about matters related to living at the home.
- Staff meetings provided staff with the opportunity to feedback about the home and to discuss any concerns and best practice. Staff spoke positively about these meetings and said that they were able to have open discussions and share their opinions and feedback without hesitation.
- Community healthcare and social care professionals had been consulted and kept up to date with developments to do with people's care and support needs.

Continuous learning and improving care

- The registered manager spoke of the learning and improvements that they had made in the home since the last inspection. These included a group training session for staff to improve care support plans and risk assessments to make them more personalised, putting a gazebo in the garden so that people could smoke comfortably outside when it was raining and redecorating the lounge.
- The registered manager had numerous systems in place to screen and monitor the service provision and take action if required standards were not met. These included a variety of audits such as medicines management, maintenance in the home, health and safety, staff competency assessments and accidents and incidents logs.
- Care files we saw were in good order and consisted of up to date information about people.

Working in partnership with others

- The service worked in close partnership with health and social care professionals to improve outcomes for people. The service had built effective relationships with external health and social care professionals. Records indicated there was regular contact about care and support provided to people with the GP, psychologist and representatives of the local authority. Care professionals we spoke with told us that staff and management at the home liaised and updated them regularly and said communication was good within the service.