

HSN Care (Bricket Wood) Limited

HSN Care (Bricket Wood)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

HSN Care [Bricket Wood] is a residential care home that was providing residential care for 12 people with learning or physical disabilities.

People's experience of using this service:

People were cared for safely by a staff team who knew how to keep them safe from harm. Relatives said people were safe with one telling us, "The culture has changed completely since the last inspection and a good, open and safe culture is now embedded." Incidents were reported which triggered a review of people's care and where necessary were reported to the local authority. People benefitted from shared learning from incidents which supported safe care.

People's health needs were safely met because assessments identified the key risks to their health and wellbeing. Plans were in place to manage and support people's needs, and staff were aware of how to respond. People received their medicines as prescribed and staff along with the GP and other professionals regularly reviewed people's changing needs.

People were supported by sufficient numbers of staff who also felt supported, appreciated and valued in their role, especially through challenging periods during the COVID-19 pandemic. Staff supported people in the home well through COVID-19 and followed appropriate guidance in relation to infection prevention.

People were supported by a staff team who had received training to care for them with confidence and experience. People only received care when a comprehensive assessment was completed to assure staff that their needs could be met.

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.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service was person centred and developed specifically for people to be closer to their families. People were supported to access their local community and were able to develop meaningful friendships with people. Care focused strongly on people's human rights supported by positive behaviour support plans which enabled staff to understand how to provide safe and person-centred care.

People and their relatives were given opportunities to feedback about the service and the provider had put measures in place to address any issues and make improvements to people's care.

Leadership was now visible and accountable across the service with staff and relatives all positive about the improvements. The quality of care found at this inspection was underpinned by the values and ethos of the registered manager, supported by a robust system of governance to monitor the care provided.

Rating at last inspection:

The last rating for this service was requires improvement (published 25 May 2019).

Why we inspected:

This comprehensive inspection was planned based upon the findings from our previous inspection. At that inspection we found one breach of regulation and rated the service 'Requires Improvement.'

At this inspection we found the provider had made the necessary improvement and was no longer in breach of regulation.

Follow up:

We will continue to monitor information we receive about the service. If we receive any concerning information we may return to inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remains 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.

HSN Care (Bricket Wood)

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

This inspection was carried out by two inspectors.

Service and service type

HSN Care [Bricket Wood] is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This comprehensive inspection took place on 04 August 2021 and was unannounced.

What we did before the inspection

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. We reviewed information we had received about the service since they registered with us. This included any significant incidents that occurred at the service. We also contacted the local authority commissioning and safeguarding teams. We used all of this information to plan our inspection.

During the inspection

We met all twelve people who used the service. However, people living at the service were unable to tell us their views and experiences of the care provided so we carried out observations during the inspection where

this was possible of how staff engaged with people. We spoke with the registered manager, deputy manager and two staff members.

We reviewed a range of records. This included three people's care and medicines records and three staff files in relation to recruitment and training.

We also reviewed records related to the management of the service, which included incident reports, quality assurance checks and minutes of team and management meetings.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records related to the management of the service, which included training information, incident reports, quality assurance records and minutes of team and management meetings.

We received feedback from seven people's relatives on 06 August 2021 and provided feedback via phone call to the registered manager on 17 August 2021.

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 Requires improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- At our last inspection not all people's relatives were confident that care was provided in a safe manner. Following previous inspections and concerns they told us they did not feel the safety at that time would be sustained. At this inspection we found people's safety had been maintained and all relatives felt people were safe. One relative told us, "A devotion to the safety of my [relative] and their housemates, that goes so far above and beyond the call of duty is indescribably wonderful, that has all been the trademarks of HSN Care [Bricket Wood] since you [CQC] last visited."
- Staff were aware of how to identify when people may be at risk of unsafe care. Staff knew when and who to report their concerns and were also aware they could follow whistleblowing policies to raise concerns anonymously. One staff member said, "[Safeguarding] It's about what happens in the home and how we can put a stop to bad care that makes them [people] unsafe, and that we need to report it."
- Incidents and concerns were reported to the registered manager, who ensured these were investigated and actions taken to prevent reoccurrence. Where necessary, incidents triggered referral to health professionals for review, or to the local authority safeguarding team.
- Regular audits of accidents and incidents were carried out to identify themes or trends.
- Learning was shared through discussions with staff at supervision and at staff meetings. For example, staff were able to tell us how one person was not eating well. They noted a loss of weight and reported this to the registered manager. Discussions took place where staff reflected on their practise and found not all staff supported the person to eat in the same way. By adapting their approach, all staff supported this person the same, which then supported weight gain. One person's relative told us, "It has been more than okay, it's very good, [Person] put on weight."

Assessing risk, safety monitoring and management

- People's relatives told us they felt care was now provided safely, well assessed and ensured good outcomes for people. One relative said, "[Person] suffered from illnesses that required emergency hospitalisation. [Staff's] level of communication has been first class and their devotion and dedication to [person's] recovery and future wellbeing has been nothing short of miraculous."
- Risk assessments were in place for areas such as, seizures, mobility, falls, Percutaneous endoscopic gastrostomy (PEG) management and Covid-19. These were well developed and gave detailed guidance for staff to follow. For example, PEG care plans were accurately developed and gave clear instructions to staff on how to manage safely. Staff received specific training and equipment was stored and cleaned safely. During the pandemic staff had undertaken additional training to manage the equipment so they could act in the event of a blockage to avoid unnecessary hospitalisation to change the blocked tube. This example

demonstrated the preventative approach to safe care, the registered manager and staff adopted.

- People lived in a home which was safe and well maintained. The provider and registered manager carried out individual risk assessments and regular health and safety checks to ensure people's safety. These included areas such as equipment, fire safety, electrical and water. Regular checks of fire equipment were undertaken alongside fire drills and evacuations of the building.

Staffing and recruitment

- People's relatives told us there were enough staff to meet people's needs. One relative said, "Staff left due to new government legislation of making Covid-19 vaccinations mandatory, but they seem to have managed without too much trouble."
- The service was experiencing pressures on their staffing levels. This was because five staff had resigned, refusing to receive the COVID-19 vaccine. Ongoing efforts to recruit staff were in place, with managers covering the gaps. Some people required 1-1 or 2-1 support, and this was provided.
- Staff told us the team pulled together to cover shifts and we could see there was a strong team culture among the staff. One staff member said, "Staffing is nice, we try to work like a team. It can be difficult some days, but if we are down then the managers jump in so we can give [people] their time. We work together to make sure they do not miss out on anything."
- Rota's showed that shifts were covered with the assessed staffing levels. We observed that people were being supported appropriately and that staff were on hand when needed.
- Staff had been safely recruited. Staff had pre-employment checks to check their suitability before they started working with people. For example, criminal record checks and references from previous employers.

Using medicines safely

- Medicine records were accurately maintained. People were supported to take their medicines by a trained and competent staff team.
- Staff were observed to follow safe working practises and regular competency checks were in place to ensure staff remained competent. Where issues were identified, these were discussed through supervisions and appropriate training provided.
- Processes were in place to identify and report any errors or mistakes that occurred. The registered manager responded appropriately when alerted to any errors or recording mistakes. The registered manager had identified the medicines room and fridge could become warmer than guidance allows. They were in the process of fitting thermal blinds to the windows and installing air conditioning to manage this.
- People had guidelines in place for staff to safely support them with 'when required' medicines, although some further development of these to ensure they are person centred is required. The registered manager was aware of this and was in the process of updating them.

Preventing and controlling infection

- Relatives told us the response by staff and management during the pandemic had been reassuring and kept people safe. One relative said, "We cannot praise the management and staff enough for the decision to close the home early in March 2020." During the pandemic, measures taken by staff had ensured no person contracted COVID-19.
- Relatives told us they appreciated the restrictions imposed due to the risks of infection. They acknowledged that people's day to day life changed dramatically and praised the staff for keeping them safe and maintaining their physical and mental health. Relatives however did tell us as restrictions eased that they felt the management team continued to practise an overly cautious approach which meant people were not able to engage in activities they previously did.
- We were assured that the provider and registered manager were taking appropriate action to protect people using the service, staff and visitors from catching and spreading infections. We observed staff

wearing appropriate PPE and following social distancing rules. People using the service and staff were regularly tested for COVID 19.

- The provider had procedures in place for admitting people safely to the service. Risk assessments were carried out for any activity that placed people at risk of infection and were conducted in partnership with families. For example, if families took people home or out of the service, they completed a checklist that then formed part of the wider risk management plan.

Is the service effective?

Our findings

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

At our last inspection this key question was rated Requires Improvement. At this inspection this has improved to Good.

This meant 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's needs, and choices were assessed and delivered in line with good practice.
- People were initially referred to the service by the local authority. Referral assessments contained key information about the person's health, physical and emotional needs. The management team then carried out their own assessment to ensure they were able to meet people's assessed needs.
- Initial assessments involved the person, their relatives or people important to them, health professionals and advocates where necessary. Staff ensured people were quickly referred for assessment with health professionals, for example occupational therapists, nursing teams and specialists and that guidance was followed to ensure best practise.
- We saw evidence of regular reviews of people's needs which were clearly documented in their care plans.

Staff support: induction, training, skills and experience

- At our last inspection training provided to staff did not enable them to fully develop in their role and was not specific to supporting people's individual needs. At this inspection, we found training had been provided to meet these specific needs.
- Relatives spoken with told us long standing staff had the necessary skills and experience and felt confident they provided effective and safe care. However, relatives did feel that new staff required additional support. One relative said, "Training is good I think definitely, staff that have been there a long time I do not have any worries, I feel that new staff would benefit for more shadowing before being left on their own." A second relative said, "Experienced staff pick up issues because of familiarity with the resident, but new staff do not have the experience to equally pick up issues." We raised this with the registered manager who told us they would review their induction process in response.
- Staff told us they were provided with an induction and felt supported by management. They said they were provided with the training they needed to support people. One staff member told us, "Training is done on-line before starting to work with people and the senior I worked with observed me and gave me feedback on where I needed to do things differently."
- Staff told us they were now able to develop their skills outside of their role to support development and promotion. "I have been supported to senior shift leader doing my NVQ [nationally recognised training award]. You can't stop training at this job, and now COVID is over I am looking forward to doing more."

Supporting people to eat and drink enough with choice in a balanced diet

- Staff supported people to eat and drink enough. Staff recorded accurately the amount people ate and

drank especially where they had to support people with their nutrition via a PEG. We saw these assessments had been followed and all staff had received training to safely manage the PEG and the surrounding area.

- Where people were not supported through use of a PEG, staff were aware of the risks associated with eating and drinking, such as around choking. They prepared food appropriately, according to the consistency guidance recommended and thickened fluids where required.
- Staff were seen assisting people to eat. They did so in a patient and kind way, giving people enough time to eat their meals.
- People were supported to maintain good nutrition and their care plans gave details of their diets and likes or dislikes. People's weight was monitored and where it was a need for it people were referred to health care professionals like their GP or dietician to help them gain or lose weight.

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

- Staff supported people to access a range of healthcare services when they needed this. Records showed appointments with professionals such as the GP, optician, dentist, nursing teams had been carried out
- Relatives confirmed that people were able to access healthcare services when needed. They told us that they organised some, such as to a preferred dentist but staff organised areas such as the GP. All relatives told us the outcomes of these appointments was shared to and from the home. One relative said, "Yes absolutely [see healthcare services when needed. [Person] has been to the Dentist I organise it, staff organise the GP."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection assessments had not been completed as required to check if people could make specific decisions about their care. At this inspection this had improved, and the required assessments were in place.
- Where people were being deprived of their liberty, referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- For those people with a deputyship in place, these were seen and verified by the registered manager. A deputy is a person appointed by the Court of Protection to manage the affairs of someone who lacks the mental capacity to manage their own affairs.
- All staff including managers received regular training in MCA and DoLS, and demonstrated knowledge around people's mental capacity and how to support them to make decisions about their care.

Is the service caring?

Our findings

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

At our last inspection this key question was rated Good.

At this inspection this rating has remained the same. 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's relatives all told us the care provided was caring, compassionate and kind. People's relatives told us, "Their [staff] individual approach appears compassionate, loved and kind." A second relative said, "They care about [person], they seem very happy."
- People's care plans detailed their life histories and staff used this information to promote diversity and equality.

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

- People's relatives told us they were involved in all aspects of reviewing people's care and they were encouraged to express their views. One relative said, "Everything is updated on Friday explaining what has been done and the plans for next week, they always ask [person] what they want to do, and although they are non-verbal they get a response which they are able to understand." A staff member told us how they knew the particular facial expressions or gestures a person made when talking with them. This staff member told us this helped them ensure that the persons wishes were sought prior to making decisions.
- People's decisions and views had been recorded in their care plans, which evidenced where people and their relatives were involved in the discussion.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff were respectful of people's dignity and privacy. One relative told us, "They do support with intimate personal care, but they will only be supported by female staff."
- Staff were considerate of people's dignity and privacy and knew how to ensure this was maintained. One staff member told us, "I knock on the door, I ask if I can come in, they will open their mouth on the side to say no, or when they fully open their mouth it means yes."
- Staff were aware of the importance of maintaining people's dignity. They told us that this was important when providing care, but also in all areas of people's daily life, such as knowing what helps people feel comfortable and ensuring this was provided. A relative confirmed this and told us, "[Person] always looks nice as though they have been to a hairdresser, [Staff] make an effort, [Person's] skin is always clear, is always nicely dressed, they know what [Person] likes."
- Relatives spoken with told us staff promoted and supported people's independence. Staff were seen to encourage people to carry out small tasks, such as using adapted equipment to eat and drink. Staff told us it was important that people helped as far as they could with their personal care, or with some daily household tasks. For example, we observed two people helping break cardboard boxes for recycling. They

were thoroughly engaged in the activity, laughing and enjoying helping staff with the task, and when more jobs around the home were found, both were clearly excited about helping once again.

Is the service responsive?

Our findings

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

At our last inspection this key question was rated Requires Improvement. At this inspection this has improved to Good.

This meant people's needs were met through good organisation and delivery.

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.

- At our last inspection specific guidance had not been developed to guide staff how to communicate meaningfully with people. At this inspection this had improved, and we saw that guidance was in place, and observed positive meaningful interactions between people and staff.
- People had automated devices to help them communicate and some people were able to use these to make choices and decisions. For example, to let staff know what they wanted to eat, drink or how they wanted to spend their day.
- Information for people was available in an accessible format. People had communication support plans in place which guided staff to know how people may use expressions and gestures to express themselves. Staff told us that as people were unable to verbally communicate, they needed to understand each person's individual way of communicating. They told us and we observed how they communicated with different sounds or observing body language, facial expressions and other people who used objects or the aid of a computer to help them communicate.
- Relatives told us staff were able to communicate effectively with people. One relative told us, "[Person] chooses by pointing and staff know what they want."

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

- People had support plans in place that covered all areas of their care. These included areas such as people's health needs but also around people's daily routines, beliefs, religion and culture. Care plans were mostly written in a person-centred format although we found that some were more detailed than others.
- Staff had a good understanding about people's routines, behaviours and the support they needed if they became unwell, distressed or upset. Staff regularly reviewed people's support needs during keywork sessions, handovers and team meetings. Relatives were provided a weekly update where they were able to comment and make changes where needed. One relative told us, "We have a weekly report which details all aspects of the support. We can then discuss this weekly with his Key Worker to make sure [Person] gets a personalised level of support."

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

- At our last inspection we found people were not supported to maintain relationships, and activities were at times provided in a task focused approach. At this inspection we found improvements had been made. People were supported to maintain relationships, engage in meaningful activity and were supported to explore their cultural or religious beliefs.
- Although restrictions caused by the pandemic had made meaningful activity and engagement a challenge, relatives told us staff had worked well to support people and avoid isolation. One relative said, "Jewish holidays and events have been maintained with the utmost respect for [Person's] beliefs. Contact with the family has been daily, via Skype. Activities, of which there are many and varied, are tailored to [Person]. They have lost a lot of external activities, but the team have worked closely to offer a wide range of home-based activities, which play to [Person's] strengths, needs and interests. Things like using the tilt table, car cleaning, gardening, putting supplies away, arts and crafts, watching football/sports, playing the football manager game on the iPad, using social media cooking and going on a variety of walks.
- We observed on the day of our visit people were included in the activities in the home, but also were able to spend quality one to one time with staff. For example, when we arrived a group of people was in the garden singing and laughing with staff. We then saw a smaller group engaged with a board game which all were thoroughly enjoying. We saw one person filled with hysterical joy and laughter as they took recycling to the bin. The staff member supporting them was laughing just as much as the person, and throughout the day laughter and joy filled the atmosphere in the home from all people and staff.
- All relatives confirmed to us that staff had worked tirelessly to engage people meaningfully and maintain family contact. However, relatives were frustrated with the restrictions resulting from the pandemic and were growing impatient that activities such as sailing, hydrotherapy and horse riding had not yet been planned. The registered manager told us that they were in the process of risk assessing pre covid activities and would resume these in the near future when they were assured it was safe to do so.

Improving care quality in response to complaints or concerns

- Relatives we spoke with told us they were now confident to raise their concerns with management. They told us they received a comprehensive response when doing so and were confident their voice made a positive impact. One relative confirmed they knew how to make a complaint and said, "Oh god yes, I am an expert at complaining." A second said, "Communication is vastly improved. The management allows us to communicate at this level, and we know we can escalate if needed but this is now rare."
- There was an accessible complaints policy in place and complaints that had gone through the formal process had been followed up appropriately with action plans in place to resolve the issue. Complaints and the outcome were monitored by the provider, and actions or lessons from complaints were then shared among the staff team.
- Relatives we spoke with told us they did not have any concerns or complaints other than concerns caused due to restrictions. However, they also confirmed they had raised this with management and were confident their concern would be addressed.

End of life care and support

- People were not being supported with end of life care at the time of the inspection.
- End of life care plans were in place but not fully developed. The only information in these were about relatives being contacted if end of life care required discussing and assessing. We discussed this with the registered manager who said they planned to review this with people and their relatives.

Is the service well-led?

Our findings

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

At our last inspection this key question was rated requires improvement. At this inspection this has improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

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

- At our last inspection the service did not have a manager who was registered with CQC. This had improved and a manager registered with CQC as required on 16 December 2020.
- Staff and the registered manager were now clear about their roles and responsibilities. An organisational structure had been put in place since the previous inspection, and staff were clear on their areas of responsibility. The registered manager had a good understanding of their responsibilities regarding notifiable incidents and their regulatory obligations.
- Governance systems were now formally embedded within the service and helped identify and drive improvements. A range of audits were carried out to monitor and improve the quality of care people received. These included areas such as incidents, care records, medication charts, training, staffing and safeguarding. Results of these audits were shared among the staff team to further drive and sustain improvement.

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

- At our last inspection, relatives had little faith in the management of the service. At this inspection, relatives' views and opinions had changed based on the consistent change in management. Relatives told us the registered manager was open, honest, professional and transparent. One relative said, "The management team is absolutely fantastic. We are so lucky after so many management problems that now they have got a brilliant team."
- Staff appeared relaxed and confident in their role and told us this was due to the support they received from the registered manager who had developed a supportive working environment. One staff member said, "[Registered manager] is supportive if I have a problem in or out of work. I know if I need something, they will address it. [Registered manager] has really helped me build up my confidence since I started. They really want me to do well and I feel they believe in me and will help me with anything I need."
- Staff told us that the registered manager had developed the culture in the service to learn lessons from errors as opposed to disciplining staff. They told us this had helped develop a culture where staff felt able to raise issues or concerns. Staff told us that morale in the service was good, and that they worked together as a team. One staff member said, "We are a team, we help each other so we can be happy at work and do our best. When we work as a team, then the residents get everything they need and I feel like it has been a good

day."

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

- The registered manager and provider sought people's and their relative's views about the care and support received. This was carried out through regular updates, satisfaction surveys, meetings and a relative consultative committee. This meeting discussed all areas with relatives and openly discussed any challenges facing the service, seeking support and relatives' views. All relatives were extremely positive about this approach, telling us they felt included in both care and business decisions. One relative said, "The management works closely with families to deliver a collaborative service which meets as many needs as possible. Parental involvement is fully embedded into all parts of service delivery."
- Staff told us they felt valued and supported by the management team. They told us that meetings and debriefing sessions were regularly held. Staff said they felt able to raise any ideas, suggestions or concerns and the management team would listen to them favourably.

Continuous learning and improving care; 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

- There were systems in place to monitor the service and ensure people were receiving a good standard of care. Regular team and management meetings discussed areas which included people's care records, key working sessions and standards of living.
- Incidents were discussed across the staff team to see if any actions or improvements could be made to help deal with any future repeat events. This included input from health and social professionals to provide support and guidance in managing people's complex conditions.
- The registered manager and provider understood their responsibilities around being open and transparent with people when things went wrong. Records we viewed showed the registered manager was honest with people and relatives when an incident occurred, invited relatives to review what happened and took action to reduce the chances of it recurring.
- Relatives we spoke with confirmed the registered manager and provider approach. They told us they were kept informed and that the registered manager was open with them. One relative said, "Excellent communications to parents giving an honest appraisal then the concerns dealt with and all communicated quickly to sort the necessary changes and then keep residents safe."

Working in partnership with others

- The registered manager and staff team worked closely with a range of health and social care professionals to seek advice and guidance related to people's health and wellbeing.