Ashlake Lodge Limited

# Lakeside House Residential Care Home

## Inspection report

21 Chadwick Road
London
E11 1NE

Date of inspection visit:
05 February 2019

Date of publication:
04 March 2019

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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:
• Lakeside House Residential Care Home is a care home providing personal care and support for people with learning disabilities. The home is registered for eight people.
• At the time of the inspection it was providing a service to seven people.
• The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.
• For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

People's experience of using this service:
• People felt safe and were happy living at Lakeside Residential Care Home. They told us staff were kind, caring and treated them with respect. People told us staff responded promptly if they needed support. People's health care needs were well managed. Medicines were managed safely.
• People's risks were assessed and strategies put in place to reduce the risks.
• People's likes, preferences and dislikes were assessed and care provided met people's desired expectations.
• People's care was person-centred. The care was designed to ensure people's independence was encouraged and maintained.
• People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.
• People and their relatives were involved in the care planning process and review of their care.
• The service had a stable management structure. The provider had implemented systems to ensure they continuously measured the safety of people's care and quality of the service.
• The home was clean and well maintained.
• Recruitment processes ensured staff were suitable to work in the care service. Staff were well trained and supported by a registered manager who worked alongside them on a daily basis providing direction and guidance.
• People enjoyed activities that were offered.
•The service submitted relevant statutory notifications promptly.
• People, relatives and staff spoke highly of the registered manager who they said was approachable and always available. Audits and checks were carried out and used to drive continuous improvements to the service people received.

Rating at last inspection:
• Requires Improvement (report published on 30 November 2017)

Why we inspected:

• This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
• We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?**<br>The service was safe.<br>Details are in our Safe findings below. | Good |
| **Is the service effective?**<br>The service was effective.<br>Details are in our Effective findings below. | Good |
| **Is the service caring?**<br>The service was caring.<br>Details are in our Caring findings below. | Good |
| **Is the service responsive?**<br>The service was responsive.<br>Details are in our Responsive findings below. | Good |
| **Is the service well-led?**<br>The service was well-led.<br>Details are in our Well-led findings below. | Good |

# Lakeside House Residential Care Home

**Detailed findings**

## Background to this inspection

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

Inspection team:
• The inspection team consisted of one inspector.

Service and service type:
• Lakeside Residential Care Home is a care home. People in care homes receive accommodation and nursing or 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:
• Our inspection was unannounced.

What we did:
• Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, the local authority and Healthwatch. Healthwatch is an independent national organisation for people who use health and social care services. Healthwatch had recently visited the service. We checked records held by Companies House and the Food Standards Agency.
• We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well

and improvements they plan to make.
• We spoke with two people who used the service and two relatives.
• We spoke with the registered manager, the provider, and three support workers.
• We reviewed three people's care records, three staff personnel files, staff training documents and other records about the management of the service.
• We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Good

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

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

• People and their relatives told us the service was safe. One relative said, "I have no reason to think [person] is not safe. [Person] hasn't had any mishaps." Another relative told us, "Never been any issues." A person from Healthwatch told us, "We found the service to be safe. Of the [people who used the service] we were able to speak with, they told us that they felt safe."

Systems and processes to safeguard people from the risk of abuse:
• People were protected from the risks of harm, abuse and discrimination.
• There was a safeguarding policy in place which made clear the responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission.
• Staff and the registered manager had undertaken training about safeguarding adults and had a good understanding of their responsibilities. One member of staff said, "I would inform my manager and there is written report." Another staff member said, "If I suspected abuse I would have to inform the manager."
•The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing. One staff member said, "It's called whistleblowing [when nothing is done]. I would go to social services and CQC."
• Records showed that there had been two safeguarding incidents since the last inspection. The registered manager was able to describe the actions they had taken when the incidents had occurred which included reporting to the Care Quality Commission (CQC) and the local authority.
• A review of people's finances showed no discrepancies in the record keeping. The service kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were signed by two members of staff and we saw records of this.

Assessing risk, safety monitoring and management:
• The service had processes in place to keep people safe from avoidable harm.
• The service aimed to obtain as much information about a person before a new care package commenced. Before admission to the home an assessment was undertaken to assess whether the service could meet the person's needs. The registered manager told us the home had no new admissions since the last inspection.
• Individual risk assessments were completed for people who used the service and reviewed regularly. Staff were provided with information on how to manage these risks and ensure people were protected. Records showed some of the risks considered were fire safety, accessing the community, heat wave, slips and falls, domestic tasks, using the bath and shower, medicines, travelling in the car with a driver alone, road safety, using the kitchen, using the stairs, bed rails, choking, epilepsy, sleeping, toileting, and financial abuse.
• The care documentation set out the risks and control measures in place to reduce the risks. For example, one person's risks were related to behaviours that can challenge. The care records stated, "Talk to [person] calmly but firm and be compassionate towards him. You could suggest giving him a cup of tea as a way of calming him down."

• The service had contracts in place for the regular servicing and maintenance of equipment. We saw records of maintenance and regular health and safety checks for the equipment used in the home to support this. We also saw records of other routine maintenance checks carried out
within the home. These included regular portable appliance testing checks of electrical equipment, water temperatures, emergency lighting, fire equipment, baths and hoists.
• People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of an emergency. People's safety in the event of an emergency had therefore been considered.
• Specialised equipment was available for people such as a specialised bath, hospital bed and a walk-in shower.

Staffing and recruitment:
• Through our discussions with the registered manager, staff and relatives of the people who used the service, we found there were enough staff to meet the needs of people who used the service.
• Staffing levels were determined by the number of people using the service and their needs, and could be adjusted accordingly. People told us their needs were met by the staff. One relative said, "Always someone in the kitchen doing a meal, and another staff member in the lounge with the [people who used the service]."
• Staff told us there was sufficient staffing levels and their shifts were covered when they were on sick and annual leave. One staff member told us, "Oh yes [enough staff]. When someone calls in sick we immediately try to find cover. We have two homes so most of the time we get people to cover."
• The provider followed safe recruitment practices. Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Using medicines safely:
• Medicines were managed safely and staff followed a medicines policy.
• Medicines were stored securely in a locked cupboard.
• Medicines administration record sheets were appropriately completed and signed by staff when people were given their medicines. Medicines records showed the amount held in stock tallied with the amounts recorded as being in stock.
• Training records confirmed that all staff who administered or handled medicines for people who lived in the home had received appropriate training.
• People who required PRN medicines had detailed guidelines in place. PRN medicines are those used as and when needed for specific situations.

Preventing and controlling infection:
• People were protected against the risk of infection because the service had procedures in place which staff followed.
• Staff completed training in infection prevention and control. Records confirmed this.
• Staff had access to personal protective equipment such as gloves and aprons. One staff member told us, "You use gloves and make sure you take off [gloves] before you help another person." Another staff member said, "Normally wash our hands first, and change our gloves with every task. We use hand wash first and then sanitizer."
• During the inspection we found the home clean and free of malodour.
• People and their relatives told us the home was clean.

Learning lessons when things go wrong:
• Lessons were learnt when things went wrong. We saw an example where a person had repeated falls in their wheelchair. The registered manager told us they tried various ways to make this person safe in their wheelchair. This included the person being reassessed for a new type of wheelchair. As a result, this person had no incidents since the actions were taken. This showed the provider learnt lessons and made improvements when things went wrong.
• Accidents or incidents were monitored and procedures were reviewed, including review of people's care records. Discussions took place, including in staff meetings and handovers to learn from these.

Good

# 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.

• One person told us, "[Staff] are fine." One relative said, "I think its fine. [Relative] has been here about 12 years. I find no fault with the care." A person from Healthwatch told us, "Overall, we found the service to be very effective. [People] seemed happy and comfortable within their environment and when communicating with staff. [People] whom we spoke with appeared to be happy and comfortable living at the home."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• We saw staff continued to apply best practice principles, which led to good outcomes for people and supported a good quality of life.
• People's needs continued to be comprehensively assessed and regularly reviewed. Care plan reviews took place at least every six months, or as and when required. Records confirmed this.
• People's preferences, likes and dislikes were acknowledged and recorded.
• People's past life histories and background information were also recorded in the care documentation.
• People and their relatives were involved in their care planning and the people we spoke with confirmed this. On the day of our inspection we saw that two relatives and the person who used the service had a meeting to review their care plan.

Staff skills, knowledge and experience:
• When new staff joined the service they completed an induction programme which included shadowing more experienced staff. One staff member said, "I did my induction. It involved personal care and hygiene, and going out with the [people who used the service]. It was for a week. I did shadowing."
• Training was provided in subjects including first aid, Mental Capacity Act 2005 & Deprivation of Liberty Safeguards, safeguarding adults, infection control, food hygiene, fire safety, medicines, moving and handling, equality and diversity, nutrition and hydration and lone working.
• Staff also did specific training that reflected the needs of the people they were supporting. For example, staff did training on epilepsy and challenging behaviour.
• Staff told us the training provided helped them to perform their role. One staff member said, "The trainer who did the training was more practical. He makes you understand easily. He is really nice." • Staff completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working life.
• Staff felt supported and received supervision and annual appraisals. One staff member said, "We talk about the job, how you feel [and] how you are getting on with the [people who used the service]."

Supporting people to eat and drink enough with choice in a balanced diet:
• People were supported to have a balanced diet that promoted healthy living. People had access to snacks and drinks throughout the day and fresh fruits were available for them.

• The kitchen was clean, food items were stored appropriately and labelled. The Food Standards Agency had rated the home five stars at their last inspection which meant the hygiene standards were very good.
• People told us they enjoyed the food and were able to choose meals they liked. One person said, "I don't eat takeaways as much. I am on a diet. I did agree because I want to lose weight." A relative told us, "I think [food] tasty. [Relative] eats it all up."
• Staff told us and we saw records which showed that people planned their food menu. However, they could decide on the day if they wanted a meal of their own choice. People's food choices were recorded and these were known by staff. Information for staff also included peoples likes and dislikes.
• We found guidance for people with specialised dietary requirements well displayed in the kitchen.
• There were appropriate risk assessments and care plans in place for nutrition and hydration. Records confirmed this.

Staff providing consistent, effective, timely care within and across organisations:
• The service ensured joined up working with other agencies and professionals to ensure people received effective care. We saw people have multi-disciplinary team meetings to discuss people's needs and wishes.
• Where people required support from other professionals this was supported and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as GPs, health services, and social services.

Supporting people to live healthier lives, access healthcare services and support:
• People were registered with healthcare professionals. On the day of our inspection a person told us they had a sore back. We spoke to a staff member who told us they had already contacted the GP for an appointment. Records showed people had been visited by GPs, district nurses, chiropodists, dieticians, and speech and language therapists.
• Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact people's GP or phone for an ambulance as necessary and inform people's next of kin.
• People and their relatives told us the service supported people with health needs. One person told us, "Staff make an appointment." One relative said, "[Relative] sees the psychiatrist because we had a review."
• People had a 'Hospital Passport', which was a document in their care file that gave essential medical and care information and was sent with the person if they required admission or treatment in hospital.
• Each person had a health action plan. A health action plan is something the Government said that people with a learning disability should have. It helps people to make sure that the service had thought about people's health and that their health needs were being met.

Adapting service, design, decoration to meet people's needs:
• The premises were well maintained. We observed a relaxed atmosphere throughout the inspection. We saw people make use of all the communal areas. People could choose to sit in the main lounge or in the dining room lounge or in their own rooms.
• People's rooms were personalised and individually decorated to their preferences. We saw that people's rooms reflected their personal interests.
• There was a secure access to a well-kept garden for people's use.

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.

• Staff received training in MCA and DoLS. Most staff understood consent, the principles of decision-making, MCA and DoLS. One staff member told us, "Most of [people who used the service] are on DoLS. The is reason for their liberty is restricted for a safety reason. For example, not going on the streets. One person goes out by themselves."
• We spoke to the registered manager about some staff we spoke with who did not have an understanding of DoLS. The registered manager told us he would give a DoLS information session in the next staff meeting.
• Mental capacity assessments were completed when there was any question of a person's capacity to independently make important decisions.
• DoLS applications for authorisation of restriction of people's liberty were completed by the registered manager, and renewals submitted to local authorities and the Care Quality Commission as needed.
• Records showed that people had agreed to their care plan by signing a consent to care agreement form. Relatives were involved in making decisions where people lacked capacity. Records confirmed the service had seen copies of Lasting Power of Attorney documents when people were unable to make their own decisions.
• The registered manager understood their responsibilities in terms of making an application for deprivation of liberty safeguards to the authorising authority and sending notifications to us about those applications being granted.

Good

# Is the service caring?

## Our findings

Caring – this means 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:
• We observed good positive interactions between staff and people. Staff had good relationships with people, and appeared to know them well. Staff were seen to be caring towards people, and respected people's wishes. One person told us, "[Staff] are nice. I like [staff member]. He is a nice person and looks after me." A relative said, "I think [staff] do care for [relative]."
• Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "What I did is check [people's] care plan and looked at background and their history, and what sort of care they need. What sort of food they liked. You sit down and talk to them and get to know them more. Sometimes they like porridge this month and last month they liked corn flakes. They are always changing." The same staff member told us, "Definitely a good relationship. You need to build a good relationship with people to build the support. You need good communication." Another staff member told us, "First, I read their care plan to see what they like and don't like. When I started I got to know them one to one. I love this job."
• People did not always express their views verbally, but through gesture and physical touch. For example, we saw a person who was showing signs of being upset by making loud noises. Two staff went to the person to support them. The person calmed down.

Supporting people to express their views and be involved in making decisions about their care:
• People and their relatives were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
• Records showed people who used the service and relatives were involved in care planning and reviews. One relative said, "We come once a year for the reviews."
• People and their relatives were involved in making choices about their care. One person said, "I choose activities like swimming." One staff member told us, "Someone like [person] can tell you the clothes he wants to wear, the food he wants. If a day he wants to go out he will let you know. [Another person] will tell you what he wants. Sometimes he wants a full breakfast." Another staff member said, "When we make the food, we don't make the same for everyone. For example, today we are doing roast chicken and roast potatoes, some don't like roast potatoes. We offer different clothes and shoes. We ask them."

Respecting and promoting people's privacy, dignity and independence:
• People and their relatives told us their privacy and dignity were respected. One person said, "Staff knock [on bedroom door] and ask [to come in]. Ask if I want my tablet. I don't like to be disturbed and [staff] respect that." A relative told us, "[Staff] are always courteous towards [relative] and myself."
• Staff gave examples about how they respected people's privacy. One staff member told us, "Before we enter bedroom, we will knock. When we take to shower in the morning we ask them if they want to use the

toilet first. We leave in bathroom and shut the door. We stand nearby and ask if they are ok. After they lunch [people] like to take a rest. They like to go bedroom and watch TV on their own. We let them." Another staff member said, "Someone like [person] will say he wants to go to his room and sleep. He will go to his room and shut the door."

• The service promoted people to live as independently as possible. Staff gave us examples of how they involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence. One staff member said, "Sometimes [people] like to make their own tea. So, we let them. However, we will guide him to make sure it is safe. Some people like to do personal care themselves to be more independent. We don't want to take their independence away from them."

• We observed during the inspection staff supporting someone to make a cup of tea. The staff member was encouraging and let the person make the tea at a comfortable pace. The staff member was overheard saying to the person, "It is very hot. Do you want to stir it? Do you want to add milk and sugar? Now dip the teabag."

• Promoting independence was reflected in people's care plans. One care plan stated, "I prefer to have a shower in the morning and wash in the afternoon. I am able to dress myself independently but need staff support me to choose what to wear. I am able to take my dirty linen to the laundry when prompted."

Good

# Is the service responsive?

## Our findings

Responsive – this means that the service met people's needs

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

Personalised care; accessible information; choices, preferences and relationships:
• 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 and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.
• The care documentation clearly showed that the service identified and recorded people who had specialised communication needs. For example, one care plan stated for a person with specialised communication needs, "I am unable to initiate a conversation. Staff need to recognize and interpret my body language in order to support me well. I will rock back and forth when I am happy or content. I will emit disgruntled noise when I feel some kind of discomfort or I will bite my finger. I also like grabbing the hand of staff and push it away to show rejection or dislike."
• Staff understood people's communication needs. One staff member said, "[Person] has a sign he makes that you understand him. When he needs the toilet, he does a special movement. When he is happy makes a noise with teeth. Sometimes he makes a noise when he wants drinks."
• Pictorial aids were included in the care plans to ensure they were accessible to people.
• Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "First of all, we would regard that person as an individual. That is key. We would work with them to meet their needs. We would do care plan around them and put in all necessary needs to meet." A staff member said, "If someone is LGBT, that is their way of life. I don't have a problem."
• People's cultural and religious needs were respected when planning and delivering care. Records showed people visited their place of worship and food choices were culturally specific. One relative told us, "I've been here on a Sunday and [relative] has been to [place of worship]."
• Training records showed staff had completed equality and diversity training.
• People had access to planned activities and local community outings. During the inspection we saw people playing games, drawing, dancing and going to a day centre.
• People and their relatives told us they enjoyed the activities provided. One person told us, "We do bowling and swimming. They play games in the morning. We are going to Blackpool this year." One relative said, "[Person] goes to day centre twice a week. [Person] goes to music therapy. They take him to the café. They take him for walks. They have games in the house."
• Care plans were personalised and included information about people's likes and dislikes, for example in relation to food, communication and social activities.

Improving care quality in response to complaints or concerns:
• There was an appropriate complaints management system in place.
• Staff knew how to provide feedback to the management team about their experiences which included

supervision sessions and team meetings.
• People and relatives were aware of how to make a complaint. One person said, "I would complain to staff." One relative said, "I would see [registered manager] and tell him exactly what I think. He would definitely deal with it."
• We saw the records of two complaints since the last inspection. We found the complaints were investigated appropriately and the service aimed to provide resolution for every complaint in a timely manner.

End of life care and support:
• The registered manager told us no one was receiving end of life care at the time of our inspection.
• People were supported to make decisions about their preferences and staff supported people and relatives in developing end of life care plans.
• Staff told us they had end of life training. Records confirmed this.
• The service had an end of life policy which was appropriate for people who used the service.

Good

# Is the service well-led?

## Our findings

Well-Led – this means 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:
• At the last inspection, the provider had failed to notify CQC of an injury to a person, an incident reported to the police and notifications of Deprivation of Liberty Safeguards authorisations. This was a breach of Regulation 18 Registration Regulations 2009 Notifications of other incidents.
• The registered manager was now submitting all relevant statutory notifications to us promptly and were no longer in breach of this regulation. This ensured we could effectively monitor the service between our inspections and helped to keep people safe.
• Staff spoke positively about the registered manager. One staff member said, "[Registered manager] is approachable. He gives support. If you have any issues he listens. He supports staff and gets things done." Another staff member told us, "If you need anything you can to go [registered manager." A third staff member commented, "I think [registered manager] is fantastic. He talks nicely to everyone. He will ask if everyone is ok. I feel supported. If you need anything you can ask him."
• The registered manager was passionate about the service they provided and was clear about their responsibilities to provide good quality and personalised care to people.
• The provider had effective systems in place to monitor the quality of the service delivery.
• The provider and the registered manager undertook monthly audits to monitor the quality of the service. Records showed this included checking recruitment, accidents and incidents, premises, fire safety, food menu, supervision, staff meetings, people's finances, medicines, care plans and risk assessments. Areas of concern from audits were identified and acted upon so that changes could be made to improve the quality of care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:
• People and their relatives told us they felt the service was well run and responsive to their concerns and needs. One person said, "[Registered manager] is alright. I talk to him sometimes. Not a bad person." One relative told us, "[Registered manager] is very good. That's all I can say. I have called him many times. He is quite calm and listens to me. He acts on my concerns." Another relative said, "[Registered manager] is a gentleman."
• The registered manager understood his role with duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology

when things go wrong.
• The registered manager told us, "It's about what we do and transparency. It's about everything. If something in the service has gone wrong it's my duty [to] report incidents and raise safeguarding alerts. Inform the family what has happened and what is going to be done. It's also about owning up to what is going on in the service. My obligation is to inform CQC, local authority, police and the family if something happens."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• The registered manager and the staff team knew people well which enabled positive relationships to develop and good outcomes for people using the service.
• Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. For example, staff meetings were held on a regular basis. One staff member said, "We had [staff meeting] last week. We talk about the [people who used the service], how we going to improve the service for [people], and talk about ourselves."
• The quality of the service was monitored through annual surveys to get the views of people who used the service, their relatives and staff. The last annual survey was conducted in 2018. Overall the results were positive.

• Resident meetings were held every month and we saw records of these meetings. The minutes of the meetings included topics on activities, meals, complaints, medicines, health and safety, choices, well-being and community activities. One person said, "We have meetings sometimes. We talk about holidays and where you want to go. We are going to Blackpool this year."

Continuous learning and improving care:
• Throughout our inspection we saw evidence that the provider and the registered manager were committed to drive continuous improvement.
• The registered manager had a service improvement plan for the home. The plan stated who was responsible for the action and when it was to be completed. The service improvement plan had actions around improvements to the property, improving communication with people who used the service, medicines procedures, and emergency procedures. The registered manager told us, "My plan is to get [people] more involved in the service. This will be through communication systems like the use of pictures to help in the decision-making system. [We] use now but [will] reinforce."

Working in partnership with others:
• The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us the service had worked with the local authority, care home forums, health services, and day centres.