

Rehabilitation Education And Community Homes Limited

Reach Sistine Manor

Inspection report

Sistine Manor
Stoke Green
Stoke Poges
Buckinghamshire
SL2 4HN

Tel: 01753531869

Website: www.reach-disabilitycare.co.uk

Date of inspection visit:
05 March 2019

Date of publication:
27 March 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?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Reach Sistine Manor is a residential care home that was providing accommodation and personal care to 14 people. At the time of the inspection 12 people were living in the main building and two people were living in the adjacent building known as the coach house. The service is one of eight registered locations on the providers portfolio.

People's experience of using this service:

- The service did not have a registered manager. However, the providers monitoring and auditing of the service was comprehensive which enabled them to provide a safe, effective, caring and responsive service.
 - Relatives were happy with the care provided but some feedback from them indicated communication could be better around care planning, key working and choice of meals provided.
 - People received safe care. Risks to them were identified and managed.
 - Safe medicines practices were promoted.
 - Staff were suitably recruited, inducted, trained and supported.
 - Staffing levels were flexible to meet people's needs.
 - People's health needs were identified and met.
 - Staff were kind and caring and promoted person centred care.
 - People were consented with about their care and safeguards were in place for people who were unable to make decisions on their care.
 - People were supported to communicate their needs and they were encouraged to be involved in activities.
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- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence
 - 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.

Rating at last inspection: The previous inspection was carried out on 24 May 2016 (Published on 5 July 2016). The service was rated Good at the time.

Why we inspected: The 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 the service to ensure that people receive safe, compassionate, high quality care. Inspections will be carried out to enable us to have an overview of the service, we will use information we receive to inform future inspections.

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?

Requires Improvement ●

The service was not always well-led
Details are in our Well-Led findings below.

Reach Sistine Manor

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 was carried out by two inspectors.

Service and service type:

Sistine Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service supports people with learning disabilities or autistic spectrum disorder.

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

The service did not have a manager registered with the Care Quality Commission. They had made attempts to recruit into the position. At the time of the inspection the deputy manager had recently commenced acting up to the managers role with a view to them taking on the role.

Notice of inspection:

The inspection was unannounced.

What we did:

- Prior to the inspection we requested and received a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.
- We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.
- During the inspection we spoke with the acting manager and deputy manager, two care staff, the cook and four people who used the service.
- Some people who used the service were unable to communicate verbally with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
- We walked around the home to review the environment people lived in.
- We looked at six people's care records, including medicine administration records and mental capacity assessments.
- We reviewed three staff recruitment files, five staff supervision records and a range of health and safety records which included fire records, servicing of equipment such as gas, portable appliances and water checks.
- After the inspection we sought feedback from community professionals who had knowledge of the service.
- We contacted relatives after the inspection. We received email responses from three relatives to get their view on the care provided.
- We requested additional evidence to be sent to us after our inspection, such as the training matrix, audits and surveys. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. "I am happy here, I like the staff and I like to help them."
- Relatives felt the service provided safe care. A relative commented "I feel very confident that [person's name] is receiving great care. I believe that the building is safely secure which is highly necessary. For example, the doors are locked at all times."
- Staff had access to the local authority safeguarding policy, procedures and the organisations guidance on safeguarding people. They had received training on how to recognise abuse and were aware what to do in the event of a concern being raised with them. A staff member told us "If I observed a bruise or mark on a person's skin, I need to record it". They told us they would complete a "body map" and "accident form", as well as "tell the manager".
- The senior staff of the organisation were aware of the need to report all safeguarding concerns to the local authority. Safeguarding incidences were logged and investigations were carried out under the direction of the local safeguarding team.
- The required safeguarding notifications were made to CQC.

Assessing risk, safety monitoring and management

- Risks to people were identified with clear strategies in place to mitigate the risks. For examples risks associated with behaviours, eating and drinking, personal care and medical conditions such as epilepsy were managed. Risk management plans were kept under review and updated as people's needs and conditions changed.
- During the inspection we saw that a thickener used in drinks for people at risk of choking was left out in the communal kitchen. The operations manager confirmed after the inspection this had been addressed and made secure.
- Staff were aware of people's risks and knew how to support them safely, for example at meal times and in the community. At lunchtime we observed staff cut up food for individuals who were at risk of choking. They gently encouraged and supported them to slow down with their food whilst eating to prevent them choking.
- Staff were proactive in responding to episodes of challenging behaviour to prevent escalation and promote the safety of the person, others and staff.
- Environmental risks to people, staff and visitors were identified and managed.
- Systems were in place to promote fire safety. Fire equipment was serviced and regular fire checks such as fire drills took place. People had personal emergency evacuation plans in place which provided guidance on how people were to be evacuated in the event of a fire. A fire risk assessment had been completed by an external contractor and actions from that were being addressed.
- Servicing of equipment such as gas and electricity was up to date and regular health and safety checks were carried out for example water temp checks to ensure the service was safe and fit for purpose.

- We discussed with the operations manager about the actions they were considering regarding the UK's planned departure from the EU on 29 March 2019. Government guidance was previously sent out to all providers advising them of possible action they needed to take in the event of a 'no deal scenario'. The operations manager confirmed they had already provided staff with information on how a "no deal Brexit" might affect them and they were currently reviewing the business continuity plan to include actions in the event of a no deal scenario. The revised business continuity plan was provided after the inspection. This outlined the providers strategy in the event of a "no deal Brexit."

Staffing and recruitment

- People were supported by staff who had been recruited safely. Staff completed an application form, attended for interview and completed a written assessment as part of the interview process. Prior to a new member of staff commencing work checks were carried out such as exploring their employment history, health check, obtaining references from previous employers and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.
- Staffing levels were flexible to meet people's needs. Five staff were provided in the main house on each day time shift with one to one support provided for people who required it. One staff member was rostered on duty at night. The coach house had its own staffing which consisted of one staff member on each shift. On call support was provided.
- The service had recently been successful in recruiting into staff vacancies and at the time of the inspection they had two full time staff vacancies. Regular agency and the service's own staff were used to cover the vacancies to provide continuity of care to people. The extra hours worked by staff were monitored to ensure they did not work excessive hours.
- Staff told us the staffing levels were sufficient and flexible to ensure that extra staff were provided when required, for example when people were going for appointments and activities.
- Relatives felt the staffing levels met people's needs. A relative commented "In my opinion there is sufficient staff at Sistine Manor and [person's name] is provided with good care".
- The acting deputy manager assisted on shift and the acting manager was actively involved in the day to day running of the service to ensure they had an overview of what was going on in the service. Throughout the inspection we saw the acting manager provided support to people at peak times, such as at meal times and they supported staff in managing behaviours that challenged.
- The home had a cleaner and a cook, which enabled the care staff to be available to support people.

Using medicines safely

- People's care plan outlined the support they required with taking their medicines and a medicine risk assessment was in place which identified any risks associated with the person taking their medicine.
- Systems were in place to promote safe medicine practices. Medicines were safely ordered, stored, administered, documented and disposed of appropriately.
- Staff were trained in medicine administration and staff completed annual updates in medicine administration.
- Protocols were in place which provided guidance on when "As required" medicines were to be administered. The protocol outlined the minimum interval between doses, maximum dosage in 24 hours and circumstances in which to contact the GP. We noted the detail recorded around when "As required" Lorazepam medicine was given was routinely recorded as "agitation". This was discussed with senior staff to ensure more specific detail was recorded to justify the reason for administering the "As required" Lorazepam., in line with the protocol.
- Two staff were involved in administration of medicines. We observed medicines being administered. The medicine round was carried out safely and with respect for the person's consent and preference. One person initially declined their medicine but then accepted it later.

- We reviewed a sample of medicine administration records (MAR's). Medicines were given as required and no gaps in administration were noted.
- The home had a person who required to have their medicine given covertly. This meant medicine was given in a disguised form, such as with food or in drink. The decision to administer the person's medicine in that way was made as part of a best interest decision as is required under the Mental Capacity Act 2005.

Preventing and controlling infection

- The service was clean and tidy. Cleaning schedules were in place to promote this.
- The service had a nominated infection control lead.
- Staff were trained in infection control and were aware of their responsibilities in relation to infection control to prevent cross infection. Staff wore personal protective equipment such as disposable apron and gloves (PPE) e.g. when assisting with personal care.
- An infection control risk assessment was in place and infection control audits were carried out. This enabled the provider to identify concerns and act on them.

Learning lessons when things go wrong

- Accident and incident reports were completed and signed off by the home manager. The home manager carried out incident investigations and any actions arising from those were acted on.
- The operations manager confirmed that the home manager completed a monthly accident/incident analysis form. The analysis form gathered information for all the incidents that took place in the month. This identified triggers, trends as well as identifying actions to prevent reoccurrence. The monthly analysis form was then reviewed by the operations manager. For any unusual incidents a full debrief was completed with staff where they reviewed what worked well, what could they do differently and what lessons were learnt from the incident to prevent reoccurrence.

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

Good: 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 were assessed prior to them moving to live at the home. The assessment document was informative and provided key information on people's needs, risks, communication and key people involved in their life's. It took into account people's skills, abilities, sexual orientation, cultural and religious needs.
- People and their relatives were encouraged to visit the service prior to their family member moving there, although for some people that could increase their anxiety and distress. Therefore, people had the option to have respite care initially which gave them and staff at the service time to get to know each other. At the time of this inspection the service had one person who had regular respite care.
- Relatives confirmed that the provider had carried out an assessment prior to their family member coming to live at the home. A relative commented "The service provides a very homely atmosphere, they are busy and enjoy each other's company, there is a homely feel to the home".

Staff support: induction, training, skills and experience

- Staff told us they felt suitably trained and inducted into their roles. A staff member commented "The training provided is very good, I feel I get access to regular training to keep myself up to date and current."
- Relatives felt confident staff had the skills to do their job. A relative commented "Staff are skilled to meet [person's name] needs and they carry this out efficiently. Another relative commented "One of the strengths of the organisation is that they take training seriously and have put in place protocols for the way staff should carry out their duties".
- The provider had identified training that was mandatory and specific for the service. These included safeguarding vulnerable adults, health and safety, epilepsy awareness, buccal administration, learning disabilities and positive behaviour support. A training matrix was in place which identified the training that had taken place. It highlighted when updates were due and these were scheduled.
- New staff were expected to work through the Care Certificate to ensure they were suitably inducted into their roles. The Care Certificate is a set of standards that sets out the knowledge, skills and behaviours expected for specific job roles in the health and social care sectors that has been nationally agreed. We saw these were being worked on by new staff and assessed and signed off by the operations manager when each module was completed.
- Systems were in place to ensure staff were suitably supported. New staff had probationary reviews and other staff had annual appraisals. All staff had access to regular one to one supervisions.
- Staff told us they felt supported and got regular supervision. A staff member told us they had completed a six- month probationary period. They confirmed that when they started working at the service they had training and was shadowed by senior colleagues. They told us they had three supervisions since been in post. Another staff member commented "I have supervision every month with the manager".

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

- People's care plans outlined the support required with their meals and risks associated with meal times.
- Speech and language therapists were accessed for people who presented with risks around eating and drinking. The guidance from speech and language therapists were incorporated into individuals care plans.
- Staff were aware of the risks to people around mealtimes and the required support and intervention was given to individuals perceived at risk of choking.
- Records were maintained of the meals eaten. People were provided with a varied diet and were happy with the meals provided. Drinks were regularly offered and people had access to healthy snacks e.g. fruit. A person commented "The food is good, I like it."
- Relatives were happy with the meals provided. A relative commented "The meals provided are of a very high standard". Another relative told us they would like to see sample menus to know that the meals provided are nutritious. This was fed back to the provider to consider.

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

- The service was involved with a range of other health professionals, such as GP's, speech and language therapists, mental health and learning disability teams. A recent multi-disciplinary meeting had taken place to discuss the management and future care needs of a person. This was seen to be a positive step forward in supporting the person.
- The service had initiated the involvement of the learning disability team to support them with positive behaviour support training to enable them to support people in a proactive and personalised way. These sessions had commenced, were welcomed and well attended.

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

- The main building and coach house was bright, airy and welcoming. Areas of the home had been decorated and updated. A refurbishment plan was in place to ensure that the service remained suitably maintained. There were plans in place to replace the kitchen. Quotes were being obtained at the time of the inspection to evidence this.
- People who required it were provided with aids and equipment such as specialist chairs and crockery to promote their safety and comfort

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

- People's care plans outlined the support they needed with their health needs. During the inspection we saw an individual was escorted for a health appointment by a staff member.
- Records were maintained of appointments with health professionals. Actions arising from the visit were noted and actioned.
- People had hospital passports in place. These provided key information on individuals such as key people involved with the person, medical conditions, current medicines, personal care needs and communication. These were to be shared with professionals if the person was admitted to hospital to ensure continuity of care.
- Relatives felt health needs were met. Some relatives indicated they were not always informed of health issues but felt confident health needs were addressed. Another relative commented "[Person's name] health over the last twenty years has been good and this is a tribute to the way staff have looked after her. We have always been kept informed when "[person's name] has had to see a doctor or dentist or has been given a hospital appointment and these visits in themselves can be stressful for the staff as well as "[Person's name]. The present acting manager has no hesitation in seeking medical advice and will often accompany [person's name] herself to any appointment".

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, 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."

- The service had people for whom DoLS applications had been made. A record was maintained of those pending and/ or approved.
- People's care plan included a mental capacity assessment which detailed if the person had capacity or not and how that conclusion was reached. Where it was assessed a person did not have capacity, decision specific best interest meetings had taken place and the outcome recorded for example in relation to blood tests, flu jabs, covert medicines and health screening procedures.
- Staff were trained in the Mental Capacity Act 2005 and DoLS. They were able to explain to us what the legislation meant and how it related to the people they supported.
- A relative commented "We have confirmed our agreement, under the DoLS procedure, that [person's name] movements outside the house need to be controlled. They have no concept of traffic, navigation or personal safety and would be at high risk of death or injury if allowed to roam freely. The staff at Sistine are fully conscious of this and there have been no related incidents of which we are aware".

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

Good: 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 told us they liked staff. A person commented "This is my keyworker and he helps me."
- Relatives were happy with the care provided. A relative commented "The carers are very considerate and accommodate any tasks that [person's name] asks of them and ensure they are always carried out". "I am very happy with [person's name] care, he is always kept clean and very well looked after".
- We observed positive relationships between people and staff. People were relaxed and were seen to be laughing and joking with staff. Staff were kind and caring towards people and used appropriate eye contact and touch when encouraging people with a task such as eating their meal
- A staff member commented "The care is perfect. People and staff have positive relationships."
- Staff were aware of people's cultural needs and were proactive in meeting the needs of people from diverse backgrounds. For example, staff met the personal care needs and dietary needs of people who observed a specific religion.
- A professional involved with the home commented "Overall we observed the staff were caring but lacked knowledge of how to develop individuals to maintain their skills and independence". They confirmed the home had initiated their support to assist them in training staff to support people in further promoting their involvement.

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

- People were given choices in everyday decisions such as meals and activities. Throughout the meal time we saw people were offered alternatives to what was on the menu and a choice of three drinks was available.
- Monthly resident meetings took place, which was an opportunity for people to be involved in making decisions on activities and be informed of changes within the home such as the recruitment of new staff.
- People had reviews of their care with family members and professionals involved in their care.

Respecting and promoting people's privacy, dignity and independence

- People had their own bedrooms. Throughout the inspection we saw staff knock on people's doors to get permission to enter.
- People who required it were provided with aprons at mealtimes to prevent their clothes becoming stained. We saw staff gently encouraged people to clean their mouths after mealtimes and they were supported to take pride in their appearance.
- People's independence was promoted. People were encouraged to be involved in cleaning their bedroom with their keyworker. A person was encouraged to lay the table for lunch and clear it away when the meal was finished. Another person liked to spend time in the kitchen with the cook and clearly enjoyed discussing

meal choices and visits to local restaurants

Is the service responsive?

Our findings

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

Good: 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 had person centred care plans in place. They were detailed and informative as to how staff were to support individuals. Behaviour support plans were in place for people who required them. Staff were aware of the triggers for escalation in behaviours that challenged and responded appropriately and swiftly to de-escalate situations.

- The service worked to the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

- People's initial assessment and care plans outlined their communication needs. Some people could communicate verbally whilst others used gestures, facial expressions and pictures to communicate their needs.

- Staff were aware of how people communicated and their involvement in their day to day care was promoted.

- People who required it had advocates involved in supporting them with more complex decisions.

Advocacy gives a person independent support to express their views and represent their interests.

- Information such as menu's and individual's activity programme was available in a user- friendly format for example pictures and was displayed on notice boards, which were accessible to people.

- Each person had a person-centred programme of activities. Some people attended college and an in-house college cookery course took place weekly. During the inspection we observed people were involved going food shopping, as well as going out for coffee in town. Some people enjoyed going out in the service's vehicle and assisting staff.

- A person told us their favourite professional football team was "Manchester United". They said they played football every week at the local leisure centre and commented "I scored four goals."

- Relatives were happy with the activities provided. A relative commented "[Person's name] attends lots of activities and thoroughly enjoys these especially football and singing clubs. One relative was disappointed that their family member had not had a holiday for two years. This had been identified in the annual survey and was being addressed.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place which was accessible to people and their relatives.

- Relatives confirmed they were aware how to make a complaint. A relative commented "Yes, I would know how to make a complaint and I have never had to do this". Another relative commented "We have good lines of communication with the management of the organisation and have on occasions spoken to one of their directors who knows [person' name] well and is ready to take the odd minor complaint or observation directly".

- Staff were aware of their responsibilities in relation to receiving complaints.
- A record was maintained of concerns and complaints received. These were investigated, responded to and if necessary referred to safeguarding. The home had two complaints and one compliment logged for 2019.

End of life care and support

- No one received end of life care at the time of our inspection.
- Staff were trained in basic life support to promote people's well-being.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met

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

- The service did not have a registered manager since August 2018. The provider had made attempts to recruit into the vacancy but had been unsuccessful in getting the right candidate. Therefore, they had made the decision for the deputy manager to act up into the role of manager. This arrangement had commenced in February 2019, just before our inspection. The providers intention was to review the arrangement after three months. They felt this would give the deputy manager and them the opportunity to experience the role before commencing an application to the Commission.
- Staff told us the acting manager was "doing a good job". This they believed was because the acting manager had worked at the service for a number of years and the lack of manager meant they were doing the job anyway. Whilst staff acknowledged the service had not had a manager for some time they felt this had not impacted on the care people received as the acting manager and other staff were experienced, clear of their roles and knew people well. Staff told us that senior staff were "supportive, approachable and good listeners".
- Relatives acknowledged the management changes within the home. A relative commented "I feel the home is well managed although, managers change very often and I am not always kept informed of any changes. If ever there is a problem I can always contact the manager though". Another relative commented "We acknowledge the provider is working in a difficult recruitment market and the right person is hard to find. The direction, control and training of staff are obvious requirements. Less so is the need for someone with maturity, maternal insight and instinctive affection for the residents. These qualities were held in abundance by the previous manager and seem likely to be shown by the present acting manager."
- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. The provider was clear of their responsibility to make the required notifications to us and had done so.
- People's records and other records required to comply with Regulations of the Health and Social Care Act 2008 were suitably maintained and accurate. Individual person centred daily records and daily handover records with prompts were in place. These were well completed. Some reviews of care plans and staff supervisions were overdue. However, these had been identified by the providers own auditing and was been addressed.

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

- Systems were in place to enable people, staff and relatives to give feedback. Staff and resident meetings

took place. The service had recently produced a monthly staff newsletter which informed staff of changes and provided them with information and guidance on topics such as health inequality for people with a learning disability, "Do not attempt resuscitation" (DNAR) and information on updated policies.

- Relatives were invited to reviews to enable them to feedback on their family members care. A relative commented "We, as parents, have had only the most limited understanding and direct observation of [person's name] day to day care and this is derived from the briefest of glimpses we have when we collect or return her for home visits on a monthly basis. We gain a more general picture from the annual review meetings we have with the manager of Sistine Manor and the reports presented have been honest and full of insight. To us, they have been indispensable".
- The provider carried out annual surveys. The most recent annual survey was collated in January 2019. Feedback was sought from people who used the service, relatives, staff and other professionals involved in a person's care. The summary of the survey showed a mix of positive and negative feedback such as "We feel very lucky that [family members name] is living in such spacious accommodation". "Sense of all calm and we like the way staff interact with residents. We are pleased that physical ailments are noticed and GP visits made," "Plans for the holidays this year did not materialise", "I would like more day trips". The negative feedback was seen as an opportunity for improvement and an action plan was in place which showed how those improvements would be made and by when.
- Relatives generally felt involved in their family members care. Some relatives told us they had little involvement in care plans and some were not aware which staff member acted as a keyworker. A relative commented "On paper, [person's name] has a key worker but we seldom have any communication with them, except at review meetings. We usually deal with the manager when we ring". This was fed back to the provider to address.

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

- The acting manager was not clear of the duty of candour regulation but the operations manager and provider was. The operations manager was actively involved in supporting the acting manager to develop in her role as well as ensuring they understood the regulations and requirements of the role. The acting manager told us they were "Very, very well supported – I get the help for everything."
- The provider had systems in place to audit the service. The deputy manager was responsible for carrying out a series of monthly audits such as infection control, health and safety and medicine management. Alongside this the operations manager carried out themed audits such as audits of finances, medicines, care plans, health and safety as well as a full audit of all areas of practices. The providers audits viewed were comprehensive and provided effective monitoring. They enabled the provider to identify areas for improvement and a consolidated action plan was in place which enabled them to ensure that issues identified were addressed.
- Operations managers carried out night time checks of the service and recorded observation of staff practice was been reintroduced.
- The provider had recently introduced a further opportunity to review their practice called "fresh eye feedback." This was where visitors to the service from other services managed by the provider were asked to record their impressions of the visit so that good practice across schemes could be shared as well as identifying areas for improvement.

Continuous learning and improving care

- Staff were nominated individuals as 'champions' for particular aspects of care such as dignity champion and health and safety champion.
- The service had systems in place to ensure learning from incidents to prevent reoccurrence.
- The service was proactive in sourcing training for staff to meet the needs of new people coming to live at

the home.

Working in partnership with others

- The service engaged the services of other professionals in supporting them to meet people's needs.
- They recently initiated the support of the learning disability health team to provide positive behaviour support training. The health professional involved with the training commented "The manager is engaged with our services and they have made dates available for us to visit the service. They have been accommodating, welcoming and very honest that they have a lot to develop and learn but is keen to ensure this happens". They confirmed the acting manager is receiving good support from senior managers and is keen to be involved with the training and support.