CSN Care Group Limited

Carewatch (Cranbrook Court)

Inspection report

Cranbrook
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

Carewatch (Cranbrook Court)) is a domiciliary care service situated in Langley, Eastbourne, East Sussex, East Sussex. They provide personal care for people living in extra care housing in a purpose-built block of flats that could accommodate up to 62 people. Extra care housing is designed for people who need some help to look after themselves, but not at the level provided by a residential care home. People living in extra care housing have their own accommodation and have care staff that are available when required either contracted or in an emergency.

The people supported by the service had a wide range of needs including decreased mobility, general frailty, dementia, care needs related to age and people who live with a learning disability. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were 31 people being supported by Carewatch at this time.

People's experience of using this service and what we found
Systems and processes to assess, monitor and improve the quality and safety of the service provided were in place. However, there were areas of peoples' documentation that needed to be improved to ensure staff had the necessary up to date information to provide consistent, safe care. Some care plans contained information that the staff told us was not current and changes to care needs were not clearly defined. The care plans were immediately updated with the necessary changes to ensure that all staff had up to date information. Quality assurance systems were not fully effective as they had not identified shortfalls to safe recruitment processes and whilst issues with medicines had been identified, improvements were not consistent.

People received care and support by sufficient numbers of staff who had been appropriately trained to recognise signs of abuse or risk and understood what to do to safely support people. One person told us they "Totally trust the staff here, I feel safe with the care staff." People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We saw that people were supported to be as independent as possible with their personal care and mobility.

Staff received essential training to meet people's needs. All new staff completed an induction programme where they got to know people and their needs well. One staff member said, "We do receive regular training, and refreshers." Where there was an assessed need, people were supported to eat and drink enough to maintain a balanced diet. Referrals and advice was sought from relevant health care professionals to ensure people remained as healthy as possible. 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. People were asked for their consent prior to any care or support tasks being completed. The registered manager had taken the necessary steps to ensure that people only received lawful care that was in line with legislation.

Everyone we spoke to was consistent in their views that staff were kind, caring and supportive. One person said, "Best staff I've ever had." People's independence was considered important by all staff and their privacy and dignity was promoted.

Staff were committed to delivering care in a person-centred way based on people's preferences and wishes. There was a stable staff team who were knowledgeable about the people they supported and had built trusting and meaningful relationships with them. People were supported to go out and form relationships with family and members of the community.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated.

People that were supported by Carewatch, their relatives and members of staff were actively engaged in developing the service. The registered manager and the staff team actively worked in partnership with other agencies to support the development of joined-up care.

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

Rating at last inspection
The last rating for this service was requires improvement (published 24 September 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

This service was registered with us on 17/04/2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on our inspection programme.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our safe 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.

Carewatch (Cranbrook Court)

Detailed findings

Background to this inspection

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

Inspection team
The inspection team consisted of two inspectors.

The service type
This domiciliary care service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

Notice of inspection
This inspection was announced.

What we did before the inspection
We reviewed the information we held about the service and the service provider, including the previous inspection report. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well,

and improvements they plan to make. This information helps support our inspections.

We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection
We visited Cranbrook Court and the Carewatch office and met with people who lived there and the staff that supported them. We met or spoke with 15 people to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, area manager, clinical lead, deputy managers and five members of staff.

We reviewed the care records of six people and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with six visitors who visited the service and one professional who regularly visit the service.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● We viewed six people's MAR records and saw that there were a number of missed signatures and no explanation for the gap. There was also no evidence that staff had checked the stock of medicines to ensure that the person had received their essential medicines. This meant there was a possibility that people had not received their essential medicine to maintain their health.

● Some people had 'as required' medicines (PRN,) such as painkillers. Whilst there were detailed PRN protocols for each person, staff had not always followed the protocol in recording whether it was effective or further advice was required.

The above issues were areas that required improvement.

● All staff who administered medicines had relevant training and competency checks that ensured medicines were handled safely. Staff competency was checked through shadowing, observation, knowledge tests and scenarios.

● Staff confirmed they understood the importance of safe administration and management of medicines.

Staffing and recruitment

● Staff were not always recruited safely. The provider had completed background checks on new staff as part of the recruitment process. However, references from previous employers had not always been sought regarding their work conduct and character and not all staff had evidence of interview notes. There was also an error with one person's Disclosure and Barring Service check (DBS). DBS checks help employers make safer recruitment decisions by checking for any convictions, cautions or warnings. A new DBS form was immediately sent with the errors in name amended.

The above areas meant that the provider had not ensured that the processes for recruitment were consistently safe and this is an area that requires improvement.

● Staff had a full employment history evidenced in their files and where gaps were identified, these had been investigated by the management team during the interview process.

● People were kept safe by sufficient numbers of staff and there was adequate cover for sickness and unforeseen events. The staffing numbers changed throughout the day as they reflected the people's support needs and care contracts. A staff member at night responded to calls and people told us that they were

confident of getting immediate support. One person said, "No problem with the care side, but for security reasons and safety at night there should be more than one staff."

● Whilst we were told that there was no-one that required planned night calls or two staff for moving and handling after 10 pm and before 7am, we found people had had to change from their preferred bedtime and rising time due to changes with their partner capability to assist. This has been referred to the supply management team of the Local Authority for consideration. This has been discussed in the well-led question in this report.

● Staff told us they worked flexibly as a team to meet people's needs so people were supported by staff they knew. People we spoke with confirmed this. One person said, "Used to be a problem, but really improved."

● People told us their visits were never missed and they were notified if staff were running behind schedule. People had information supplied weekly about the staff who would be visiting so they knew which staff to expect on particular days.

● Late calls were monitored by the management team. There had been some late calls which had been investigated and found to be due to rotas not always being checked. This was being monitored and improvements seen.

Assessing risk, safety monitoring and management

● Risks to people were identified, monitored and continuously reviewed to ensure people remained safe. Staff knew people well and knew about risks to their wellbeing.

● Risks to peoples' health and welfare had been consistently assessed. For example, people who lived with diabetes had a care plan with a risk assessment in place. This guided staff in recognising the signs and symptoms of low blood sugar or high blood sugar levels and what actions they should take if they found the person unwell on their visit.

● People who were unable to communicate their needs had clear guidance for staff to follow in respect of recognising pain, discomfort or unhappiness.

● Health and safety checks were undertaken to ensure people's homes, utilities and equipment were safe and in good working order. Staff knew to report any environmental concerns. Lone working policy and procedures were discussed and there was a procedure in place for nights which detailed on-call and emergency procedures.

● People were kept safe by staff who understood what action to take in the event of an incident and followed internal procedures for reporting and documenting these. Staff had received fire training and were aware of the exits in people's flats and emergency procedures to follow in the event of a fire.

● There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. In the event of the building needing to be evacuated, a place of safety had been nominated. There was an on-call out of hours management rota for staff to call if there was an emergency situation.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe. Comments included, "I think the staff here are great, I trust them totally," and "Nothing but praise for the staff, they look out for me and safely care for my husband," and "I feel safe here and I can live independently with no worries."

● Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority.

● A staff member said, "Our training is good, and has given me the confidence to know how to recognise different types of abuse."

● There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of

their induction and training.
● Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The Provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Preventing and controlling infection
● We observed the building to be clean, tidy and well maintained, with good practices in infection control.
● People were regularly encouraged by staff to wash their hands, wear protective equipment and keep the house clean. There was easy read documentation throughout the home for effective hand washing.
● Personal Protective Equipment (PPE) such as gloves and aprons were available in all areas of the home. We observed staff and people using them as required during the inspection, particularly when cooking or using cleaning equipment.
● Staff had all received infection control training which was reviewed regularly. Infection control audits were completed monthly by the registered manager or deputy manager. This included observations of staff practice.

Learning lessons when things go wrong
● The registered manager had good oversight of accidents and incidents and analysed these to learn lessons and prevent them re-occurring. For example, there had been some medicine omissions due to medicines running out. The registered manager had fully investigated the reasons and introduced a system to ensure medicines were ordered in time.
● Incidents were reviewed monthly by the registered manager and any themes or trends were identified. Actions were then taken to reduce risks and improve people's wellbeing.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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

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

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff always sought their consent prior to supporting them. Staff demonstrated an understanding of the MCA and the importance of obtaining consent. One staff member explained, "People have a right to make their own decisions and support them."
- There was discussion in respect of certain decisions made for one person with capacity by their Lasting Power of Attorney (for property and finances) in respect of health decisions. This has been taken forward by the registered manager for clarification.
- Staff had received training to ensure their knowledge and practice reflected the requirements set out in the MCA. Staff understood the concept of capacity and understood the relevance of that impacting on personal care decisions. People told us they were asked for their consent prior to any personal care being undertaken or assisting them with their medicines. This was confirmed by staff and by reading care documentation.
- The provider had up to date policies and procedures in relation to the MCA and staff were provided with information on how to apply the principles when providing care to people who lived at Cranbrook Court.

Staff skills, knowledge and experience

- The provider had ensured that staff had the skills, knowledge and experience to deliver effective care and support. The organisation had their own training department within Carewatch to support and manage this. The training programme confirmed that staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety, infection control and fire safety.

● Some people's care needs had changed, and the registered manager was in the process of sourcing training to ensure staff could meet these changed needs. This included catheter and dementia training.
● Staff told us that the training programme was 'interesting', and 'helpful.' They also said, "We need some training in catheters, but that is being arranged."
● Staff received support and supervision in different formats which included face to face supervisions, spot checks and observations with a line manager in line with the organisation's policy. These meetings provided opportunities for staff to give and receive feedback about their role and working practices. Where applicable staff received an annual appraisal with their line manager.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs had been assessed prior to them receiving support. These initial assessments considered the person's wishes for their care, as well as looking at their past life history and current care needs. These assessments showed people had been involved in the process.
● People's protected characteristics under the Equality Act 2010, such as their race, religion or sexual orientation, were recorded during the assessment, and this was then transferred into the care plan. There were equality and diversity policies in place for staff to follow, and staff received training in this subject as part of their induction.
● Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Staff told us of courses they had attended and of further training they would like to do. For example, one staff member said, "Our training is good, and we have some more training coming up."

Supporting people to live healthier lives, access healthcare services and support;
● The provider told us, on occasion, they had accessed emergency healthcare for people. This had included calling emergency services where people required immediate support and contacting the GP for an urgent appointment. One person said, "The staff are very helpful, if I feel unwell they will ring my GP."
● Although most people currently receiving support had help from friends and family to access more routine healthcare services, the provider indicated that they would support people with this where needed. One person said, "Staff can accompany me to appointments if I need them to, as long as it is arranged in time."

Supporting people to eat and drink enough with choice in a balanced diet
● Where required, people were supported to maintain a balanced diet. Each person had information about their specific dietary requirements and their likes and dislikes within their care documentation.
● People who received support to eat and drink were happy with how staff supported them. One person said, "The care staff help me down to the dining room if I want to go." Another person said, "If I struggle, staff will help me."
● Staff spoken with knew people's dietary needs and how these should be met. This included people who may be at risk from swallowing difficulties and weight loss.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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
● Feedback from people described staff as "Excellent," "Very good" and "Caring". Comments included, "The staff here are really kind, polite and respect us."
● The kindness of the staff was commented on by relatives who received support who told us, "We couldn't be together without their support, our old flat wasn't suitable," and "It works well, it has allowed them to live in their own home but get support."
● Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful when discussing their care and the staff that supported them.

● Equality and diversity were embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner. The manager used team meetings to share information by national organisations to promote discussion and reflection around this area.

Supporting people to express their views and be involved in making decisions about their care
● People told us that they felt involved in decisions about care and support. They said were involved in day to day decisions and care records showed they participated in reviews of their care. Comments included, "One of the office staff sit and ask me about my care, they also complete a form. I'm very happy with my care package."
● People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews. Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Staff explained that it was really important to encourage people to be involved and make as many decisions as possible about their care and life. One staff member said, "It's all about what works for them to be able to live here ."

Respecting and promoting people's privacy, dignity and independence
● People's privacy and dignity was respected. People told us, "Always ensure I'm comfortable and make sure I'm covered up, They always ring before coming in my flat." Another person said, "They have obviously had training because they leave the flat as they find it, they respect it's my home." One staff member said, "Our work is about helping people to keep their dignity and helping them to be able to stay in their flat."
● We observed staff ringing on people's doors before entering. Discussions about people's needs were

discreet, personal care was delivered in private and staff understood people's right to privacy.

● People were supported by staff to take pride in their appearance. People were supported to maintain their personal hygiene through baths and showers when they wanted them.

● Staff told us they always encouraged people to do as much as they can for themselves, one staff member said, "It can be different everyday, depending on how they feel, so we let them chose how much help they want."

● People's care plans recorded details about which personal care tasks they were able to do and noted that staff should be encouraging them to do these themselves. Each person kept copies of their care plan and medication records in their own home.

● Confidential information was held securely in locked in a lockable office. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

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

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

- People were supported to take part in activities within their community, if this was part of their care and support needs. Staff told us that they supported people to the communal areas for lunch and for activities and meetings should they wish to go. Records showed that people were supported to maintain their religious beliefs, by accessing their place of worship or attending services within their community. They were also supported to have coffee out in the local community and to go out in the gardens.
- People were encouraged to maintain relationships with their loved ones, as well as build new ones. One person said, "I don't need support but my husband does, it allows us to stay here together, they pick up any changes in his health and then we talk about what help he needs." Another person said, "I discuss what support I need, and I get it, no problem."

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

- People received personalised care that was tailored around their wishes, preferences and routines. People were supported by staff who knew them well and understood their likes, dislikes and preferences with regards to their care.
- People's care plans included information such as, medical and life history, communication, emotional needs, preferred morning and evening routine including information about their wishes and preferences in relation to these areas. This information guided staff to deliver the care the person needed and in a way the person wanted.
- People's care plans were reviewed with them on a regular basis to ensure the information was up to date and continued to inform staff how to meet their needs.
- People confirmed that they had discussed their care delivery and people told us that staff were accommodating and would make changes to care provisions where needed. For example, one person said, "I have sometimes changed a time if I was going out, staff are kind that way."

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.

- Staff understood people and their communication needs well. People with sight impairments were

provided enlarged print for rotas and care documents. Staff were aware of the need to ensure furniture and belongings were always placed in the same place to avoid accidents. Communal areas had hearing loop systems to assist those with hearing impairments.

● Communication advice and directives for people who were experiencing the first signs of forgetfulness and dementia were still being developed by the registered manager. Staff however were able to tell us how they communicated with people who were confused and anxious.

Improving care quality in response to complaints or concerns

● People and their relatives told us they knew the process to follow if they needed to complain and raise concerns. One person said, I would go to one of the staff or the registered manager if I had a complaint. I've never had to though." Another said, "They visited the office if they had a complaint and it was dealt with immediately.

● Where complaints had been made, a record had been kept of this alongside details of actions taken in response to this. These showed complaints made had been investigated, resolved and the outcome shared with people.

● When compliments and thank you cards had been received these were shared with staff at meetings which showed staff they were appreciated.

● Satisfaction surveys had been sent out regularly in respect of getting feedback on the service and kept in the care file. These were collated and the survey outcomes shared with people's families and staff. The actions to be taken were also shared. For example, call times and late or missed calls.

End of life care and support

● No-one was receiving end of life care at the time of inspection. However, staff had previously supported people at the end of their lives and did this in a kind, dignified and personalised way.

● The registered manager said, "Peoples wishes are first approached when we start a care package, not all people want to discuss it but we continue to ask in a gentle way on reviews. Staff were aware of which people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) for some people .

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had been in post for six months and was supported by the area manager and a quality lead. Systems and processes to assess, monitor and improve the quality and safety of the service provided were in place. However, not all were effective at this time. For example, medicine audits were undertaken but were lacking in details of issues such as had the medicine been missed and of possible impact on people of not receiving their essential medicines.
- Missing signatures had been identified over the past four months and the action taken was further training. Whilst this had improved MAR recording, errors were still found at this inspection.
- Another example of audits not being effective was the audit of staff files. These had not identified the shortfalls we found, such as an incorrect surname on DBS checks. These shortfalls were immediately rectified.
- Some care plans had not been updated to identify to staff that a care need was not required. For example, two people lived with sleep apnoea and the care plans stated that oxygen was used at night. However, this was not current information according to staff. There was no other directives for staff in respect of this recorded health problem.
- Not all short term care needs were reflected in people's care plans. For example, staff talked us through one person's confusion due to a urine infection, and changes with their mental health but this was not recorded in the care plan to alert all staff that the person behaviours had changed and how to deal with it consistently.
- Risk assessments for people who lived with epilepsy, catheters and diabetes stated that staff would receive training in these to manage risk but at this time staff had not received the training. We were told this would be addressed with the new training provider in April 2020 and training implemented. We were informed that the district nurse had provided basic catheter care for some staff which had mitigated the risk at this time.

The above issues had not impacted on the care delivery at this time due to the knowledge of the registered manager and staff team but were areas that required improvement to ensure risks to people were continuously mitigated.

We discussed this with the registered manager as an area that needed to be improved. They told us these would be addressed. The registered manager immediately amended and updated the care plans to ensure there was guidance for staff to follow.

● Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism. All feedback from people was positive, and included, "Knowledgeable," "caring" and "smartly dressed". One visitor said, "I think the management and staff are really good here." It was also highlighted by the visitor that, "Staff are visible."
●The staff team at Cranbrook Court worked well together and were open and transparent with people, their loved ones and staff about any challenges they faced. Everyone was encouraged to work together to find solutions.
● Staff said that they felt valued and supported to be involved in decisions in the home. One staff member said, "We have had changes but things are good now."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open
and honest with people when something goes wrong
● The provider was open and honest where things had gone wrong. Complaints made were appropriately discussed with staff and people who use the service, and where needed, notifications of incidents had been shared with the local authority and CQC.
● The provider and registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed.
● Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents were escalated to other organisations such as the Local Authority and CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider and manager were aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Surveys had been sent out to people, relatives and professionals yearly. These were collated and actions taken to comments received. The actions were then shared with people, visitors and staff. Monthly reviews included a short questionnaire about the quality of service .
● Staff told us they were involved with regular staff meetings where they could discuss training or any ideas to improve care. This included thanking staff for hard work and celebrating successes.
● A member of the management team joined in the resident and relative meetings that were held regularly, by Sussex Weald (housing association)The feedback from people and relatives was recorded and showed the action taken. This was then fed back to all who attended. Suggestions in respect of night time staffing levels and safety of staff and people had been taken forward.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The provider's ethos was to provide each person with safe care and the means to live life to the full extent, with privacy and dignity, whilst promoting independence.
● The management structure allowed an open-door policy, the registered manager's office was sign posted in the reception area, so people, visitors and staff knew where to go to discuss any issues. We saw people and visitors visit the office throughout the day. Staff confirmed they felt supported to bring in ideas, discuss what worked and what didn't work.

● Everyone was offered the same opportunities in ways that reflected their needs and preferences. All staff had received training in human rights.
● People and their relatives had regular contact with the management team and staff regularly telephoned or visited people to obtain their views about the service and ensure they were happy and satisfied with how they were supported.

Continuous learning and improving care
● The management and staff team made sure they continually updated their skills and knowledge by attending training, Carewatch meetings and forums. They valued the opportunity to meet other managers to share ideas and discuss concerns.
● The provider consistently questioned what they could do to improve the service and made any changes they felt necessary. When a safeguarding had been raised, the registered manager worked with the local authority and confirmed that lessons had been learnt and learning taken forward.
● The management team checked that the service was being delivered to the standards they required everyday by talking to people, their relatives and staff, as well as checking records and observing what happened at the service.

Working in partnership with others
● The management team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing.
● Staff had a good relationship with the community nurses and other health care professionals and contacted them for advice when needed.
● The management team also worked with other health and social care professionals in order to increase their learning and provide coordinated care. This included liaison with social workers and professionals at the local hospital who were working on ensuring people received timely coordinated discharge from hospital.