

# Lothlorien Community Limited

## Rose Cottage

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Rose Cottage is an adapted care home providing accommodation and personal care for seven people living with a learning disability who are aged 18 years and over. At the time of the inspection, six people were living in the service.

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 Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

### People's experience of using this service and what we found

People were safe, two said they were happy living in the service and people were relaxed and comfortable with each other and staff. Relatives said they were very happy with the service their relatives received. However, we found some minor issues around medication management and risk assessment that had not been identified through the services own quality checks. The management team were enthusiastic and motivated to drive improvement and make changes to the service. However, current shared management of the service by the registered manager and deputy were not providing the continuity and oversight needed, to address issues and improve communication. These are areas for improvement.

Staff felt much happier, stating that the turnover of staff had been positive and the culture in the service much improved, with staff more motivated. There was an improving picture around people getting out and leading more active and stimulating lives, achievable goals were being set but more needed to be done to make activities meaningful and to evaluate and review the goals set.

We observed that staff engagements with people, showed kindness, respect and compassion. They handled people's privacy and dignity well. People respected each other's private space. People were supported to develop their potential for greater independence and this will benefit from ongoing improvements to setting achievable goals for people to aspire to. Detailed plans of care informed staff support of people in accordance with their personal preferences.

New staff received an appropriate induction to their role and a full range of training was provided to all staff to ensure they developed the right knowledge and skills to support people safely. Overall staff said they were happy and felt supported by the Registered and deputy managers. Risks were appropriately assessed. Staff demonstrated an awareness of safeguarding. They knew how to protect people from abuse.

There were enough staff to support people's day to day needs safely. A safe system of recruitment was in place to ensure the suitability of new staff. There was a low level of incidents and accidents, but these were analysed to mitigate further risks and to learn from. People lived in a clean, comfortable, homely and well-maintained environment, and were supported to personalise their own space to their tastes.

Relatives said they felt able to express concerns and were confident of these being addressed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff understood How the Mental Capacity Act 2005 (MCA) impacted on their support of people and how people could be helped to make decisions.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection the last rating for this service was Requires Improvement. (Published 1/12/2018)

### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. The provider acted to mitigate these risks during the inspection and we will check if this has been effective when we next inspect. Please see the Safe, Responsive and Well led sections of this full report.

### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Rose Cottage

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Rose Cottage 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 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 unannounced. Site visit activity started on 15 October 2019 and ended on 17 October 2019 when we visited briefly to gather additional information from speaking with staff. Calls to relatives and health professionals were undertaken on 22 October 2019.

#### What we did before the inspection

Before we inspected we made attempts to contact four social care professionals who support people placed in the service. We also contacted the local authority commissioning team. We reviewed all the information and notifications we had received since the last inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this

information to plan our inspection

During the inspection

We met all the people currently living in the service. Most people were unable to tell us about their experiences, so we made observations throughout the day when people were in communal areas with staff to help us understand the experiences of those who could not talk to us. We spoke with a member of the senior management team who was present throughout the inspection. We spoke with the deputy manager. We also spoke with six staff over both days and a visiting relative.

We looked at the care records of two people living in the service, this included risk information and daily records. In addition, we reviewed how medicines were managed and reviewed records relating to the operational management of the service. This included two staff recruitment files, staff rotas, records of staff training, supervision and appraisal. Staff meetings, engagement with people using the service, and quality assurance information.

After the inspection

We sought and received feedback from a further three relatives and one social care professional.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- We identified an issue with an air mattress and brought this to the attention of the deputy manager. They sought expert advice from the mattress provider on the proper setting to be used and this was adjusted the following day. We have addressed the need for improved oversight from the management team within the well led domain.
- A care manager and a relative expressed concern about the responsiveness of the provider to the purchasing of equipment people needed. There lacked clarity on who was responsible for providing this. For example, at inspection no decision had been made as to whether a new mattress would be provided for someone needing an air mattress, when their loan mattress needed to be returned to the NHS. The same person had been without a hoist for one week prior to our visit requiring them to spend every day in bed. A new hoist arrived on the day of inspection and post inspection a decision had been made in regard to providing the new mattress.
- In all other respects the premises were well maintained and provided a comfortable and homely environment.
- People were protected because appropriate checks, tests and servicing of equipment such as fire equipment, and electrical and gas installations were conducted at regular intervals.
- People and staff participated in fire drills to ensure everyone knew how to respond to the alarm. Personal evacuation plans for people were in place to inform staff what help people needed to evacuate.

### Using medicines safely

- Medicines were managed safely.
- Only trained staff administered medicines, Training was kept updated and staff competency assessed annually.
- Arrangements for ordering, storage and disposal of medicines were appropriate. Storage temperatures were recorded daily to ensure medicines were kept at the right temperature. Medicine records were completed appropriately.
- Administration of over the counter medicines that the GP had confirmed people could take were recorded on medicine records. Medicines prescribed to people that were taken as and when needed had guidance available to inform staff when these should be given.
- A monthly audit of medicines checked that people were receiving medicines safely and that medicines were managed in accordance with procedures. This audit was under review to make it more robust.

Systems and processes to safeguard people from the risk of abuse

- There were no open safeguarding alerts at the time of inspection
- The provider had ensured that there were effective safeguarding systems in place by providing staff with training to raise their awareness and understanding of how to keep people safe.
- Staff understood how to report suspicions of abuse within the organisation and to external agencies if needed should they become aware of it.
- One person was able to tell us they felt safe living in the service. Other people showed that they were relaxed and comfortable in the presence of each other and staff.

#### Staffing and recruitment

- There were enough staff on duty to meet people's day to day needs. Vacant staff hours meant there was use of agency staff to cover shifts and where possible the agency was required to send agency staff who were familiar with the service to aid continuity for people and staff.
- Staff were recruited safely systems in place to check the suitability of new applicants ensured all checks made were in keeping with current legislation, including criminal record checks, employment references, health status, proof of identity, and previous employment history.

#### Preventing and controlling infection

- People lived in a pleasant environment that was kept clean tidy and with no odours.
- Staff had received training in infection control and food hygiene and understood the steps to take to prevent cross infection and contamination.
- Soiled laundry was handled safely with appropriate separation of clean from soiled laundry.
- People were supported as much as they wanted to be to undertake their own room cleaning and help with another household task.

#### Learning lessons when things go wrong

- Staff said that when things went wrong these were discussed within staff meetings.
- There were minimal incidents and accidents. People at risk of falling had falls risk assessments in place highlighting risk reduction measures in place. Additional advice was sought from health professionals. One person accounted for most of the present falls due to unpredictable seizures. All appropriate steps had been taken to assess the risks of seizures and falls to the person. Each fall was analysed to assess if any additional safety measures needed to be implemented.
- Action had been taken to provide appropriate equipment to reduce the number of falls and other professionals consulted in discussions about how the service could continue to protect the person from injury.
- We were informed that lessons had been learned from an incident where staff had not followed a behaviour strategy for one person, leading to an escalation in behaviour. Risk assessments were in place for people who could present with behaviour that could be challenging. Strategies had been developed to guide staff responses to de-escalate behaviour. Incidents were rare, but risk assessments and strategies were reviewed after each incident. Staff had been reminded of the importance of always working to peoples agreed plans of support.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- New people continued to have their needs assessed by service staff prior to acceptance for admission. This helped to ensure that people's protected characteristics under the Equality Act 2010 were considered along with support needed around their physical, mental and social needs and that these could be appropriately supported. Staff sought additional information from other sources to help inform their decision making. Opportunities were provided to the person for transition visits to meet staff and other people living in the service, in accordance with the person's own preferences.
- People's support needs were routinely reviewed to take account of any new changes. This guided staff in assessing whether the person was receiving the right support for their needs. Reviews were undertaken sooner if changes in need were identified.

Staff support: induction, training, skills and experience

- An induction programme was in place for new staff to ensure they had the right basic knowledge and skills to support people safely. They worked as an extra person on shift during induction. This was so they could gain an understanding of the policies and procedures guiding their work and people's individual support needs.
- All staff completed a series of mandatory training courses such as fire awareness, food safety, infection control, first aid, safeguarding, mental capacity, moving and handling. This helped them understand how to keep people safe from harm. Training was updated for all staff at regular intervals. Additionally, training specific to some people's health needs was provided. This informed staff how to recognise and respond to conditions such as Diabetes and epilepsy.
- Staff said they felt supported by each other and the management team. Staff said they had regular face to face supervision meetings with either the registered manager or deputy manager, they found these helpful. Those staff in post for more than one year received an annual appraisal of their training, development and overall performance. Staff felt involved in this process and able to express their views

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

- Staff understood people's food likes and dislikes and what support they required with their nutrition and hydration. Pictorial information was used to involve people in menu planning each week. A pictorial menu was displayed in the kitchen, so people knew what they were having for their main meal of the evening.
- People could make decisions about what they wanted to eat and drink each day for breakfast and lunches for example we observed people choosing what they wanted for breakfast from a variety of cereals. Later, we saw a person supported to make their own sandwich.
- Staff understood what support people needed with special diets for example diabetic diets, pureed diets.

A relative told us that staff were mindful of their relative's dietary needs and provided a reduced sugar diet for them.

- A staff member was observed assisting someone with their meal. This was undertaken patiently with good engagement and eye contact maintained throughout the meal. The person was seen to be enjoying their meal experience. The staff member spoke affectionately to them, interacted with them and the person was smiling. After the meal the staff member ensured the person was left clean and tidy.

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

- One person was able to tell staff when they were unwell, they told us that they had a cold and did not feel well. Staff observed the body language and behaviour of other people who did not speak to determine if they were in pain or unwell. Staff referred people appropriately to health professionals for support and followed any advice given. People were supported to attend annual health checks.
- People had information about themselves that was shared with hospital staff and other health professionals if the person needed health care treatment. This informed health staff about the persons care and health needs and how they preferred to be supported when in hospital, or in other health settings.
- Records were maintained of when people saw health professionals and the outcome of these visits. This provided assurance that people's health and wellbeing was being appropriately supported. Relatives told us that they were kept informed of health appointments and their outcomes and could attend these if they wanted to. Another relative told us that they felt attention to health needs was improving since their family members key worker changed, they said the key worker was more proactive in querying GP decisions and seeking what was best for their family member.
- The provider had cascaded to staff information regarding the importance of oral health care and oral health plans were now in place for everyone.

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

- The environment was accessible and enabled one person who used a wheelchair access to all areas of the service including the garden which was laid to lawn.
- People were consulted and informed about important changes to the premises and staff took account of when it would be best to undertake works to cause the least distress. People had been supported to personalise their own space with their possessions to reflect their interests.
- There were enough suitable communal facilities such as baths showers and toilets to meet people's needs. There were enough communal spaces so that people had the option of sitting together or on their own. A relative we met said they spent most of their visits in their relative's bedroom as this was the persons preference.
- People lived in a comfortable and homely environment and were provided with all the appropriate equipment to keep them safe.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were subject to some restrictive practise we saw that the registered manager had applied for or been granted a DoLS authorisation. No conditions had been set by the local authority for those DoLS authorised.
- People's capacity to make decisions was considered at the time of assessment and admission and was kept under review.
- Staff told us, and peoples care plans contained evidence, that staff had consulted with relatives and professionals to ensure all decisions made were undertaken in the persons best interest. For example, invasive dental procedures.
- We observed staff seeking peoples consent prior to offering support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Promoting people's privacy, dignity and independence

- Staff showed they held people in affection. There was warmth in their interactions with people who they supported with kind and compassionate care.
- People were supported to maintain an appearance that promoted their dignity, and they were assisted by staff to choose appropriate clean clothing.
- When undertaking personal care support staff ensured bedroom doors and curtains were closed and that people were suitably covered.
- Staff respected people's private space and knocked before entering. People were encouraged to respect each other's private space and possessions. Staff respected people's choices to have private time.
- Staff received training in equalities and human rights. This gave them an understanding of how they could support people in ways that treated them as individuals and respected their diverse lifestyle choices.
- Staff respected people's confidentiality and paper records were held securely. Computerised information was password protected.
- People were supported to develop independence. For example, Staff worked hard at encouraging one person to leave their bedroom to participate in activities outside the service. Staff had some success with this already. A relative spoke positively about how their family members confidence had been boosted as a result. They said staff had assisted in helping the person to take responsibility for some aspects of their own personal care needs.

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

- People and their relatives were consulted about the development of support plans. Staff understood people's individual method of communication and how to frame questions to people in a way they could understand. This enabled each person to express their views, be understood and listened to.
- People had opportunities to contribute to decisions about their life through face to face meetings with their key worker. Common issues such as menu planning, trips activities, and concerns that affected everyone were discussed in house meetings; these were held regularly and facilitated by a staff member.
- Staff understood advocacy services and how these could be accessed for people who needed support with making important decisions.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- There was an improving picture of people getting out more. Staff were motivated to identify places people could go and would find interesting. Better use was made of the local community and day centre facilities. Staff felt the culture had changed and there was more of a 'can do' attitude from the newer staff team to facilitate activities. Staff showed enthusiasm for developing activities one told us "It's exciting, we have a long way to go, but staff are buying into the idea."
- Staff needed direction however on how to provide meaningful activities. For example, during inspection people were around in the house for long periods without activity. One person went from 9 in the morning until 3 pm with no activity other than one game of electronic dominoes, time could have been used more effectively in skills development and other in-house activities. A planned activity for the day had been shelved with no explanation why.
- An agency staff member had been asked to take another person out for a walk. We observed them sitting with the person outside a local supermarket. It was cold and windy. The activity was not meaningful as it had no purpose or destination such as a walk and some shopping. We discussed the development of proactive and meaningful activities for people as an area for ongoing improvement.
- Staff supported people to maintain links with their relatives, one person had regular home visits. A relative who visited the service frequently told us they were always made welcome and kept informed about their family members wellbeing. Another relative said their relatives new key worker was keeping them more informed than previously, but other staff did not always follow the agreed communication protocols and needed reminding about this.

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

- People were asked using their preferred method of communication about aspects of their care and support at 1-1 meetings with their key worker. Relatives told us that they were kept informed and consulted about their family members care and health needs. They told us that they were invited to reviews and saw care plans there. The deputy manager said that relatives were also invited to view care plans when at the service and contribute and comment on them. One relative told us they were aware the care plan was being updated and would ask to see it upon completion, so they could comment.
- Care plans viewed provided a detailed profile of each person, their social history, their likes and dislikes, their health and personal care support needs. Risks were assessed and the persons capacity to make decisions for themselves. This information informed staff support.
- At the previous inspection we had identified that goals and aspirations were not established for everyone. Those in place were not being reviewed or progressed. We made this an area requiring improvement. At this

inspection records showed that people had been set achievable goals with some already achieved. However, evaluation of progress towards goals and the setting of new goals was still not happening as regularly for some people. With monthly one to one meetings with their key worker not occurring in accordance with the organisation's procedures. For example, one person had been provided with only three meetings since April to the date of inspection, so their goals were not evaluated, or new ones set. We discussed this with the deputy manager as it remains an area of ongoing improvement.

#### 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.

- People's communication needs were assessed as part of their initial assessment for the service. People's support plans included clear and detailed information about their communication needs, and how they made their wishes and preferences known.
- Staff demonstrated a good understanding of people's communication styles and imparted information to people in accordance with each person's communication guidelines, by using touch, eye contact and visual cues.
- Improvements had been made to the availability of accessible information with pictorial menus, easy read complaints information, pictures of staff provided so people knew who worked with them. Feedback questionnaires for people about the service, used facial expressions to aid people in commenting about the service they received. The deputy manager spoke about the need for further development of this area, such as, introducing now and next boards which are a visual aid to inform people more about their daily activity plans. They agreed to take this forward.

#### Improving care quality in response to complaints or concerns

- There had been only one complaint received in the past 12 months and this had been resolved.
- One person told us that if they were unhappy about something they would tell staff. They were encouraged to write down their concerns and send them to the registered manager to address which they did. For people less able to vocalise their needs, Staff understood their methods of communication and would be able to recognise signs of distress and upset and seek the cause for this immediately and resolve it where possible.
- A complaints policy was in place and the procedure for making a complaint displayed in an easy read version in the service. Relatives told us they felt able to approach staff with any concerns they might have; and had done so previously stating that issues had been resolved satisfactorily.
- There were opportunities more formally for people to tell staff if they were unhappy about something through one to one meetings with their key worker, through house meetings and in the wider 'your voice' forum meetings held with representatives from other services.

#### End of life care and support

- People were currently well, and no one was in receipt of end of life care.
- Staff in consultation with relatives had completed information for most people about preferences for care and support should anything untoward occur. This was so people's final wishes could be respected.
- Staff were mindful that this was a sensitive subject to discuss with people and their relatives, they gave appropriate time and consideration to how they would take this forward to ensure appropriate plans were in place for everyone.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvements. At this inspection this key question has remained the same. 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.

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

- We identified the overview of the service by the management team needed improvement. For example, it had not been identified through management checks that a mattress setting for one person was incorrect and that guidance for staff related to a different mattress. It was important equipment used to alleviate pressure sores worked correctly.
- With a relatively new staff team the shared management between the registered manager and the deputy manager was not providing the continuity needed to embed good practice, improve communication, and drive the improvements needed.
- Staff said they were happier and worked well as a team. Changes in culture were welcomed. The management team were approachable. Communication, however, was a source of frustration for staff. Staff recognised that this needed improvement at all levels within the service, to avoid mixed message, and misinformation. For example, on the day of inspection, a number of staff arrived for a training course that had been cancelled the day previously. This had not been relayed to staff who had travelled in specifically for the course.
- A relative told us that their family members new key worker was keeping them more informed than previously, but other staff did not always follow the agreed communication protocols and needed reminding about this.
- A staff member told us that they sometimes found out about changes from other staff which had not been recorded in the communication book. For example, the staff member said they were informed that they were no longer to take rescue medicines for epilepsy out with them. We raised this with the deputy who said this was not the case at all. This incorrect information could have placed people with epilepsy at risk if the staff member concerned had decided to follow the advice.
- Discussion with a relative and a care manager indicated concern about the lack of clarity from senior management about what equipment they were and were not responsible for providing. This had led to delays in equipment decisions being made and provided.

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 deputy manager and provider representatives present during inspection understood their responsibilities under duty of candour to be open about when things had gone wrong and to report issues

appropriately.

- The registered manager and deputy manager had notified the Care Quality Commission (CQC) appropriately about reportable events and incidents that occurred in the service.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their inspection report and ratings in the reception area and it was on the provider's website.

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

- Care staff were supported to understand their role and responsibilities through induction, supervision, staff meetings. They were provided with updated policies and procedures to inform and guide them on changes in legislation and best practice guidance from external agencies such as the National Institute for clinical excellence (NICE) or the department of Health. This informed and guided them to provide people with the assistance they needed in a safe and appropriate way.
- An out of hours on call system was in place to enable staff to contact a member of the management team, out of hours when they needed assistance or support.
- Monthly staff meetings were held to disseminate important information to staff, discuss changes to people's needs and support, discuss learning from training and events and enable staff to raise issues and suggestions for improvement, staff found these meetings valuable in fostering the development of team relationships.

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

- People were offered opportunities to comment about the service they received. There were weekly meetings to discuss menu choices, monthly your voice meetings where people could express any concerns or suggest improvements for their own care and support or for the service in general. People could also give feedback through one to one feedback with their key worker each month, and complete annual easy read questionnaires.
- Relatives were also asked to complete quality assurance questionnaires. All feedback was analysed and showed overall people were satisfied with the care and support provided. Any specific comments were addressed and used to improve service quality.

Continuous learning and improving care; working in partnership with others

- There was evidence of improvement since the last inspection with some areas for further review noted at this inspection that needed attention to ensure improvement was sustained.
- A range of quality assurance audits and checks were made daily weekly and monthly by staff to provide an overall picture of how well the service was meeting standards and ensuring a good delivery of care. The provider ensured that their own compliance teams also monitored levels of compliance and produced action plans to address identified shortfalls, and accidents and incidents were analysed to minimise the risk of recurrence.
- Relatives were satisfied with the service their family member received and spoke positively about improvements made.
- Staff sought advice from and worked with a range of health and social care professionals to ensure that they developed their understanding and expertise of how to meet people's needs, and that people had access to the support they needed.