

Achieve Together Limited

361 The Ridge

Inspection report

361 The Ridge
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Ratings

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

Summary of findings

Overall summary

About the service

361 The Ridge is a residential care home providing personal care to up to 12 people. At the time of our inspection, there were 11 people living at the home. People had learning disabilities and/or autism and some people had health conditions such as epilepsy.

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

People were kept safe from avoidable harm because staff knew people well and understood the signs of abuse. Systems were in place to protect people from harm. Risks to people were well known and managed to support their safety. Accidents, incidents and safeguarding concerns were recorded and learning was taken and shared amongst staff to prevent things from happening again. There were enough staff to safely support people and staff knew people well. Medicines were managed safely. The home was clean and hygienic and people were encouraged to get involved in keeping the home and their bedrooms clean.

People's needs were assessed in line with government guidance and the law. People had support plans detailing all aspects of people's support and what was important to people. Staff had received training in areas that were relevant to people living at the home. People were supported to eat and drink enough and were encouraged to do as much for themselves as possible. Staff worked with other agencies to provide appropriate support for people. People were given choices and supported to make those choices.

Staff were kind and caring towards people. Staff knew people well and what was important to the people they were supporting. People's relatives were positive about the impact staff had made to their loved ones. People and relatives' views were regularly sought by staff and action taken when suggestions were made. Staff respected people's privacy and dignity and supported people to be as independent as possible.

Support people received was personalised to them. Each person's support plan was different and considered the whole person. Staff knew how people communicated and understood what people were communicating. Information was given to people in ways they could understand. People were supported to go out and engage in hobbies that they enjoyed. People's end of life support had been considered by staff and discussions had taken place with people and their families.

The culture of the home was positive and inclusive. People and staff were one team working together in the home. Staff encouraged people to get involved in the running of the home and listened to people's ideas. The management team encouraged a culture of empowerment and were supportive of staff. Staff worked with other organisations to ensure people were receiving effective care and support.

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.

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

The service was able to demonstrate how they were meeting how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence. People were supported by staff to have different experiences using their abilities. We saw that staff encompassed people's senses when supporting them to engage with the world around them. For example, we saw a staff member support a person to sit in a sun beam and ask them if they could feel the warmth on their face from the sun. Records showed that staff respected people's personal space. Staff recorded in people's daily notes that they had knocked on people's doors before entering. We saw that staff did this before entering each person's bedroom. Relatives told us that people were encouraged to make their own choices. One person's relative told us, "Staff always help [person] to choose [their] own clothes, to keep that skill alive."

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. People were comfortable and happy around staff. We saw one person tell a staff member, "I like you" the staff member smiled and responded, "I like you too!" This made the person smile. People's daily notes showed that staff understood how people who were not able to verbally communicate, were feeling and how staff responded to people's individual ways of communicating. People had fun at 361 The Ridge. Themed days were regularly arranged by staff for people. For example, at the time of our inspection, people were having a pyjama party which encouraged lots of interactions between staff and people around being cosy and comfortable.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. We saw people having a good time with staff and joking with them. During the inspection we overheard a staff member singing to a person in their bedroom whilst supporting them to get washed and dressed. When we spoke to the staff member later, they told us the person loved that particular music group and enjoyed a sing song. Staff focused on encouraging people to do as much for themselves as possible. The culture of the staff team was positive and led by managers who focused on empowering people and encouraging independence.

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 the service under the previous provider was requires improvement, published on 21 November 2019.

Why we inspected

This service was registered with us on 1 December 2020 and this is the first inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

361 The Ridge

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors on the first day and one inspector on the second.

Service and service type

361 The Ridge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. This means that the provider is 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 on the first day. The second day was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals working with the service. 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 of this information to plan our inspection.

During the inspection

We spoke to and spent time with everyone at the home. Where people were not able to verbally communicate with us, we spent time observing the care and support they received from staff. We spoke to five members of staff, this included the manager, regional manager, senior support workers and support workers. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received a range of records in relation to staff recruitment and training. We were sent some follow up care records for people and quality assurance audits. We spoke to a further three members of staff over the phone and four people's relatives.

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 good. This meant people were safe and protected from avoidable harm.

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

- People were not able to tell us if they felt safe at the home. However, we saw people were comfortable in staff presence and approached them freely. People looked to staff for reassurance and staff spoke to people kindly and with affection.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies.
- Staff had received safeguarding training and understood how to identify and report abuse. One staff member told us, "If I ever saw anything that wasn't right or I was concerned, I would whistle blow straight away and make sure someone listened."
- Safeguarding incidents were appropriately recorded and reported.
- Staff learned from safeguarding incidents and made changes to make things safer for people and to prevent incidents from reoccurring. For example, new processes had been put into place to safeguard people following medicine errors to ensure that people received their medicines correctly. This process had reduced incidents of medication errors.

Assessing risk, safety monitoring and management

- Risks to people were managed. People had risk assessments that were specific to them and provided staff with information on how to support that person. Staff were knowledgeable about risks to people and the care they provided reflected information found in people's care plans.
- Staff supported people to keep safe. For one person who had a sight impairment but enjoyed walking around the home, a mat had been placed at the bottom of the stairs which alerted staff if the person stood on it. This meant the person was able to walk around the home freely, but staff would know if they needed to support the person to use the stairs safely.
- People who were at risk of becoming upset had positive behaviour support plans (PBS). People's plans detailed what might upset the person and how to support the person into wellbeing and reduce their anxiety. Incidents of people becoming upset with other people and staff were recorded and this information was used to inform the person's PBS plan.
- Some people had epilepsy. People had epilepsy plans in place which gave clear guidance to staff on what action to take if someone had a seizure including contacting the emergency services.
- Accidents and incidents were fully recorded by staff. The manager completed an analysis of the incidents to try and reduce the likelihood of them reoccurring.
- People had personal emergency evacuation plans (PEEPs) recorded which detailed the safest way to support each individual person in the event of a fire.
- Staff managed the safety of the living environment and equipment and took action to minimise risks to

people. The building was kept safe with regular health and safety checks by staff and external professionals. This included fire safety, equipment maintenance and legionella monitoring.

Staffing and recruitment

- Staff were recruited safely. The provider undertook checks on new staff before they started work. This included evidence of their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- There were enough staff to support people safely. The numbers and skills of staff matched the needs of people using the service. We saw that people were able to go out regularly with staff and there were enough staff to spend meaningful time with people. Staff were not rushed and supported people at their own pace.
- Whilst recruitment of staff was ongoing, agency staff were used to support people. Where possible, these were the same members of staff who got to know people well. Agency staff received an induction to the home and were provided with information on how to support people safely and how people wanted to be supported.

Using medicines safely

- Systems were in place to ensure medicines were given safely. When medicines were dispensed the staff member 'dotted' the MAR (medication administration record) and signed when it was given. There was also a board on the wall which they ticked when each person's medicines had been given. When everyone's medicines had been given, a second staff member checked the MARs for any errors.
- Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were regularly reviewed by prescribers in line with these principles.
- Staff received training and competency checks before they were able to administer medicines.
- Some people had medicines that were taken 'as needed' (PRN). People had protocols in place to tell staff how and when to administer these medicines. However, these were not always clear. We identified some needed clarity, and documents were updated by staff on the second day of our inspection.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

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

- People had care and support plans that were personalised and included people's physical and mental health needs. People, those important to them and staff reviewed plans regularly together. During our inspection, we saw that staff completed monthly reviews with people and people were involved as much as possible in this.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff used recognised tools to support joined up care for people such as 'my care passports'. These documents had important information about people that other health professionals might need to know if the person was moved to another service.

Staff support: induction, training, skills and experience

- Staff received an induction upon joining the home. This involved training as well as spending time with people and observing other staff members supporting people. Staff told us, "When I first started, I had an induction booklet. I got put onto training and did some shadow shifts until I felt comfortable helping people on my own."
- People were supported by staff who were trained in areas that were relevant to people's needs. This included training in a range of strengths and impairments people with a learning disability and or autistic people may have.
- Staff told us, "The training is good, we get everything we need. It helps to know the context of what and why we do things."
- We saw staff putting their training into practice. Staff were calm and confident around the people they supported and people responded well to them. One person's relative told us, "Staff know [person] very well. They tell me all about what [person's] been up to when I ring and always know what they're doing."

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

- People were involved in choosing their food, shopping, and planning their meals. We saw that staff regularly discussed meal choices with people during 'house meetings' and that people chose from recipe books with clear pictures of each meal.
- People were encouraged by staff to get involved in preparing meals. Staff supported people to participate in this process in any way they could. For example, one person who was not able to physically help with meal preparations was supported into the kitchen to ensure they could experience the smells associated with cooking the meal.
- Some people had specific dietary needs that needed to be followed to prevent them from becoming ill.

Staff had printed out sheets of food that the person could eat to ensure they still had a balanced and varied diet. This person had their own cutlery and crockery cupboard to ensure there was minimal risk of cross contamination.

- Staff supported people with their meals in a way that promoted their independence whilst ensuring their safety. For example, for people who were at risk of putting large amounts of food in their mouth at once, staff used a two bowl system. The staff member put food from the first bowl into the second in spoonful sizes and encouraged the person to eat the small amount of food in the second bowl. This enabled people to eat their food independently because staff were managing the amount of food people were getting at once.

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Staff from different health teams worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care. For example, we saw that someone who had newly been admitted to the service had been reviewed by the GP as well as the bladder and bowel team in order to ensure continuity of the person's care.
- Staff were proud of helping people to reach their goals by working with health professionals. One staff member told us, "We try and help people to achieve their goals. For example, before the pandemic, we arranged for a physiotherapist to come and provide some rehabilitation for [person] as their goal was to walk again. We helped the person to regain their strength and confidence through swimming."

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

- People's bedrooms had been decorated and arranged how people wanted them to be. Each person's bedroom was different and reflected that person's likes and interests.
- Staff had considered people's sensory needs when supporting them to arrange and decorate their bedrooms. For example, for people that had a sight impairment, furniture was arranged around the walls so people could find their way around.
- The environment was homely and stimulating. There were items around the home for people to use and games that people could play.
- People were comfortable spending time in different areas throughout the home.
- For one person who enjoyed spending time in a laid down position, an area of the lounge had been adapted for the person to do this safely whilst in the company of other people that lived at the home.

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

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

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

- Staff empowered people to make their own decisions about their care and support. Staff told us, "I offer

people choices for everything, if they're not sure what I'm saying, I'll show them pictures or items." We saw that people were offered a range of choices and were supported in making their own decisions.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that staff assessed as lacking mental capacity for certain decisions, staff clearly recorded mental capacity assessments and any best interest decisions. Staff had applied for DoLS where required and were meeting conditions of people's DoLS.

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

- Staff saw people as their equal and created a warm and inclusive atmosphere. We saw that people enjoyed spending time with staff and staff enjoyed spending time with people.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. This was also reflected in the way staff documented information about people which focused on their strengths and achievements.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. We saw that staff knew how to cheer people up when they became upset. Some people asked staff questions repeatedly, staff responded to each question every time in the same cheerful manner as the first time they had been asked.
- Staff spent time getting to know people and understanding their backgrounds. One member of staff told us that some people at the home had featured in a documentary about a long-term care setting they had lived in when they were younger. Some staff had watched this documentary to understand where people had come from and the type of care they had received before coming to the home. Understanding the model of care that people had received during this time, helped staff to understand the importance of ensuring that everyone at the home received kind and loving person-centred care.
- We saw that staff had made a positive difference to people's lives. One person who had recently been admitted to the home had been supported by staff to be engaged with the world around them, get involved in home life and to look and feel their best self.
- People's relatives were positive about staff, one person's relative told us, "The staff are incredible, absolutely faultless. As soon as you walk through the door they're so welcoming, and you can really tell how much they care about everyone there."

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

- People were empowered to make decisions about the service and felt confident to feed back on their care and support. We saw that 'house meetings' involving people living at the home were held regularly. People's views on activities, food and the home were sought and recorded. Where people made suggestions, these were taken forward by staff. For example, people had mentioned they wanted to be involved with interviewing new staff, we saw that this had then taken place.
- People were supported to have regular reviews with a key member of staff that was responsible for the person's support and care whilst at the home. We saw that people were fully involved in their own reviews as much as possible. During our inspection, we observed someone being supported by staff to be involved in their review.
- People, and those important to them, took part in making decisions and planning of their care and risk

assessments. Where people did not have family or friends involved in their care, advocates were accessed for people and were consulted in decisions about the person's care.

- People's relatives told us they were always kept informed about how their loved one was, one person's relative told us, "They keep us updated all the time. Even when nothing's wrong, they call just to give us an update."

Respecting and promoting people's privacy, dignity and independence

- We saw that people were encouraged to use their skills by staff. For example, one person was encouraged to make their own coffee with minimal staff support. We observed that when people asked staff for something to be done, staff encouraged people to help them to do it or to do it themselves. This was often done in a lighthearted and encouraging way which made people laugh.

Staff told us, "We know people well and we know what they can do for themselves. People can sometimes want you to do things for them, but we encourage people to do things themselves and then we make sure to praise them after."

- People were supported to explore their interests and participate in learning. Staff had discussed with people whether they would like to attend a college. Some people were interested in this and staff researched local colleges and courses and provided people with information about different colleges and classes to support them to choose. These people were now enrolled and had been enjoying going to college with staff support.

- Areas of the home had been adapted to support people's independence. For example, there was a lowered workbench in the kitchen which empowered people to sit and make their own hot drinks and get involved in meal preparation.

- People's privacy was respected. Staff understood when people wanted to spend time on their own and supported people's right to do this.

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 needs were met through good organisation and delivery.

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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- People's support plans were person centred and considered what was important to each individual person. People's preferences were identified, and staff supported people to receive support in the way they chose.
- People's relatives were confident that their loved ones care and support was provided by staff in line with people's wishes and preferences. One relative told us, "[Person] is very well looked after. Their mental wellbeing seems good and [person] never has any physical problems. Staff take [them] out regularly which [they] love. Things are always going on for [them]."

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 had a range of communication and sensory needs. Staff were knowledgeable about how people communicated and felt confident using people's unique communication methods to ensure people received social support.
- People's communication needs were clearly documented in people's care plans. We observed that staff communicated with people in their preferred way. For some people, this meant specific taps to the person's body in order to communicate meaning. One member of staff told us, "[Person] points or makes noises and we understand what they mean."
- Information was available for people in different formats. We saw that a whistleblowing and complaints easy read was available for people to access.

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

- Staff provided person-centred support with self-care and everyday living skills to people. People were supported to get involved in activities they wanted to do. We saw people playing games, doing arts and crafts, completing puzzles and helping to prepare food. Staff told us, "The 'guys' love shows and going to the cinema and the zoo. We make sure people get to do anything they want."
- People were supported by staff to try new things and to develop their skills. Staff told us, "We suggest new places and activities for [people] to do so they get to experience new things and go to new places." We saw

multiple photographs of people enjoying themselves during activities and themed parties.

- Some people living at the home had complex support needs. Staff had sought the advice of a health professional to try to engage one person in more sensory activities. We saw that staff had been following this plan and recorded in the person's daily notes how the person had responded to these tactile interactions.
- One person's relative told us, "[They] attend college and makes friends there, goes shopping with staff all the time and loves it." Another told us, "[Person] loves it there because [they] get to go out a lot and have fun."

Improving care quality in response to complaints or concerns

- The service had not received any recent concerns or complaints but had a complaints procedure in place. People were asked during their regular reviews whether there were any issues they would like raised on their behalf or whether they would like to make a complaint.
- People's relatives were confident that if they raised any issues, these would be dealt with appropriately. One person's relative told us, "Any issues that I raise are always dealt with and I get the chance to feedback to staff."

End of life care and support

- People were supported to say goodbye to a person who had recently passed away. Staff had been open and honest with people throughout this process and provided support and guidance to people. Staff had arranged the funeral for this person, ensuring that their interests, life and personality were reflected in the service. Staff had supported people to attend the funeral to say goodbye to their friend.
- People had detailed end of life plans in place which had been completed with people and their families. Plans included people's wishes for the future and considered people's religious needs as well as personal preferences.

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

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

- Management and staff were visible in the home, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff were focused on what people could achieve. We saw that staff motivated people to do things for themselves. One member of staff told us, "We encourage people to do as much for themselves as we can. The best feeling we get is when we help someone to achieve something they want to do." Another told us, "The best bit about the job is when someone thinks they can't do something, and then you help them to do it. It's great."
- Staff were kind and caring towards people they supported. The language staff used both written and verbal was respectful and focused on people's strengths rather than any barriers people may face. Staff had confidence that the people they supported could achieve whatever they wanted to and this confidence empowered people to do so.
- Staff spoke about what they admired about the people they supported. For example, one staff member told us, "I love [person's] smile, [they're] a lovely person and have the best most infectious laugh."
- People's relatives were positive about the staff team. One person's relative told us, "All the staff are really friendly. Faces change quite a bit, but they're all very nice."
- We saw that people were calm and relaxed around staff and went wherever they wanted in the home. People and staff had a good rapport and were seen regularly smiling and laughing with each other.

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 aware of their responsibilities and regulatory requirements, including those under duty of candour. Statutory notifications, which are required by law, were appropriately submitted to CQC.
- People's relatives told us they were informed when something went wrong or if there were any accidents or incidents. One person's relative told us, "Staff tell me if there are ever any incidents, and there aren't many at all."
- Another person's relative told us, "In the past there was an incident where [person] asked for a shower but was told no by staff. Staff rang me up to report it to me and said they were investigating and taking action to make sure it didn't happen again. Which I thought was very good."

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

- The home did not currently have a manager that was registered with the CQC. However, there was an interim manager in post who knew the service well and had a clear understanding of people's needs and oversight of the home. The manager was also being supported by the regional quality manager and the registered manager of another of the provider's homes.
- There had been a period of instability at the home with some changes in management. Staff told us, "We've had lots of changes in management which has been unsettling, but we made sure it didn't impact or affect the people we support." Staff morale was positive at the time of our inspection. Relatives were aware of the staff changes but felt this had not impacted on people's care. One person's relative told us, "The staff have obviously changed over the years but they've always been very good to us and to [person]."
- Staff had confidence in the current manager. One told us, "I would feel comfortable going to [manager] with any problems, I know [they] know people well and would want the best for them."
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. This included regular audits around the environment, medication, people's support plans and infection prevention and control.

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

- People had members of staff that were assigned as their 'key workers'. These staff members were directly responsible for different aspects of the person's experience of living at the home. One member of staff told us, "As a keyworker I like to do everything for [them]. Arrange activities and days out, sort out appointments like doctors and other healthcare issues." Another told us, "I make sure they are happy with what's going on in the home and that we're doing our best for them."
- Staff were involved in the running of the service. Staff told us they had regular staff meetings to ensure they were informed and could contribute to the home. One staff member told us, "We have staff meetings every month. We talk about what's going on with people, if anything's changed, if we need to change anything. It's a great time for any ideas we have or any questions we need answers to, so we all get the same information."
- People and their families received a regular newsletter which had up to date information and photographs of new members of staff as well as people who had recently moved into the home.
- Staff had carried out relative surveys and calls to relatives to gather feedback about the service. Staff had also supported people to complete surveys asking what they liked or didn't like about the service. People and their relatives had not raised any concerns through the most recent surveys.

Continuous learning and improving care, Working in partnership with others

- The management of the service made changes to improve people's support following learning from incidents. For example, after a series of issues involving agency staff, the management team had worked hard to ensure that agency staff received a robust and thorough induction to the service. This included clear information provided about people's needs and keeping people safe.
- During staff meetings people's needs and changes to those needs were discussed by staff as well as ideas for new activities and ways of improving the home. Meeting minutes showed that staff reflected on lessons learned and reviewed measures put into place to prevent incidents from reoccurring.
- The management team also told us that they were working with other health professionals to try and reduce a person's falls. The manager had requested a second walking frame for the person to keep in the lounge as the person regularly left their walking frame in their bedroom.
- Where required, staff had procured advocacy services for people. We received feedback that advocates were involved in decisions relating to the person's needs and wishes. One advocate fed back to us that, "I have found the staff to be quite proactive in asking for advocacy involvement."
- We received positive feedback about staff practice from visiting health professionals. One told us, "During

work with these referrals I found staff to be communicative and open to my visits, and my guidelines appeared to be followed. I witnessed some good caregiving from staff who appeared to know their clients well."