

Oakray Care (Broadhurst) Limited

# Broadhurst Residential Care Home

## Inspection report

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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

Broadhurst Residential Care Home is a care home providing personal care and accommodation in one adapted building for up to 25 people. At the time of our inspection there were 21 people using the service, all of who were over the age of 65 and some of which were living with dementia.

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

People were happy living at Broadhurst Residential Care Home and spoke very positively about the care they received and the running of the service. The home was clean and there was a homely, welcoming and happy environment.

People's care plans and risk assessments contained consistent and detailed information in relation to people's needs and how these should be managed. People's health needs and wellbeing was monitored in line with the information highlighted in their care plans and risk assessments.

Environmental risks had been considered and acted on where required. Infection, prevention and control processes and up to date policies were in place. The provider, management and staff adhered to the latest government guidance in relation to infection, prevention and control.

People received their medicine as prescribed. Medicine administration care plans and 'as required' (PRN) plans provided staff with clear and detailed information on how people liked to receive their medicines and when these medicines should be given.

Recruitment practices were effective and there were sufficient numbers of staff available to meet people's needs in a safe and unhurried way. People were protected from avoidable harm.

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 had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

People's needs were met in a personalised way. Staff knew the people they supported well and had a good understanding of their needs. People were supported to partake in a range of activities centred around their particular interests.

There was a person-centred culture within the service. People were actively involved in making decisions about their care and were asked for their views about all aspects of the service.

The service worked in partnership with other agencies to aid joined up, person centred care provision.

Effective and robust quality assurance systems had been developed and implemented to continually assess, monitor and improve the quality of care people received.

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 and update

The last rating for this service was good (published 21 February 2018). However, we recommended that the provider seek resources to ensure the home is redecorated and updated to ensure people can access all areas comfortably. We also recommend that the service seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their end of life care, treatment and support.

At this inspection we found the provider had acted on these recommendations and improvements had been made in these areas.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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, which will help inform when we next inspect.

## 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 responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Broadhurst Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 Health and Social Care Act 2008.

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 completed by two inspectors.

#### Service and service type

Broadhurst is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Broadhurst is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

Inspection activity started on 7 September 2022 and ended on 14 September 2022. We visited the service on 7 and 9 September 2022.

## What we did before the inspection

We reviewed the information we had received about the service, including the previous inspection report and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

## During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, the health and safety manager, the service auditor, a chef and five care staff.

We reviewed a range of records, including five people's care records in detail, and 10 people's medicines records. Four staff files were reviewed in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training, staff rota's policies and procedures were also reviewed. We received feedback from four health and social care professionals and seven relatives.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person said, "I feel safe and well cared for, the girls are all very nice." Another person told us, "It is quite good here. I feel safe."
- The registered manager and staff knew what constituted safeguarding. Staff had received safeguarding training in relation to adults and children which was updated annually.
- Staff understood their safeguarding responsibilities and knew how to report any concerns. A staff member said, "I would report any concern and would report to CQC." Another staff member told us, "I would report any concerns to the manager, they would definitely act but if I needed to, I would go above them to the providers, CQC and the safeguarding team."
- There were robust processes in place for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team.

Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm. Care plans contained detailed explanations of the control measures for staff to follow to keep people safe.
- Risks assessments had been completed, where required. Completed risk assessments detailed guidance for staff to help them identify possible triggers and actions they needed to take, to reduce risks to people. Detailed risk assessments were also in place in relation to people's specific health needs including, for people who were diabetic and at risk of skin damage.
- Environmental risks were robustly monitored and managed.
- There were effective fire safety arrangements in place. Fire risk assessments had been completed by a suitably qualified professional and each person had a personal emergency evacuation plan (PEEP) in place. These PEEPs identified what assistance each person would need to safely leave the building, in the event of an emergency.
- Equipment, including, hoists and lifts were serviced and checked regularly. Gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease.
- Environmental risk assessments, general audit checks and health and safety audits were completed. Actions had been taken where highlighted, to help ensure the safety of the environment.
- There were comprehensive plans in place detailing how foreseeable emergencies should be dealt with.

Staffing and recruitment

- Staffing levels were appropriate to meet people's needs and there were sufficient numbers of skilled and experienced staff deployed to keep people safe.

- Staffing levels were determined by the number of people using the service and the level of care they required. Staffing levels were continually reviewed by the management team through the use of a formal assessment tool, the completion of call bell audits to monitor staff response times. Additionally, the management team regularly monitored the staffing levels by observing care, working alongside care staff and speaking with people and staff to ensure that staffing levels remained sufficient.
- People told us staff were available to support them. A person told us, "They come quickly, when I ring my bell, that is never a problem."
- Staff told us there was enough of them to meet people's needs and provide people with the support they required. Staff comments included, "Its lovely, we [staff] have time for people, I can often sit and chat with people or do something with them like play cards" and "We have the time to support people how they want to be supported, it so good that we can have time for people."
- Short term staff absences were covered by a member of the management team, existing staff members or staff members from neighbouring homes also run by the provider. This helped to ensure that people were provided with continuity of care.
- There were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

#### Using medicines safely

- People were supported to take their medicines safely and medication administration records [MARs] confirmed people had received all their medicines as prescribed.
- There were systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely.
- Person centred medicine administration care plans were in place which provided information for staff on how people liked to take their medicines and important information about the risks or side effects associated with their medicines.
- There were robust systems in place including daily and monthly checks to ensure medicine had been given as prescribed and to help ensure medicines were always available to people.
- People were supported to continue to manage their own medicines where able. Individual risk assessments had been completed and people had been provided with secure storage for their medicines.
- Medicines that have legal controls, 'Controlled drugs' were appropriately and safely managed and monitored.
- There were safe systems in place for people who had been prescribed topical creams.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

### Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the latest government guidance.

### Learning lessons when things go wrong

- There was a robust process in place to monitor incidents, accidents and near misses. Action to address any issues, was taken when needed.
- Audits for all incidents and accidents that had occurred, were completed. This helped to ensure any trends or themes identified could be acted upon, to help mitigate risk and prevent reoccurrence.
- Staff were informed of any accidents, incidents and near misses. These were discussed and analysed during handovers between shifts and at staff meetings.

# 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 our last inspection we rated this key question Good. At this inspection the rating has remained 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's needs were assessed before moving into Broadhurst Residential Care Home. This included their physical, social and emotional support needs, as well as some needs associated with protected equality characteristics. For example, religion, disability and relationship status.
- Information had been sought from people, their relatives and professionals involved in their care, when required. Information from these assessments had informed the plan of care.
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's oral health and to monitor people's weight.

Staff support: induction, training, skills and experience

- There was an induction programme in place, which new staff were required to complete before working on their own. This included completing essential training for their role and shadowing an experienced member of staff. New staff spoken with, confirmed they had completed the induction programme and found it helpful.
- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. People made positive comments in relation to the skills and knowledge of the staff. A person said, "I feel they [staff] know what they are doing and if they don't, I tell them." Another person told us, "We are well looked after, they [staff] know what they are doing here."
- Staff completed training which included; safeguarding, infection control, moving and handling and medicines. Additional training was also provided in relation to specific needs, such as diabetes, pressure area care and falls prevention. Staff confirmed training had been received and demonstrated an understanding of this training and how to apply it in practice.
- There was a robust process in place to monitor the training staff had received and ensure training was updated in a timely way.
- Staff received regular one to one supervision with the registered manager. These sessions of supervision provided an opportunity for the manager to meet with staff, feedback on their performance, identify any concerns, offer support and identify learning opportunities to help them develop.
- All staff spoken with told us they felt very well supported by the registered manager, who they could approach at any time.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences.
- Each person had a nutritional assessment to identify their dietary needs and preferences.

- Where needed, people received appropriate support to eat and were encouraged to drink often. Should people be at risk of losing weight, regular checks were maintained of their weight and if necessary, action was taken, such as recording food and fluid intake and seeking the support of external health professionals.
- People were complementary about the food they received. Comments included, "The food is always good here and we get to try new things, then if we like them, they get added to the menu" and "The food is lovely, and staff do whatever you need them to do."
- People were fully involved in developing menus based on their likes and dislikes. Once a month during the, 'residence committee meeting' people would choose a meal from a different country, prepare a shopping list of ingredients and specific decorations linked to the country of choice to be prepared by the chef.

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

- People were supported to access appropriate healthcare services when required.
- Information relating to people's health needs and how these should be managed was clearly documented within people's care plans.
- People were supported to maintain their health by timely access to relevant health professionals. This included community nurses, GPs and occupational therapists. A healthcare professional told us, "I don't have any concerns at all about the service. They will contact us appropriately, and the staff understand the patients and their needs."
- The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. Detailed person specific documentation was in place to support this.

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

- Adaptations had been made to the home to meet the needs of people living there; for example, a passenger lift connected the upper and lower floor and handrails where in place were required. Toilets and bathrooms were well signed to make them easier for people to identify.
- All bedrooms were for single occupancy. People's rooms were personalised and reflected their interests and preferences. Signs were placed outside bedrooms to help people identify their own rooms.
- The garden had recently been renovated to ensure people were provided with a safe and comfortable outside space for them to enjoy. People confirmed they had been included in making decisions about the garden renovation and a person said, "The garden is marvellous." Throughout the inspection we observed people enjoying time in the garden.
- There was a range of communal areas available to people, including a dining room, a main lounge and a quiet lounge which allowed people the choice and freedom of where to spend their time.
- There was a rolling maintenance programme to ensure the building remained fit for purpose.

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 MCA 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 protected people's human rights in line with the MCA and received training on this. We observed staff seeking people's consent before assisting them.
- Where people lacked the capacity to understand and consent to aspects of their care such as being administered medicines, a formal assessment under the MCA and subsequent best interest decision had been completed appropriately.
- The management team understood their responsibilities in terms of making applications for deprivation of liberty safeguards (DoLS) as required. There were systems in place for monitoring these and ensuring they were kept up to date.

## 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.

At our last inspection we rated this key question Good. At this inspection the rating has remained 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

- People were happy with the care they received, and we observed staff speak nicely and respectfully to people and respond to their needs.
- We saw people chatting to each other and including others in conversation. This demonstrated that friendships had been formed and there was a real family atmosphere in the home.
- Throughout the inspection we observed people appeared relaxed and happy and had developed good relationships with staff. People's comments included, "The staff are very good, and we all get on", "Yes, I am happy here and the staff are very good and always bring a smile to your day", "They [staff] are very good here, you can have a laugh but if you need help, they are there" and "We are like a big family."
- Professionals also described the management team and staff as kind and caring. A professional said, "I have visited regularly, and I don't have any concerns at all, the staff are always kind and caring and people are happy."
- Staff spoke fondly of the people they cared for and demonstrated a commitment to providing them with high quality care that fully considered their personal preferences and individual needs. Staff members comments included, "There is a lovely vibe here, all the staff put the people first and we are like one big family", "I love working here, it's a really nice home and everyone is happy and friendly" and "It's a really happy home, people are always put first by all the staff, its lovely."
- The provider recognised people's diverse needs. People's protected characteristics under the Equalities Act 2010, such as religion and disability were considered as part of the assessment process. Although there were no people identified as having any specific cultural needs at the time of this inspection, the registered manager described how they would resource information on people's faiths and cultures, if required to ensure their specific needs could be met.

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

- There was a homely and inclusive atmosphere in the home and people were placed at the heart of the service. A person said, "I find it easy to live here as it is nice, and I have a voice." The registered manager told us, "It's their [people] home and they make the decisions about what they do. I have regular meetings with the residents committee, and they tell me what they would like, I share this with the provider, and it is provided."
- People were given the opportunity to express their views, both on a one to one basis with staff or the management team and during resident's meetings. Resident committee meeting minutes confirmed that people were fully involved in making decisions about the day to day running of the home and everyone was included.
- People confirmed they were able to express their views at any time and these were listened to and acted

upon.

- Care plans contained detailed personal information, people and their relatives had been involved in the creation of their care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and provided compassionate support in an individualised way.
- Staff took steps to protect people's privacy, such as knocking on their door before they entered and speaking with people quietly and discreetly about any personal care if they were in a communal area.
- Staff described how they protected people's privacy when supporting them with personal care. This included make sure the doors and curtains are closed and the person was covered up as much as possible, when helping them to wash and dress."
- The provider ensured people's confidentiality was respected. People's care records were kept confidential.
- Staff understood the importance of supporting people to remain independent. A staff member told us, "We encourage people to do what they can for themselves, if we took over and did everything, it could impact on their physical abilities and effect their self-esteem."
- We observed staff supporting people to maintain their independence, by offering encouragement to do things, ensuring they had equipment available to them, such as walking frames and by cutting up food where required to help ensure they could eat independently.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained 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

- The service was focused on providing person-centred care and support to people.
- Staff demonstrated they knew people well and had a good understanding of their family history, personality, interests and preferences. This enabled them to engage effectively and provide meaningful, person centred care.
- Care plans had been developed for each person. Information in care plans was robust and person centred and included details about people's life history, their likes and dislikes and specific health and emotional needs. Care plans also included detailed information about the level of support people required. Care plans were reviewed on a regular basis, so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences.
- People were empowered to make their own decisions and choices and confirmed they could make choices in relation to their day to day lives. For example, what time they liked to get up or go to bed, what they ate and where they spent their time in the home. This was observed throughout the inspection.
- Staff worked together well to deliver timely and effective care to people. They also received a verbal handover between each shift. This helped inform staff of any changes in people's needs.

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

- Throughout the inspection we observed a happy, welcoming and inclusive environment for people.
- The service employed an activities coordinator whose role it was to arrange activities, events and outings for the people living at the home and prevent social isolation. Activities provided included; trips out in the local community, arts and crafts, music, quizzes and exercises. In addition to the activity's coordinator, the provider and registered manager sourced additional activities from outside organisations.
- People were fully involved in choosing the activities they took part in and ideas were discussed with them on a one to one basis and during residents' meetings. People's ideas were listened to by the management team and acted on.
- All people we spoke with were highly satisfied with the activities offered and provided. A person told us, "There is enough to do, but if you want to be left alone you can be." Another person described how they were supported by the staff to visit friends. They said, "I get out once a month to see my friends, it is important to me as my life has changed a lot."
- In addition to day to day activities, people planned a themed meal monthly for special occasions such as saints' days or would pick a country as the theme. These events were enjoyed by all.
- The service had also contacted a local charity which provided a befriending service to some of the people living at the home as a way to prevent social isolation for people and have additional opportunities to mix

with others outside the home.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded and highlighted in their care plans.
- The management team was aware of the Accessible Information Standard (AIS). We were told that documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required.
- The registered manager and residents committee members had updated and reviewed the complaints procedures together and developed this in three different formats to help ensure it was accessible to all people living at the home.

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

- No formal complaints had been received by the service in the last 12 months, however, where concerns had been raised, records demonstrated there was a robust system in place for logging, recording and investigating complaints or reported concerns. Any complaints or concerns received would be acted upon immediately, investigated and action taken where required.
- People know how to complain and were confident actions would be taken in a timely way if issues were raised. A person said, "I would talk to staff if I was concerned about anything, I know they would do something."

#### End of life care and support

- End of life wishes had been considered for people living at Broadhurst Residential Care Home and people's care records contained information in relation to how they wished to be cared for at the end of their life, including their end of life wishes and preferences.
- Staff had received training in end of life care.
- The management team had developed links with the local hospice and described how they would work with other professionals to help ensure people had a comfortable, dignified and pain-free death.

# 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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The providers and registered manager demonstrated a strong commitment to provide person-centred, high quality care for people. Care and support was tailored to meet people's needs.
- We received exceptionally positive feedback from people and relatives about the running of the service. A person said, "I have nothing but high regard for this place." Another person told us, "It could not be any better, it's marvellous." A relative said, "It's all brilliant, it is a really happy home and all the staff are lovely. If I needed to go into a care home this is the one, I'd want to go to, I absolutely recommend it. Another relative told us, "The registered manager is very professional, her door is always open, and she clearly knows what she's doing. The residents always come first."
- Health and social care professionals praised the running of the service. One professional described how the registered manager had, "significantly improved standards of care at the home." They added, "The rooms appear cleaner and fresher than before and the staff appear to have a better understanding of the patients under their care. Patients are happy and well cared for and the home is well organised."
- People and relatives told us they were fully involved in the running of the service and their opinions were sought.
- People and relatives were consulted in a range of ways. These included quality assurance surveys, 'resident meetings' and one-to-one discussions with people and their families.
- People told us they felt involved, listened to and made to feel their options mattered. People's comments included, "I would say to staff if I was unhappy, I don't keep things bottled up, I can just get sorted", "I would talk to staff if I was concerned about anything, I know they would do something" and "We are all like family."
- Staff were enthusiastic about their work and were fully engaged in the way the service was run. They enjoyed a good working relationship with their colleagues and spoke very positively about the Registered manager and providers. One staff member told us, "I can approach the manager at any time, they are so supportive and will always listen." Another staff member said, "The managers door is always open, she will always listen and if there are any concerns or issues, we work out how to make things better, together." A third staff member said, it's a fabulous place to work, I love it. We [staff] are valued by the providers and registered manager; the registered manager is probably the nicest managers I have ever worked for."

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

- There was a clear management structure in place which included the directors, a health and safety

manager, the service auditor and the registered manager. All had clearly defined roles and responsibilities and were actively involved in the running of the service.

- Effective and robust quality assurance systems were in place. These demonstrated there was a rigorous and highly effective system in place to continually assess, monitor and improve the quality of care people received. This included checks and audits covering all key areas of the service. These processes were reviewed by all levels of management. Where required improvements had been identified, actions had been taken in a timely way.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control. Processes were in place to ensure these policies and procedures were shared with and understood by staff.
- CQC were notified of all significant events that occurred in the service.
- The previous performance rating was prominently displayed on the premises.

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 registered manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

Continuous learning and improving care

- There was an emphasis on continuous improvement and the management team were committed to driving improvement in the service to ensure people were provided with safe, effective and person-centred care.
- The management team monitored all aspects of the service frequently including, complaints, accidents, incidents and near misses. If a pattern emerged, action would be taken to prevent reoccurrence.
- The provider had a quality improvement plan in place which was updated and reviewed regularly. This was used to enhance service provision.
- Staff performance was closely monitored by the management team.
- All learning was shared with staff during staff meetings, handovers and supervision.

Working in partnership with others

- The service worked in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision. Professionals spoken with were all positive about the services approach to partnership working.
- The management team were clear about who and how they could access support from should they require this. This included from social services or health providers. They demonstrated an "open" attitude to seeking support.
- Staff supported people to attend local community events and to access activities and support from external agencies.