

J.M.K Care Services Limited

Three Gables 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:

Three Gables is a residential care home that was providing personal care for up to 19 people aged 65 and over, some living with dementia. At the time of the inspection, 16 people were using the service. Two of these people were staying at the service on a short-term basis, otherwise known as respite.

People's experience of using this service:

We saw lots of improvements had been made from the previous inspection with regard to audit processes and people's documentation. Care plans were now up to date with people's needs, preferences and routines so that staff had guidance in how they should be supported.

People told us they felt happy and safe at the home. There were enough staff to meet their needs and they were recruited in a safe way. Risks to people had been identified and reviewed regularly and staff knew what support was needed to minimise risks. Regular checks were completed on the environment to ensure it was safe for people to live in. People also received their medicines safely from staff that were knowledgeable and trained to do so.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and processes in the service supported this practice.

Staff had received a variety of different training courses to ensure they had the skills and knowledge to meet people's needs. Their skills were regularly assessed through supervision, competencies and observations of the care they provided.

People's nutritional and hydrational needs were met. They told us they enjoyed the food and there was lots of choice. We observed meal times to be a social experience for people, with a cheerful and engaging atmosphere. Staff made appropriate referrals to health and social care professionals to seek advice about people's needs and wellbeing.

Everyone we spoke to was consistent in their views that staff were kind and caring. One person said, "I'm very lucky living here. Staff are lovely and very helpful." A relative also told us, "We really feel like we've found a diamond here. They seem to love my relative. Everyone is very kind and gentle." Staff knew people, their support and needs and preferences well and promoted person centred care.

Although there had not been any official complaints, the registered manager and staff told us this was because they talked to people all the time and addressed concerns quickly. People were confident that any concerns they had would be managed well and relatives were also knowledgeable of who they could speak to. People's communication needs were known to staff and additional tools provided to help people

communicate their decisions.

People, relatives and a professional told us that they thought the service was well-led. The registered manager reflected that working in partnership was important to improve the lives of people and were keen to promote continued learning and growth.

Rating at last inspection:

The service's previous inspection was rated Requires Improvement. (Published June 2018) At this inspection, concerns had been addressed and the rating had improved to Good.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Three Gables 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by two inspectors.

Service and service type:

Three Gables 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.

Three Gables accommodates up to 19 people and there were 16 people at the time of inspection.

The service had a manager registered with the Care Quality Commission. This registered person was also the provider and was also legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must notify us about. We viewed the service's Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked at rotas and contingency plans, quality assurance processes and records of accidents, incidents and complaints. We reviewed six people's care records and two staff files. This included information about recruitment, training and supervision. We spoke with five people using the service, one relative, the registered manager, a supervisor and three members of care staff. We spent time observing people in areas throughout the home and could see the interactions between people and staff.

Following the inspection, we spoke with one health and social care professional and another relative about their views of the service.

Is the service safe?

Our findings

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

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

At their previous inspection in 2018, Three Gables were rated Requires Improvement in safe. This was because risks to people were not always documented fully in their care plans. At this inspection, we could see that improvements had been made and the domain had improved to Good.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse because staff had a good understanding of people's needs and how to respond to risks.
- People told us they felt safe. One person said, "Staff are always at hand if we need them. They would protect us if we needed it." Relatives were also confident that people were kept safe. One relative said, "People are definitely safe. Staff give medicines when they should and are very careful about security of the building. They seem very caring and careful about people."
- Staff had received safeguarding training and had a good understanding of how to recognise signs that a person could be at risk and who to report to. One staff member said, "If anything worried me, I would raise this immediately with my manager or a supervisor."
- Staff told us there was a whistleblowing policy which was reviewed with them regularly. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral.

Assessing risk, safety monitoring and management

- Risks to people were identified, monitored and continuously reviewed to ensure people remained safe.
- Staff were aware of risks to people. For example, we observed positive moving and handling practice. If people had equipment to assist them to walk, this was used effectively and as recommended by professionals. Staff were slow, calm and encouraging in their approach. They ensured people knew what was happening, encouraged them to use equipment independently and checked the environment was clear of obstacles or trip hazards.
- A relative told us, "My mother had a bit of a stumble a couple of weeks ago. Staff immediately rang to tell me what had happened. They had contacted a GP to check her wellbeing and took action to ensure it wouldn't happen again such as extra checks at a certain time of day."
- People had assessments to address areas of risk. This included areas such as moving and handling, medicines management and risks of falls. For people that were at risk of damaging their skin, there were assessments that detailed support required, equipment used and when professional's advice should be sought. People with specific health needs such as diabetes, had risk assessments that detailed what support people needed and signs they were well or unwell.
- Some people displayed behaviours that challenged when they became anxious. Staff were knowledgeable

of signs that people were experiencing anxiety, and assessments reflected actions to take for specific behaviours. Staff told us about a person who displayed a certain behaviour when they started to get upset. We saw staff monitoring this closely, so they could intervene quickly to prevent behaviours escalating.

- Regular health and safety checks were completed to ensure the environment was safe. This included checks on legionella, electrical and fire equipment. Staff and people took part in regular fire drills to ensure they knew what to do in the event of an emergency. People also had Personal Emergency Evacuation Plans (PEEP's) that advised what support people needed at this time.

Staffing and recruitment

- There were enough staff to meet people's needs. We viewed staff rotas and saw there were enough staff on each shift to ensure people's needs were met. There was also staff available to monitor communal areas and support people if they needed it.
- People told us, "There is always someone around if I need them" and, "All I have to do is call and they come straight away." Relatives agreed, one telling us, "They don't have a huge staff turnover which is good, so it's always the same staff who know people."
- Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.
- Staff had a full employment history evidenced in their files and where gaps were identified, these had been investigated by the registered manager during the interview process. References from previous employers were also sought regarding work conduct and character and these were evidenced in staff files.

Using medicines safely

- People received their medicines safely from trained and competent staff. Before they were able to give medicines, staff completed training and had their knowledge and skills assessed by a supervisor or the registered manager. This was through observations and questions asked during supervision.
- We observed medicines being given to people and staff were caring and thorough in their approach. For example, one person had difficulty tipping their head back to take their medicines, when given in a pot. The staff member noticed this and offered an alternative method of taking it, which was more comfortable for the person.
- Staff checked Medicine Administration Records (MARs) before giving medicines to people to ensure they were giving it as prescribed. They didn't sign these records until people had taken their medicines. Care plans also detailed information on what medicines people were taking, what support they required, and their preferences.
- Some people received time specific medicines and we saw these were given on time, as prescribed.
- Some people took medicines on an 'as and when required' basis (PRN). Records detailed why the medicine was prescribed and the dose to be given, as well as how the person would indicate they were in pain, side effects, and when the GP would need to be consulted. The registered manager was aware that processes were changing and that some PRN medicines would no longer be prescribed by the GP. Medicines such as painkillers would now be purchased over the counter and be considered as, 'homely remedies'. The registered manager was working with a pharmacist to review their policies and documents with regard to this change.

Preventing and controlling infection

- We observed the building to be clean, tidy and well maintained and people told us this was always the

case. One person said, "I have to say, it's very nice here. Always clean and very tidy."

- Staff had all received infection control training and had a good understanding of how to prevent the spread of infection.
- We observed staff using personal protective equipment (PPE), such as gloves and aprons when supporting people with personal care or with food preparation. There was PPE available throughout the home and we observed staff regularly washing their hands. There was also written guidance displayed about how to wash hands effectively.

Learning lessons when things go wrong

- The registered manager had good oversight of accidents and incidents and analysed these to learn lessons and prevent them re-occurring.
- Incidents were reviewed monthly by the registered manager and any themes or trends were identified. For example, there had been several incidents for one person displaying behaviours that challenged. The person's medicines were reviewed with their GP. It was identified that there were specific times of day that these incidents occurred, and so staff knew to be extra vigilant at these times. They also told us they had learned how to recognise changes in behaviour or mood and this had prevented these incidents occurring as regularly.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people moved in, assessments were completed with them, their relatives and professionals to determine support needs and preferences for care. A relative told us, "When my mum moved in, they talked to me about her needs and asked me to do a synopsis of likes and dislikes, so they could get to know her, which was useful."
- One person said, "Staff ask me every day what I need and what I want. They meet all my needs here, physical and emotional."

Staff support: induction, training, skills and experience

- Staff had received training in areas such as moving and handling, mental capacity, safeguarding and medicines management and had the skills and knowledge to meet people's needs.
- People and their relatives told us they were confident in the skills of staff and that they knew exactly how to support people. One person said, "Staff know what they're doing – they're wonderful."
- Most of the training was practical and provided by a trainer. Staff told us this was helpful as, "It gave them someone to discuss live examples with and ask questions." Staff had also received more specialised training in dementia, diabetes, Parkinson's and supporting with challenging behaviour to meet the needs of people.
- Staff told us that they were offered opportunities to do higher qualifications in health and social care to improve their skills and knowledge. The provider also told us that supervisors had attended infection control champion training, which meant they could directly train and support staff in their learning.
- We saw that other resources were used to support staff in their learning. There was an information board in communal areas that contained leaflets for people and staff to read to improve their knowledge. This included areas such as dementia, end of life care, Parkinson's, diabetes and equality and diversity.
- Staff told us that they received a robust induction where they got to know people, their routines and what is expected of them in their role. We viewed induction documentation and saw this included shadowing a more experienced member of staff and reviewing policies and procedures of the service. One staff member said, "I really like it – I learn something new every day."
- New staff also completed the Care Certificate as part of induction. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Following induction, staff were supported with regular supervisions and ongoing training. Staff told us that they found supervisions really useful and a chance to review their practice and talk about any concerns. One staff member said, "They ask me what I can work on, what I can do well and talk about training."

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

- People's nutritional and hydration needs were met. They told us the food was, "Delicious" and, "Varied." There were two main meal options displayed, however we observed staff offering other choices if people did not like these. One person was unsure about their meal and a staff member supported them immediately to talk with the cook and decide an alternative option.
- Tables were presented in a restaurant style, with tablecloths, napkins and condiments. People could choose where they wanted to eat and who they wanted to share a table with. The atmosphere was pleasant, with music playing and people engaging with each other and staff.
- Staff were observant of whether people were eating and continually checked whether they were enjoying their meals. One person was not eating, and staff crouched down beside them, quietly asking if they would like support. The person said yes, and the staff member sat with them, asking what support they needed and talking to them throughout.
- There was a choice of drinks available and staff offered these to people throughout their meal.
- One person required their food to be prepared in a specific way to reduce the risk of choking and staff had received advice from the Speech and Language Team (SaLT). Staff were aware of these risks and we observed them to follow the guidance given by professionals in preparing and supporting the person with food. This included positioning of the person to ensure they were sitting upright and remaining with them whilst they ate.

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

- People had regular support from a variety of health and social care professionals to improve their physical and emotional wellbeing.
- We saw evidence of involvement from the fall's prevention team, people's GP's, specialised nurses, mental health and behavioural teams.
- Relatives told us that staff were knowledgeable of professional involvement and supported people to appointments if it was needed. One relative said, "If we are unable to do so, they immediately offer to support my relative to hospital appointments."
- The registered manager told us about a person who had experienced a number of falls. They had sought guidance from the fall's prevention team in trialling different types of equipment to support with this. The registered manager said, "We learned a lot with this person, especially that one size does not fit all. What works with other people, did not work with this person and so we adapted our way of working to reduce the risk of them falling." We saw that this new equipment reduced the amount of falls the person had.

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

- The building had been adapted to ensure it met the needs of people.
- There was easy read signage on doors to help people who could become confused, understand where they were in the home.
- There was a large, well maintained and accessible garden. There was seating available and areas for people to do their own planting.
- Communal bathrooms had specialised equipment to support people to get in and out of the bath.
- There was a lift to all floors, which was well maintained. This meant that people could access all areas of the home if they wished.

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

- People's choice and consent was valued, and they were continually consulted about their care. We saw people being asked how they were, what they would like to do and what they would like to eat. Pictures and objects of reference were used with some people to identify their choices.
- Staff had knowledge of The Mental Capacity Act and how this related to people they supported.
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Where a person was assessed as lacking capacity, DoLS applications had been made. Any conditions required to meet the authorisation of a DoLS, were being met.
- People's capacity was considered throughout their care plan documentation with regard to different areas of care provided. For example, when looking at personal care, the person's understanding, how they felt about support provided and how they should be supported to make decisions, was considered.
- For people that had been deemed to lack capacity for certain aspects of their care, they had specific and personalised best interest decisions. These included conversations held with the person to assess their capacity and views from relevant others, including relatives and professionals.
- One person was receiving covert medicines. This involves medicine being disguised in food or drink to a person who resists it when it is given openly. There was a best interest decision for this which had been completed by staff, the person's power of attorney and GP.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary of staff and told us they felt well supported and valued. Comments included, "It's nice here, I like it. Staff are always smiling" and, "I would recommend it here. Staff are very sweet." One person told us, "They are caring and they listen to all of your stories. They're very understanding, not intimidating and they don't look down on you."
- Relatives agreed that staff were, "Very kind", "Caring" and, "Respectful." One relative told us, "It's brilliant and I'm very happy with it. My relative is very happy and settled. She tells me she likes it here. Staff are very friendly, very welcoming. I go in frequently and staff seem to know her well."
- A professional was also positive about staff and how they supported people. They told us, "They knew the residents well and were kind and caring to them. They introduced me to the residents, explained what we were doing and why I was there and gained consent from the residents that they were happy I was there."
- We observed that staff were kind and caring in their interactions with people. For example, one person became anxious and tearful. A staff member offered emotional support and asked the person if they wanted a hug. The person said yes and then staff joked with them, making the person laugh. Another staff member noticed that a person appeared cold. They asked them if they would like a cardigan and suggested they go upstairs together so the person could pick the one they wanted.
- Staff and the manager had a good understanding of equality and diversity. Staff told us, "Everyone is different but should be treated with the same respect." Staff had recently received training on diversity and there were leaflets available in communal areas for people and staff to read. Diversity had also been discussed in team meetings and supervisions.
- Some people had specific religious beliefs and staff were aware of these. One person preferred to be addressed in a specific way which staff respected. Members of a local church visited regularly if people wished it.

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

- People told us they felt listened to and that their views were continually sought. One person said, "They come around every day and ask us what we want to eat and do."
- People were involved in regular meetings where they could discuss menus, activities and staffing. We saw that the complaints procedure was also discussed regularly in these meetings, so people knew who to talk to with any concerns.
- People had regular reviews of their care packages with involvement from their relatives if they wished. Reviews were used to discuss what was working, if any improvements were needed and any actions to take.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was continually promoted and encouraged.
- Staff gave examples of how they would support people's privacy and dignity, for example when supporting with personal care. A staff member said, "One person is very private and only requires support with certain things. So, we wait outside their room until they are ready and then only give support they need." We observed that another person required support with continence and staff were discreet, guiding them to their bedroom to allow them privacy.
- People's care plans were kept locked in a cabinet in the office which ensured they could only be accessed by staff. We also observed staff closing the door of the office when discussing people so that personal information could not be overheard.
- The PIR for Three Gables stated, 'Independence is important to people. We make suitable arrangements to ensure participation of the service user. Staff are fully aware of their capabilities and focus on things that the service user can do.' We saw that this was promoted for people on a daily basis. For example, one person liked to lay the tables and staff encouraged them to do this for each meal, praising them when it was done. Another person had specialised cutlery that enabled them to eat independently.
- One staff member said, "I encourage them to do what they can themselves so they don't lose any skills and feel valued." Another told us, "One person needs support with moving and handling. I walk with them, rather than using a wheelchair and they prefer this."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was tailored around their wishes, preferences and routines.
- Information gathered during pre-assessments was used to formulate detailed care plans centred around the person. This included information on specific health conditions, preferred routines and people's life stories. Each person had a profile which informed staff about their childhood, working life, family, interests and significant places or events. A supervisor said, "This is particularly useful when talking to people that may have memory loss and reminding them about happy times in their lives."
- Staff were knowledgeable about people's communication needs and there were detailed assessments highlighting support needs within their care plans. For people that required pictures to communicate, there was easy read documentation available, for example when advising about complaints or activities. Menus were pictorial with simple language used to describe meal options and alternatives. One person did not communicate verbally and staff explained to us how they used pictures and objects of reference to understand their choices. They also recognised facial expressions as the person's way of letting staff know whether they were happy.
- People were involved in activities that they enjoyed and that promoted their wellbeing. They told us this included music, quizzes, gardening, and flower arranging with an activity's coordinator. Other entertainers came to the home to provide music for health, magic shows, animal visits and singing. A mobile clothing company also visited twice a year. People had taken trips to town and to garden centres. One person had expressed a wish to organise their own coffee morning to raise money for charity and staff supported them to do this. This had included the person selling their own paintings.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had never had to make any formal complaints but that any minor issues were dealt with immediately by staff and the registered manager. One person said, "If I am worried about anything I talk to my keyworker, the manager or supervisors. They sort everything out." Another told us, "I have no worries – nothing needs improvement or changing." A relative agreed, saying, "No major concerns but I know if I did, they would listen and act on them."
- There was a clear complaints procedure that was regularly reviewed with people. The registered manager had implemented a suggestions box to give people the opportunity to raise anonymous concerns if they wished. They said, "People tend to talk to us straight away if there's anything they're worried about and so issues are resolved before they become complaints. Residents talk to us freely - they're not afraid to tell us how they feel."
- We saw numerous thank you cards from people, relatives and professionals regarding the quality of care provided by staff. One professional had written that a staff member had, "An excellent manner and

approach. The person's feet were in excellent condition."

End of life care and support

- Support given to people at the end of their lives was kind, compassionate and reflective of people's wishes.
- Although no-one was receiving end of life support at the time of inspection, one relative had experienced this recently and spoke highly of staff. They said, "When my relative passed away, they were fabulous. Music was played and it was so peaceful. Staff also came to the funeral."
- We saw thank you cards from other relatives, complimenting staff for their compassion during difficult times. Comments included, "For always being positive and helpful and for your care and compassion shown, words cannot express my gratitude" and, "We appreciate the care and compassion you showed mum. So much patience and understanding. I know I've lost mum but I feel I am also losing staff, who are people I could call friends."
- Care plans included preferences of people and any future plans regarding funeral arrangements that they wished to share. Some people had Do Not Attempt Resuscitation forms. Where this was the case, records clearly showed why and who had contributed to the decision. These had been regularly with people and their GPs.
- Staff had all received end of life training and leaflets were available in communal areas for people to read and discuss further if they wished.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At their previous inspection in 2018, the service was rated Requires Improvement in well-led, with a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all people's needs were reflected in their care documentation. People also did not have individual capacity assessments when they were deemed to lack capacity. During this inspection, we saw that improvements had been made and the provider is now meeting the regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We saw improvements had been made to audit processes and people's documentation from the previous inspection. Regular care plan audits had been implemented to ensure care plans were up to date with people's current support needs. Other audits completed by the manager included health and safety of the building, medicines records, accidents, incidents and complaints. These audits ensured that the registered manager had good oversight of the service and people's experiences of care.
- We received consistently good feedback that the manager was kind, caring and professional. People and their relatives were complimentary of the registered manager and felt that the service was well-led. One person said, "The manager is really nice, I can go to her about anything. So are the supervisors, they are very supportive." Another told us, "The Manager is very pleasant and always available to talk if I need to." A relative agreed, telling us, "The manager is very organised and motivates the team. I get the impression that she wouldn't stand for anything that wasn't right."
- Staff told us that the registered manager was, "A good leader" and, "Responsive." One staff member said, "The whole management team is incredibly supportive." Staff told us they felt part of a team and that their ideas were listened to, which made them feel valued in their role.
- Staff told us that an open and honest culture was promoted and that they were taught to share any concerns they had. A supervisor said, "I wouldn't hesitate to speak to the registered manager or the local authority if I was concerned about someone. We also tell families and professionals straight away if something happens." Relatives confirmed this, advising that they were informed straight away when incidents occurred.
- The provider had notified us of deaths and incidents where harm had come to people. We did see two incidents of alleged harm against people that had not been shared with us. These incidents had been managed well and relevant professionals contacted for support. Concerns had also been addressed to ensure people were no longer at risk. We advised the registered manager about these incidents not being reported to us and they were completed immediately following inspection. Therefore, we did not consider

this to have an impact on people.

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

- The registered manager was aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service. Surveys were sent out annually to gain views on the service provided.
- We viewed the latest survey results and saw that these were positive. One relative had commented, "We always receive a warm, personal welcome to the home. The staff are always caring and professional. I'm left with the feeling that dad is well looked after and cared for."
- These results were analysed and shared with people and staff during meetings.
- People, relatives, staff and professionals also received an annual newsletter that informed them of changes to the service, planned events and success stories.
- Staff were involved in regular meetings where they could discuss people, their support needs, changes and plans to improve. We saw evidence that policies and procedures such as medicines and health and safety were also discussed.

Continuous learning and improving care; Working in partnership with others

- The registered manager had plans to improve and sustain the service, which included progressing towards digital care planning. The registered manager said, "We are keen to do this as it will make updating care plans easier and staff can become more involved with the process."
- The registered manager told us it was important to them that they work with others to improve outcomes for people. They gave examples of working with the falls prevention team to improve staff knowledge, learn about new equipment and improve recording. A professional who had worked with staff and the registered manager said, "The manager referred the service herself to get more support. They were engaging in what I had to offer and keeping up to date with new guidance."
- The registered manager was involved with provider forum meetings run by the local authority. This gave them opportunities to talk with managers from other services, discuss positive practice and review ideas.