

Family Investment (Four) Limited

# Family Investment (Four) Limited

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Family Investment (Four) Limited is a care home that provides accommodation and personal care support for up to eight adults with learning disabilities. At the time of our inspection the home was fully occupied.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service

The home was rated Outstanding in caring at our last inspection. The service continued to be Outstanding in the way they cared for people. Staff were highly motivated and offered people care and support that was exceptionally compassionate and kind. There was a visible person-centred culture at the home. Staff had a clear understanding of people's needs and had developed positive relationships with them and their family members. Staff were very supportive and sensitive when supporting people to follow their diverse wishes and preferences.

The home was also Outstanding at responding to people's needs. The service was exceptional in the way they supported people to learn new skills and maintain their independence. People planned for activities that met their needs and preferences and they were supported to follow their interests. A social care professional said they liked the way people's independence was promoted in positive ways.

The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. People's medicines were managed safely. Risks to people had been assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections.

People's care and support needs were assessed before they started to use the service. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and regular supervision. People were supported to maintain a healthy balanced diet and had access to health care professionals when they needed them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives (where appropriate) had been consulted about their care and support needs. The service had a complaints procedure in place. There were procedures in place to make sure people had

access to end of life care and support if it was required.

The registered manager had worked in partnership with health and social care providers to plan and deliver an effective service. The provider took people and their relatives views into account through satisfaction surveys. Staff enjoyed working at the home and said they received good support from the registered manager.

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

#### Rating at last inspection

The last rating for this service was Good (published 23 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally 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.

# Family Investment (Four) Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

A single inspector carried out this inspection. The inspector was supported by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Family Investment (Four) Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was announced. We gave the provider 24 hours' notice of the inspection visit to ensure the that people using the service would be present for us to speak with them for their feedback.

#### What we did

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people

with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

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

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work 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 looked at four people's care records, two staff recruitment records, records relating to the management of the service such as medicines, quality assurance checks and policies and procedures. We spoke with two members of staff and the registered manager about how the service ran and what it was like to work there. We spoke with five people using the service and two relatives.

#### After the inspection

We continued to seek information from staff, people using the service and social care professionals to validate evidence found.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe and staff were kind. One person said, "I feel safe. I am being looked after by the staff. They make sure that I'm ok and I'm happy."
- The registered manager told us there had been no safeguarding concerns raised since the service opened. They understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC as required.
- There was a safeguarding policy in place and staff had received training and were provided with information regarding who to report potential safeguarding concerns to. Staff confirmed they would inform the registered manager and knew where to go outside of the organisation if they had any concerns.

Assessing risk, safety monitoring and management

- People's care files included risk assessments for example on using public transport, road safety, using kitchen equipment and self-administering medicines. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely. One person told us, "I feel safe because we have a fire exit plan."
- Staff told us they knew what to do in the event of a fire and training records confirmed they had received training in fire safety.

Staffing and recruitment

- We observed and people using the service and staff told us the staffing levels at the home was meeting people's needs.
- The registered manager said staffing levels were arranged according to people's needs. If extra support was required for supporting people to attend health care appointments or social activities, then additional staff cover was arranged.
- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, employment references, evidence that a criminal record checks had been carried out, health declarations and proof of identification.

Using medicines safely

- Medicines were stored securely in locked cabinets in a locked room. Daily room temperature monitoring was in place and recordings were within the appropriate range.
- Some people were responsible for administering their own medicines. We saw self-medicating risk assessments in place and evidence that staff monitored people to make sure they were taking their

medicines when they should. One person told us, "I look after and take my medicines by myself. I get new medicines every Sunday and the staff just check with me to make sure I am taking them."

- People were receiving their medicines as prescribed by health care professionals. People had individual medication administration records (MAR) that included their photographs, details of their GP and any allergies they had. They also included the names, signatures and initials of staff qualified to administer medicines. MAR records had been completed in full and there were no gaps in recording.
- Training records confirmed that all staff responsible for administering medicine had received medicines training and they had been assessed as competent to administer medicines by the registered manager.

#### Preventing and controlling infection

- The home was clean, free from odours and had infection control procedures in place. We saw hand wash and paper towels in communal toilets and staff told us that personal protective clothing such as gloves and aprons was available to them when they needed them.
- Training records confirmed that staff had completed training on infection control and food hygiene.

#### Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- The provider had systems for monitoring, investigating and learning from incidents and accidents. The registered manager told us that incidents and accidents were monitored to identify any trends and actions had been taken to reduce the likelihood of the same issues occurring again. They said there were no trends however they had revised one person's care plan after they had cut themselves whilst using kitchen equipment.



# Is the service effective?

## Our findings

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

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

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

- People's needs were assessed, and staff supported people in line with best practice guidance.
- People and their relatives confirmed they were involved in the assessment process and with planning for their loved one's needs.
- Assessments of people's needs, and preferences were completed before they moved into the home. This ensured the service's suitability and that people's needs and preferences could be appropriately met.
- Assessments were used to produce care plans and risk assessments that provided staff with information on how to support people to meet their needs. Assessments included areas such as people's medical conditions, dietary needs, communication and their specific wishes in event of illness or death.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff told us they had completed an induction, they were up to date with training and they received regular supervision.
- People told us staff understood their needs and how they should be supported. One person said they are all trained well because they all know what they are doing." A relative commented, "They [staff] are really nice people, I honestly think they do a good job." Another relative said, "They [staff] are lovely, friendly, you never hear them moaning or groaning. They are efficient with what they do."
- The registered manager told us staff new to care would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included epilepsy, autism and dementia awareness, safeguarding adults, infection control, safe handling of medicines, food hygiene and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) amongst others.
- Records also confirmed staff were receiving regular supervision and annual appraisals of their work performance.

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

- People were encouraged to eat healthy meals and cook for themselves. We observed one person supporting a member of staff to cook an evening meal. They told us, "I can do most things, but I need staff to help me with big meals. I make sandwiches, drinks and snacks whenever I like."
- People told us regular meetings were held to discuss and plan the homes menus. One person told us, "We plan what we want to eat, and we draw up a menu. We get a shopping list together and we sit down with the staff and we order the food on line." Another person told us, "We take it in turn to cook for each other, I like

cooking easy stuff like eggs on toast."

- People told us they enjoyed the food at the home and going out for drinks. One person said, "The food is lovely, if I go to the pub I have a shandy." Another person said, "I like it because we get all kinds of food at the weekends, I have cider."

Supporting people to live healthier lives, access healthcare services and support:

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. One person told us, "I get to see the doctor and dentist when I need to."
- People's care records included evidence of regular contact with health care professionals for example, the GP, dentist, optician and chiropodist. Records were made of individual health care appointments, the reason for the visit, the outcome and any recommendations.
- Information was available and shared with other health care services such as hospitals when this was required. For example, people had health action plans which outlined their health needs for professionals.

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

- The home was suitably adapted to meet people's needs and the garden was accessible to all.
- People had en-suite bedrooms, they were encouraged and supported to decorate their own rooms with items specific to their individual taste and interests.
- One person showed us their room. They had a television, a music player, CD's and DVD's, books and family photographs. They were particularly proud of paintings on their walls they made at an art session. They also showed us name signs they and others at the home had made for their bedroom doors and other rooms such as the kitchen at woodwork sessions.
- People were also encouraged to give their views on the décor of communal areas of the home. One person showed a coffee table they had made for the lounge and another table they had made for the garden.

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).

- The registered manager told us people were encouraged and supported to make decisions for themselves. However, they were aware of the need to assess people's capacity if required to support them to make decisions.
- The registered manager told us that no restrictions had been placed on anyone using the service, therefore they had not needed to submit any applications to deprive people of their liberty.

# 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 the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The service was exceptional at helping people to express themselves so that staff and managers understood their views, preferences, wishes and choices.
- People were respected and valued as individuals and they were empowered as partners in their care. People told us staff involved and consulted with them in their care planning. This made them feel empowered, listened to and valued. Care plans were person centred and evidenced that people were fully involved in planning for their own care needs. One person told us, "We have keyworkers that support us with our care plans. They are our care plans not the keyworkers and not the homes care plans, we own them, and we say what goes into them. We talk with our keyworkers about the things we want and need. The keyworkers write them up and we sign them." A keyworker is member of staff responsible for co-ordinating people's care. Another person told us, "The staff are very good at listening to me and making sure that I can get to do the things I want. For example, I like gardening and I like to keep in touch with my sister who lives in New Zealand. They help me to do these things."
- People had been involved in recruiting staff into the home. The registered manager told us that everyone was involved in recruiting new staff. People decided on what questions they wanted to ask the applicant at the interview. Everyone had the opportunity to meet the potential member of staff and give their opinion about their suitability before they were recruited. One person told us, "When they want to get a new staff member, they come to our home and we sit down with them after supper and ask them questions. We tell the manager if we think they would be good to work here. We like all the staff that work here."
- People told us they held meetings where they talked about the things they needed for the home, the meals they wanted, and they planned activities. Items discussed at the last meeting in August 2019 included purchasing a new mop head and garden shears, people said they were looking forward to getting a new cooker [We saw this at the time of the inspection]. They enjoyed a recent holiday and one person was excited about going on a hot air balloon trip for their birthday.

Ensuring people are well treated and supported; equality and diversity

- There was a visible person-centred culture at the home. It was very evident that the home was run with people's wishes and interests at heart. There was a strong emphasis in supporting people to achieve their full potential through employment, education and planning social activities that met their individual needs.
- Throughout the inspection people told of many examples where they were able to achieve their wishes and goals. For example, people said they were enabled to travel independently, work, enjoy active individual social lives, foster relationships and take control of their own medicines.
- Staff were highly motivated and offered people care and support that was exceptionally compassionate

and kind. We observed staff supporting people in a caring way and saw that people were very comfortable with staff. For example, one person was living with dementia. Staff fully understood this person's needs and they were able to tell us in great detail how they supported this person to remain as independent as possible. We saw a member of staff discussing with another person how to iron a garment without taking over the task. We also saw people and staff chatting and joking with each other and clearly enjoying being in each other's company.

- Staff supported people with respect. People told us they were supported by staff who were respectful to their individual needs and wishes and they were kind and caring. One person said, "The staff are really good and very caring. If I am not well, they look after me." Another person told us, "The staff are caring because they look after and support me to do the things I need to do." A relative commented, "I think the staff treat my relative extremely kindly. My relative likes the staff very much. The care and support my relative gets is exemplary. The staff are genuinely kind and caring people. When I visit it's always warm and friendly and I never feel there's anything to worry about." Another relative told us, "The staff are very sensitive and thoughtful towards my relative."

- People's diverse needs were respected and documented. Care records included detailed information about each person's diverse needs relating to their disability, religion, relationships and sexual orientation.

- Records showed that staff were very supportive and sensitive when supporting people to follow their wishes and preferences. People's care plans recorded areas where they needed support with issues that were sensitive and important for maintaining their personality and individuality. For example, people were encouraged and enabled to dress how they liked and to maintain personal relationships

- One person told us, "I go to Church every Sunday and I help at the Church on Fridays. The staff understand my religion is important to me and they help me with this if I need them to." Another person said, "The staff know what my needs and preferences are. We talk in private and the staff are very much supportive of my needs."

- A social care professional told us any issues people using the service had were dealt with effectively and sensitively.

- Staff received training on equality and diversity and they worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010. A member of staff told us, "I am fully aware of what people's diverse needs are, and I am very happy to support them with whatever they want."

## Respecting and promoting people's privacy, dignity and independence

- Staff made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. One person told us, "My privacy is always respected. If staff want to come in to my room they knock on my door. I can relax and be on my own when I want to."

- A relative said, "The staff are respectful, they don't enter people's bedrooms if they are not there. They don't open people's post. If people want to spend time alone they can just go to their room." A member of staff told us, "I would never just walk into someone's room uninvited. I always knock on their door first and wait till they tell me to come in."

- A social care professional told us there was a very caring and family feel at the home. They said, "The service is person centred and people's independence is promoted."

- Staff promoted people's independence as much as possible by supporting them to manage as many aspects of their own care that they could. A member of staff told us, "Most of the people here can manage their own personal care. They are all very independent people; one person needs help with the occasional wet shave and we observe that people maintain good hygiene and prompt them only if we need to."

- Staff told us they made sure information about people was always kept confidential. We saw records about people were stored in a locked cupboard in the office.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service was exceptional in the way they supported people to learn new skills and maintain their independence. One person told us, "They [staff] encourage us to do our own things. I had travel training, so I can go into town alone on the bus. I love going to the cinema and the theatre, I just bring my phone with me in case I have a problem. Most people travel on buses or trains by themselves. I go to cookery club on a Monday. I grow my own rhubarb in the garden and I have made rhubarb crumble with a bit of custard. We cook for each other and have a day at home each week where we tidy our rooms and do our ironing." Another person told us, "I can do most things for myself, but the staff are lovely, and they do extra things for us for example they listen to us, plan activities and they will take us where ever we want."
- People went to day centres, clubs and places of employment throughout the week. When we arrived for the inspection some people were going out for the day, one person told us they were off to work in a charity shop [the registered manager told us this person found this job for themselves] and another person told us they were going to the cinema with a member of staff. Another person had gone to work in a tea shop.
- People went on group and individual holidays each year. One person told us, "We always go on holiday. We had a lovely time in Bognor this year." Some people went on additional holidays for example one person went on an annual walking holiday in Yorkshire with a friend and another person went on an annual horse-riding holiday.
- People were supported to follow their interests. One person told us they were a member of the Elvis Presley Fan Club they often wrote to the fan club and bought Elvis memorabilia. They showed us their Elvis tee shirt. Another person told us they had a bird box with a camera and they could watch the birds on the TV. They also had bird feeders outside their window. They said, "I love watching the blue tits coming and going. I saw them laying eggs and watched the chicks hatch."
- People planned for activities that met their needs and preferences. One person told us, "We look at what's going on and put an activity sheet up on the notice board and people sign if they want to go." We observed activity sheets on the communal notice board for upcoming trips to a zoo and theatre shows. These were signed by people wishing to go.

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

- People had care plans that described their health and social care needs and included guidelines for staff on how to best support them. Care plans reflected the principles and values of Registering the Right Support. They referred to promoting people's independence, their diverse needs and inclusion within the local community. Care plans focused on supporting and encouraging people to learn new skills and

maintain their independence. The care plans were kept under review and changed as people's needs changed.

- Care plans detailed people's personal history and family backgrounds, their ability to work, travel and follow their diverse needs. They also referred to people's medical or mental health conditions [where appropriate] and detailed how people needed to be supported with these conditions. For example, there were guidelines in place advising staff how to support a person if they were feeling unwell or confused and for another person when they became anxious.
- Staff had a very good understanding of people's needs. They were able to tell us in detail about each person's individual needs and wishes and how people liked to be supported. One member of staff told us, "Most of the staff has been here a very long time. We all know the people living here and their families very well. I think the consistency of staff has helped to build a very good service for the people living here."
- A social care professional told us they felt each person living at the home had a say in their care, they liked the way people's independence was promoted in positive ways from choosing meals to cook, identifying activities they would like to do and inviting others to participate and attend with them. They said, "The atmosphere has always been calm and relaxed which must be a reflection upon the manager and staff that support the individuals."

### 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.

- The home followed AIS and people's communication needs were effectively assessed and documented within their care plans. Staff had a very good understanding of people's communication needs. One person had a folder with Makaton symbols that staff used to communicate with them when the person wasn't sure how to say something.
- People told us they could understand information provided to them in the current formats at the home. We observed an easy read complaints procedure was available for people in words and pictures. We also saw a residents evening job schedule included people's tasks in words and pictures for example clearing the dining table and emptying the dishwasher.

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

- The service had a complaints policy and procedure in place which provided guidance on actions the service would take when a complaint was received including the timescales for responding. The complaints procedure was readily available in different formats to meet people's needs, including an easy to read version.
- People and their relatives told us they were aware of the complaints procedure and they knew how to make a complaint. One person told us, "I would complain to the staff or the registered manager, but I have never needed to." Another person said, "I would complain to the registered manager, she would listen to me, all the staff do."
- The registered manager showed us a complaints and compliments folder. This held a number of thank you cards and compliments. The registered manager told us they had not received any complaints about the home. However, if they did, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

### End of life care and support

- People received end of life care and support when required. The registered manager told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise

with health and social care professionals and specialised services including local hospices to provide people with appropriate care and support if required.

- People and their relatives were supported by staff to make decisions about their preferences for end of life care. Peoples care records held very detailed information about people wishes at the end of their lives. These included funeral plans and the names of relatives and friends they wanted to be involved.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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
- The register manager and staff demonstrated a strong commitment to provide people with person centred care and enable them to achieve their full potential.
- Staff told us the ethos of the home was to make sure people lived as comfortable and happy a life as possible and to support them with their independence. One member of staff said, "This is a great place to work, the team work very hard to achieve the best outcomes for the people who live here." Another member of staff commented, "I love coming to work, I love the people who live here and the staff. It's rewarding when people thank me for what I do and it's nice when they ask me about myself and my family."
- Throughout the inspection we saw many examples of people being included and empowered to make decisions about their wishes and preferences. People spoke positively about staff approaches and the care and support they received. One person told us, "They [staff] know how to support me. They are here to help and guide me in every way I need." Another person said, "We plan for the things we want to do, and the manager and staff always listen to what we say."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 service had a registered manager in post at the time of our inspection. They were aware of their registration requirements with CQC. They were aware of the legal requirement to display their CQC rating.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team.
- Staff were positive about how the service was run and the support they received from the registered manager. One member of staff said, "I get all the support I need from the registered manager. She's open, helpful, honest and firm but fair." Another member of staff commented, "The registered manager is supportive, easy to approach and talk to and will support in people anyway she can. She listens to staff, for example we discussed a new rota system before it was put in place."
- The registered manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong.

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



- There were systems in place to ensure the service sought the views of people through regular reviews, keyworker meetings, resident's meetings and satisfaction surveys.
- People were encouraged to share their thoughts on how the service could support them better and improve. People told us there were regular meetings to discuss meal planning and activities and meetings with keyworkers to talk about other things that were important to them.
- The registered manager showed us an analysis report from a recent survey. People had expressed their satisfaction with the service they were provided with. They had asked for posters to put in place for activities and for a member of staff to bring their dog to see them at the home. People confirmed these requests had been met.
- A relative commented, "I like the manager, she is very kind, quite firm when she needs to be, and she's got good judgement." Another relative said, "The registered manager is very efficient and very knowledgeable and approachable."
- There were regular staff meetings. Issues discussed at the last staff meeting on 15 August 2019 included people's individual needs, the new staff rota system, staff training, and anything needed for the home.

#### Continuous learning and improving care

- There were effective systems in place to regularly assess and monitor the quality of service that people received.
- We saw records confirming that regular medicines, first aid boxes, fire safety, incidents and accidents checks, and audits were being carried out at the home.
- People's care plans, risk assessments and placements with the service were kept under regular review.
- The registered manager completed a monthly 'manager report' for the provider. This recorded any issues and action taken in relation to, for example, health and safety, incidents and accidents, service user reviews and staff sickness.
- The provider also visited the home on a regular basis to speak with people using the service and staff and inspect the premises. The last provider report, 5 August 2019, recorded the home was presentable, a new cooker was required [this was in place at the time of the inspection] and comments made by a person using the service and a member of staff.

#### Working in partnership with others

- The registered manager told us they had regular contact with health and social care professionals and they welcomed their views on service delivery.
- A social care professional told us the service was well led. The registered manager had been there for a long time and the staff were very approachable.
- The registered manager and deputy manager told us they had attended registered manager network meetings [last time in September 2018] to learn about and share good practice. They showed us they regularly received minutes from the meetings that included updates on the CQC and links to training which they found useful. The registered manager and deputy manager told us they planned to attend these meetings in future.