

# L&Q Living Limited

# Coxley House

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Coxley House is a residential care home providing personal care for up to 13 adults with mental health needs. At the time of our inspection 12 people were living in the service who all had mental health conditions.

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

People and their relatives were positive about the kind and caring attitude of the staff that supported them. One person said, 'It's good here. The staff are fantastic and fabulous.'

We observed positive interactions between people and staff throughout the inspection, with staff understanding people's needs and responding appropriately when people's behaviours changed.

People were supported to a range of healthcare appointments and staff made the necessary referrals if people's health changed. Health and social care professionals were confident with the knowledge and experience of the staff team.

People were fully involved in how they received their care and had regular opportunities to discuss with the staff team how they wanted to be supported.

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 were supported to take part in a wide range of events and activities and were provided with a personal budget to help with this, in order to promote their health and wellbeing.

People were encouraged to be part of their local community and benefitted from a peer recovery worker who helped to provide advice and support about managing their mental health.

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.

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

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 19 April 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?

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?

One aspect of the service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Coxley House

## 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

This consisted of one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced. The provider knew we would be returning on the second and third day of the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report. We also reviewed the last inspection report. We used all of this information to plan our inspection.

#### During the inspection

We met and spoke with six people who used the service. As some people were not fully able to communicate with us, we carried out observations throughout the inspection to help us understand the experiences of people who could not talk with us in more detail. We spoke with nine members of staff. This included the registered manager, a regional business manager, the safeguarding and quality assurance manager, a senior support worker, three support workers, a peer recovery worker and the chef. We also spoke with two health and social care professionals who were visiting during the inspection.

We reviewed a range of records. This included six people's care and medicines records and four staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included incident reports, quality assurance checks and minutes of team and resident meetings.

After the inspection

We spoke with three relatives of people who used the service. We also spoke with three health and social care professionals who had experience of working with the service.

# 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

- Safeguarding systems were in place and staff completed safeguarding training to ensure people were protected from avoidable harm. Safeguarding procedures were displayed in the staff office with guidelines in place for staff to follow if they were concerned about any possible harm or abuse.
- The staff team had a good understanding of their safeguarding responsibilities and were confident any concerns raised would be dealt with immediately. Staff had themed safeguarding supervisions that discussed types of abuse and discussed example scenarios. The provider also had a dedicated safeguarding themed month that helped raise awareness amongst people and the staff team.
- People and their relatives told us they felt safe living at the home. One relative said, "I do have the reassurance that they are safe with the support from staff." Resident meetings also discussed safeguarding issues and people were given examples of types of abuse and reminded how they could report any concerns.
- There was further monitoring at a senior management level as all safeguarding concerns were logged and discussed at quarterly safeguarding committees and reviewed by the board through an annual report. Two board members also had non-executive positions as chairs of local safeguarding boards.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been assessed and were reviewed if there were any changes. Guidance was in place for risks related to smoking, falls and behaviour that challenged the service so staff could support people safely.
- Staff were knowledgeable about the risks to people and explained how they managed them to keep people safe. One health and social care professional said, "They call us up if they have any concerns and can manage people's behaviour well."
- Missing person profiles were in place with guidelines for staff to follow if people had not returned after a specific period of time. We saw the provider had followed concerns up with the relevant health and social care professionals and saw staff discuss this during an afternoon handover.
- An updated fire risk assessment had been carried out in July 2018 and we saw all identified actions had been completed by the provider. Personal Emergency Evacuation Plans (PEEP) were in place for people who had difficulty in evacuating the building in an emergency. An emergency grab bag was in place with a personal profile about each person.

Staffing and recruitment

- Sufficient levels of staff were deployed across the service to ensure people's needs were met. Samples of weekly rotas showed staffing levels were consistent with what we saw throughout the inspection. We saw one person had increased support when their health and wellbeing deteriorated.

- There was one waking night staff and a sleep-in staff for support in case of any emergencies. A senior management on-call rota was also in place. One support worker said, "We get a response and advice and guidance out of hours. This is always helpful."
- The provider followed safer recruitment procedures and were supported by a dedicated human resources team to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff had been completed at the time of recruitment along with appropriate references and identity documents. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

### Using medicines safely

At our last inspection we recommended the provider consider current guidance on the appropriate and accurate recording of people's medicines. At this inspection we found the provider had made improvements.

- There were clear procedures in place to ensure people received their medicines safely. Staff completed training and had shadowing and observations before supporting people. One support worker said, "The training was good and covered everything from ordering to administration and recording. I had 10 shadowing and 10 observations before they signed me off. It was very robust."
- Details about people's medicines were included in their care records, including guidance for staff about what action to take if people refused their medicines. We saw any concerns were followed up with the relevant health and social care professionals.
- Samples of medicine administration records (MARs) we reviewed had been completed correctly and daily checks were in place at each handover to minimise any errors. Staff explained in detail the processes they followed and were positive about the support they received if they had any concerns.

### Learning lessons when things go wrong

- There were procedures in place for the reporting of any incidents and accidents across the service. Incident forms were completed and discussed across the staff team.
- The registered manager held lessons learnt and reflective practice sessions when incidents or errors were found. Supervision records showed reflective practice and discussions were carried out when medicines recording errors were found.
- The provider also discussed incidents that had occurred at their other registered locations to reflect on the incident and discuss how it could have been managed. One support worker said, "We have debrief sessions after any significant incident to discuss what we did, what worked well and if we could have done anything differently. This is one area they have really pushed us to help us improve."

### Preventing and controlling infection

- There were cleaning schedules in place for staff to follow and these were discussed at staff handovers. Supervision records and team meetings also discussed safe infection control practices.
- The staff team were supported by a contracted cleaner three times a week. We observed the home to be clean and tidy with guidelines for staff to follow. There were also weekly checks in place to ensure the service was kept clean.
- One relative said, "They do maintain the environment very well. It is always clean and there are never any smells." A health and social care professional said, "They managed an insect issue well and everything was cleaned properly. They are on top of room cleaning whenever I come and visit."



# 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 had been assessed before they used the service or when their health needs changed. There was information in place and assessments from NHS trusts and other health and social care professionals.
- We saw a health and social care professional had visited to provide further background information for a person and guidance for staff to follow. This had been shared with the staff team so they were all aware. One health and social care professional said, "They are responsive to guidance and they understand the support people need."
- The provider also had access to their own in-house positive behaviour therapist. We saw they had been involved when one person's health and wellbeing deteriorated and worked closely with the staff team to provide further support.

Staff support: induction, training, skills and experience

- Staff completed an induction and worked with senior members of the staff team when they first started. One member of staff who had recently started spoke positively about the induction process and the initial support they received.
- Staff completed training that was focused around the Care Certificate, which included observations of staff providing support. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Mandatory training also covered fire safety, mental health awareness and health and safety.
- Staff were positive about the training they received. One support worker said, "The training is very interactive and can help us understand the experience of people, which is great for our learning." We saw the provider had scheduled further training in managing behaviour that challenged the service to help support the staff team.
- Staff received regular supervision and workplace observations to support them in their role. Supervision records were detailed and gave staff the opportunity to discuss any issues or topics about the service. Staff also had opportunities to meet with senior staff on an informal basis to discuss their work, general wellbeing and review any recent incidents.

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

- People were supported to eat and drink and staff were aware of their nutritional needs. A cook had been recruited since the last inspection to help the staff team manage people's nutritional needs. The cook knew about people's preferences and any specific diets, nutritional, medical or cultural needs.
- People's preferred foods were recorded in their care plans, including the level of support required. One person had a food chart in place to monitor eating habits to see if they were related to any changes in

behaviour.

- People were given choice and staff made sure they were involved with weekly menu meetings to discuss people's preferences. Comments from people included, "I always get a good lunch" and "I like halal food and they do that for me. I like the food here but I can also go out and get anything I like."
- People benefitted from a personal £20 monthly food budget from the provider to be spent on individual preferences, such as a takeaway or personal snacks. We also saw more regular cooked breakfasts were being provided after listening to feedback from the weekly meetings.

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 a range of healthcare services. Where staff noticed a deterioration in people's health and wellbeing, these issues were discussed with the relevant health and social care professionals and referrals made.
- People had regular meetings with the Community Mental Health Team (CMHT) as part of their Care Programme Approach (CPA) involvement. This is the system used to organise people's community mental health services, involving people, their friends and relatives if applicable, and health and social care professionals.
- Staff had a good understanding of people's health conditions and the peer recovery worker encouraged people to be involved in discussions about their mental health recovery. They added, "I assist and provide emotional and practical support to help people gain control over their recovery and inspire people with their own recovery, passing on my experience."
- People told us they felt supported by staff to manage their health needs. One person said, "Although my health is weak, they do support me with this and get the doctor to talk to me about how I'm feeling. They do their best." A health and social care professional told us they noticed the impact the support had on one person's health and wellbeing.

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

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

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

- There were no DoLS in place and we saw people were free to leave the home with no restrictions in place. The registered manager and staff team had a good understanding of the MCA and followed best practice to ensure people consented to the care and support they received.
- People were supported to make decisions about their day to day events and staff liaised with the relevant health and social care professionals if they had any concerns about people's capacity. There was information in one person's file that highlighted who should be involved with decision making if their capacity fluctuated due to changes in their mental health.
- Staff completed MCA and DoLS training and had completed workbooks on their knowledge and competencies of the MCA, which was also discussed during staff supervision. One support worker said, "We always offer choice, no matter what. We always encourage people, there is no coercion and we can't force

people to do anything. We just help to explain everything and want people to feel this is their home."

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

- The home was accessible to people who used the service, with a lift to support people with any mobility issues. People had their own rooms with four communal bathrooms across the three floors. We saw people had been involved in choosing samples of paint for a recent refurbishment of a communal area.
- There was a private garden and courtyard that could be used for smokers, with people having direct access from their rooms on the ground floor. A training kitchen was in place to help support people with independent skills and a new recovery area had been completed, where people had access to the internet if they needed it.

# 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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives spoke positively about the caring nature of the staff team. One person said, "I like it here as everything is relaxed. The staff are friendly to me." Comments from relatives included, "The staff are very caring. They are patient and understanding, which is the best part of the service" and "I see a compassionate nature and that for me is nice. You hope staff have that and are the right type of people and this is the case at Coxley House."
- Health and social care professionals complimented the staff team on their kind and compassionate attitude. One health and social care professional added, "I see people get on well together with staff and have good relationships. From what I've seen, they go out of their way to help residents."
- Throughout the inspection we observed positive interactions between people and the staff team. Staff were patient with people and put them first. They responded appropriately and with patience and understanding when people became emotional, distressed or agitated.
- One support worker told us they aimed to visit people if they had relapsed and were admitted to hospital, to help reassure them and provide any emotional support.
- The provider had a dedicated month which focused on equality and diversity. We saw people had been invited and involved in initiatives across the service. This included the provider's equality and diversity pledge that was created in partnership with people and the staff team.

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

- People and their relatives confirmed they were involved in making decisions about their care and support. Care records had information about who should be involved with any reviews or decisions about people's care.
- Where one person had no known family, the provider had involved an advocate to make sure the person was supported. We saw they had been involved in best interests meetings about the person's health and welfare. Advocates are trained professionals who support, enable and empower people to speak up.
- We only received one negative comment from a relative where they felt a little disappointed they had not been kept updated with their family member's hospital admission. However, they added that it was not a general concern.

Respecting and promoting people's privacy, dignity and independence

- The staff team had a good understanding about the importance of respecting people's privacy and dignity and had all committed to sign up to the dignity charter. There were themed dignity supervisions where staff discussed how they felt people were respected and gave suggestions about maximising people's choice and

control.

- The provider had created dignity forums across their services and we saw one person had represented Coxley House as a dignity champion. The senior support worker said, "As a dignity champion, I give examples of how we can respect people's dignity and can feedback to staff, reminding them about respecting people preferences."
- We observed positive interactions during the inspection of how staff respected people's privacy and promoted their independence. People's care records included an overview of what people could do for themselves. One relative spoke positively about the support their family member received and how they were encouraged to manage their personal care.
- We saw from the provider's March 2019 newsletter the service had held a 'Digni-tea' event, which focused on discussions with people about respecting people's privacy, choices and treating people with respect.

# 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 remained the same. 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

- People had personalised care records, with personal profiles and an 'All about me' section, which had been designed in line with the CQC five key questions. For example, one person had an overview of their history and what staff needed to be aware of regarding their mental health, including what staff should know to help keep them safe or if they became unwell.
- Staff were familiar with people's routines and explained how people liked to be supported. People had regular keywork sessions which discussed their care needs and if they had any achievements or challenges over the past month.
- People also had the opportunity to discuss how they were during recovery action plan sessions. These were sessions created to help avoid situations that have caused distress in the past and could be personalised to people's individual needs.
- People told us they were happy with the support they received. Relatives were positive about the staff team being able to meet their family member's needs. One relative said, "They are aware of what is going on, understand them and are trying to get them to do things."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and staff had a good understanding of how to meet their needs. Easy read documents were made available to people to help their understanding and staff went through recovery action plans on a one to one basis to help explain the recovery process.
- There was also easy read guidance in place around consent and capacity and this was discussed with people about how to help with making important choices. The provider was also in the process of implementing video care plans for people to ensure information to people was accessible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff encouraged people to take advantage of an annual £750 personal health and wellbeing budget funded by the provider, where it could be used for whatever they wanted to do. We saw staff discussed this with people on a regular basis. The regional business manager said, "Giving people access to a bit more money can really help them to have a bit more control over their lives."
- The provider held a number of events across their services, including a themed health and wellbeing

month where people were encouraged to sign up to activities, including sports, music, gardening and art. One person told us about the medals they won at a sports day event. They added, "It was a great feeling." Another person had been involved in a music and dance event.

- Positive examples of the provider's inclusion initiative involved in-house art sessions, which led to one person winning an art competition and having their art displayed in the provider's calendar. Another person had used their health and wellbeing budget to have art classes in the local community.
- People were supported to be part of their local community and were encouraged to take part in activities to improve their health and wellbeing. We saw people were involved with events at the local church and a group of people were just starting a swimming group. The peer recovery worker said, "It is good for people's recovery to mix in the community and engage and interact with people. This is something that can't be done from a hospital setting."
- The provider supported people's religious and cultural needs. People were supported to the local church and one person was supported to attend the mosque. People's birthdays and cultural events were also celebrated across the service.

Improving care quality in response to complaints or concerns

- People we spoke with told us they did not have any concerns or complaints about the service. Relatives told us they knew how to make a complaint and would feel comfortable contacting the service if they had any concerns.
- There was an accessible and easy read complaints policy in place. Only one complaint had gone through their formal process and we saw it had been fully resolved. The registered manager said, "Generally, we have very minor issues, and we aim to resolve them straight away."
- People were regularly reminded about the complaints procedure and it was discussed during keywork sessions and resident meetings.
- We also reviewed a sample of compliments from people, their relatives and health and social care professionals within the past 12 months. One comment from a person stated, 'I am very happy here and I want to thank all the staff.'

End of life care and support

- People were not being supported with end of life care at the time of the inspection. End of life care plans had recently been introduced and staff were still in the process of completing them. We saw it had been discussed at a team meeting in June 2019 about starting discussions with people. It had also been discussed with one person during their monthly keywork session.
- We did see one person had incorrect and incomplete information about their Do not Attempt Cardiopulmonary Resuscitation (DNACPR) status. The registered manager acknowledged this was incorrect and removed this from their care records immediately. They made an appointment with the person's GP to complete it during the inspection.

# 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 deteriorated to requires improvement. This meant for this service, there was one aspect of the service management that was inconsistent. However, leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a registered manager in post who knew of their responsibility to work within the principles of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. However, the registered manager failed to notify CQC of four police incidents that had occurred at the service of which they were required by law to inform CQC.
- We raised this issue with the registered manager who acknowledged it was an oversight and that they notified health and social care professionals at the time of the incidents. We saw correspondence that confirmed these incidents had been followed up, including lessons learnt sessions with the staff team where the incident was discussed and debriefed. We could see the service took appropriate action to ensure people remained safe and it had minimal impact on people using the service.
- Staff had daily handovers that discussed each person and were given reminders about their key responsibilities. Daily allocation sheets, including tasks to be completed during the night shift were in place. However, we saw that they were not always fully completed.

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

- People told us they were happy living at the home. Relatives were confident in the management of the service. One relative said, "Generally, we are very reassured and what we have seen is much better compared to previous places. Overall, we are very pleased." One relative felt that communication could be better at times but did not highlight it as a main issue.
- Staff were confident with the support they received from the management team and were positive about the working environment. Comments included, "[Registered manager] is very fair in her role, supportive and open to new ideas. They are always available and I can speak freely with them" and "We have a good staff team. The more cohesive we are, the better support we can give people."
- The provider had introduced a personalisation strategy at the service to help improve people's health and wellbeing. This included access to individual budgets to help people be more independent. This inclusion programme showed people at Coxley House had accessed more opportunities compared with the provider's other care and support registered services.
- The provider had recently won a national housing award in May 2019 for diversity. They had also taken onboard best practice examples from the CQC and created lead roles for diversity and change and transformation across their services.



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

- The provider sought people's and their relative's views about the care and support received through annual satisfaction surveys. People were supported to provide feedback about the service and the five responses we saw were positive. One comment from a health and social care professional stated, 'There is a good quality of life and staff are always on hand. Residents are taken care of to a great standard.'
- Staff met with people on a regular basis for feedback as part of their keyworking responsibilities. People were also involved in resident meetings. One person told us how they enjoyed being involved. They added, "We discuss things about the house, how we feel and things like that. We also have weekly meetings about the food."
- We saw people had been nominated for values awards across the service, where people were recognised for their achievements. One person was nominated for making an impact through volunteering at the local church.
- Staff were positive about the support they received and felt part of the organisation. Staff had also been nominated for awards to recognise their achievements. One support worker said, "I am encouraged in my role and am supported with my development."

Continuous learning and improving care

- There were systems in place to monitor the service and ensure people were receiving a good standard of care. Regular team meetings discussed areas which included incidents across the service, evidencing events, independent skills for people and weekly health and safety checks.
- A range of daily, weekly and monthly audits across the service were completed to help identify any areas of improvement. This included daily checks of people's medicines and finance records, with a weekly audit. A senior support worker said, "We make sure all staff are involved in the audit process which will help the staff team to understand what has to be done and be competent in their role."
- The provider also carried out internal quality assurance visits to monitor the service. The most recent visit on 12 June 2019 had highlighted improvements from their previous visit in December 2018 and any issues picked up were added into an action plan. This was then monitored monthly by the senior management team to ensure any actions were followed up.

Working in partnership with others

- The provider worked closely with a range of health and social care professionals to seek advice and guidance related to people's health concerns. One health and social care professional said, "Staff are committed to their roles and are very supportive. They take on board the advice I've given and always make time to talk with me to give feedback about people and how they have been."
- The provider had created links with a range of local organisations and voluntary groups. One person had been referred to Age UK for a befriending service. A volunteer from the Alzheimer's Society had visited to give a talk and raise awareness about being a dementia friend.
- There were close links with the local church where people were supported to attend. There were also links with a mental health consortium, which provided advice, support and training about mental health recovery and wellbeing.

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 of making sure they were open and honest with people and their relatives. Minutes from team meetings showed the staff team discussed the importance of being transparent and having an open culture across the service. The provider also had a designated duty of candour officer in place to support the registered manager.

- A health and social care professional said they had no concerns and the provider was good at contacting them if there were any issues. One relative said, "They do ring me and keep me updated if there have been any problems."