

Residential Care Providers Limited

# Residential Care Providers Limited

## 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

Residential Care Providers Limited – 157 Harrow View is a small care home registered to provide accommodation and support with personal care for five people with learning disabilities and complex needs. At the time of this inspection, five people lived in the home.

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

All people in the home had learning disabilities and could not always communicate with us and tell us what they thought about the home. We therefore spent time on the inspection observing the experience of people and their care. We also observed how staff interacted with people and the support they provided. We noted that people appeared at ease when in the presence of staff. Staff were patient and respectful when interacting and supporting people and there was a relaxed atmosphere in the home.

Feedback about the home from one person who lived in the home and two relative's was positive. They spoke highly of care workers and management and said that the home was run well.

People were protected from abuse by staff who understood how to identify and report any abuse concerns. Risks to people's health and wellbeing had been assessed. Appropriate risk assessments were in place and included guidance for staff on how to minimise risks to people.

We checked the arrangements in place in respect of medicines. Care workers had received medicines management training and policies and procedures were in place. The majority of Medicines Administration Records (MARs) we looked were completed with no unexplained gaps. However, where we found gaps the service had failed to identify these. We have made a recommendation in respect of this.

Appropriate recruitment checks had been carried out. The home had adequate staffing levels and staff were able to attend to people's needs. This was confirmed by staff we spoke with.

The premises were clean and tidy. There was a record of essential maintenance carried out. Appropriate fire safety arrangements were in place. Steps had been taken to protect people from the risk of infections.

Staff had received appropriate training and they had the knowledge and skills to support people and were supervised. Staff spoke positively about their experiences working at the home and said that they received support from management. Teamwork was effective in the home.

Staff supported people to have a healthy and nutritious diet that was in line with their individual dietary needs and preferences.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way

possible.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. DoLS authorisations were in place where appropriate.

Staff adopted a caring, friendly and professional approach in their work. People were treated with dignity and were respected at all times. Staff promoted people's independence. Staff and management understood the need to promote equality and diversity and considered people's protected characteristics.

People and their relatives' involvement in decision-making about the care provided was encouraged by staff and management. People's care plans supported a person-centred approach. People had support to lead lifestyles of their choosing, access the local community and participate in recreational activities. People's wishes and choices about their end of life care were explored with them.

An appropriate complaints procedure was in place. We noted that since the last inspection, the service had not received any complaints.

People benefitted from a service that had an open and inclusive culture. The home was managed effectively. Morale among staff was positive and they spoke enthusiastically about working at the home. Staff told us management were approachable and felt their own work was valued.

Management monitored the quality of the services and safety of the service to ensure it remained safe for people. Quality assurance systems and processes were in place to enable management to monitor and improve the quality of people's care.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

#### Rating at last inspection

The last rating for this service was good (published 27 June 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?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Residential Care Providers 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

The inspection was carried out by one inspector.

#### Service and service type

Residential Care Providers Limited – 157 Harrow View 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 (CQC). 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.

#### What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. 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.

#### During the inspection

All the people in the home had learning disabilities and could not always communicate with us and tell us what they thought about the service. We therefore spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day. We spoke with one person who lived in the home about their experience of the care provided. We also spoke with members of staff, including the registered manager, deputy manager, one senior care worker and one care worker.

We reviewed a range of records. This included three people's care records, medication records, staff training records, two staff files in relation to recruitment, and incident and accidents records. We also reviewed a variety of records relating to the management of the service, including quality assurance audits and checks and records relating to the safety of the premises.

#### After the inspection

We spoke with two relatives about their experience of care provided.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- When asked if they felt safe in the home, one person told us, "Yes". One relative told us, "Yes, [my relative] is safe in the home. He is definitely well looked after."
- Staff we spoke with knew how to recognise and protect people from the risk of abuse. They had completed training in safeguarding adults and knew what actions to take if they felt people were at risk of harm.
- There were policies and procedures in place to safeguard people from abuse.
- The registered manager was aware of his responsibility to liaise with the host local authority if safeguarding concerns were raised.
- Since the previous inspection there had been no safeguarding incidents at the home.
- People living in the home required assistance and support with their finances as they did not have the capacity to do this. Care support plans we looked at included information about the level of capacity people had in relation to their finances and the level of support they required from staff with managing their finances. Three people in the home had appointees in place and for one person a deputy had been appointed by the Court of Protection to manage their affairs. Staff carried out checks on people's finances on a daily basis during the staff handover. The registered manager also carried out quarterly checks on people's finances to check that people's monies were managed safely and appropriately.

Using medicines safely

- Systems and procedures were in place to ensure people received their medicines safely and as prescribed. Medicines were stored securely in the home.
- Staff were provided with medicines administration training and their competency was assessed to ensure they handled medicines safely.
- Staff completed weekly medicines stock checks to confirm people's medicines had been correctly administered.
- Where people were prescribed medicines on a when required basis, there was clear guidance in place to advise staff on when and how to give these medicines.
- Each person's care records included a list of their prescribed medicines which included details of the reason why it was prescribed and potential side effects.
- A medicines audit was completed by an external pharmacy in April 2019. We noted that no issues were raised.
- We looked at a sample of MARs and found these clearly detailed prescribed medicines and the dose. The majority of MARs we looked at were completed fully with no gaps. However, we found that one person's MAR had two gaps in November 2019 for one medicine and in another person's MAR there was a gap for one

medicine in November 2019. We discussed this with the registered manager and he confirmed that the medicines had been administered but the care worker had not signed correctly.

- Staff carried out daily handover checks which included checking the completion of MARs. However, we looked at the handover checks for the days where we found gaps and noted these checks had failed to identify the three gaps found. It was therefore evident that there was not an effective system in place to monitor and check the completion of MARs.

We recommend that the provider review their systems for checking the completion of MARs.

After the inspection, the registered manager sent us evidence of a new template that would be used to record MARs checks. He advised that this would be implemented immediately.

#### Assessing risk, safety monitoring and management

- Comprehensive risk assessments were in place. These were person specific and included clear details of potential risks and a detailed management plan which provided information about how to support people to minimise risks. Where people displayed behaviour that challenged the service, there were proactive strategies in place to help people and staff remain safe and protected from foreseeable risks. These were tailored to reflect people's individual needs. Staff we spoke with were aware of how to keep people safe from these risks.
- Staff were kept up to date with changes in risks to people through daily handovers and communication within the team.
- The home had systems in place to deal with a foreseeable emergency. The fire plan was clearly displayed detailing fire exits and escape routes. Staff had completed fire safety training. Personal emergency and evacuation plans (PEEPs) were in place in case of an emergency for each person. These included details of how the person should be supported in the event of an evacuation. We noted these were reviewed every six months by the registered manager.
- Regular fire drills and checks were carried and documented appropriately. A fire risk assessment was completed in July 2019 and provided details of safety precautions in place and identified actions which had been addressed.
- Health and safety checks and maintenance of the building and equipment were undertaken by the registered manager. A health and safety risk assessment of the premises had been completed to ensure the home was maintained and any risks to people's health and safety were identified and addressed. Risks associated with the premises were assessed and relevant checks on gas and electrical installations were documented and up-to-date. Window restrictors were in place throughout the home. Management carried out a regular premises audit to ensure the home was maintained and any risks to people's health and safety were identified and addressed.
- Water temperature was controlled in the home to ensure it did not exceed the recommended safe water temperatures. Hot water temperatures were checked and documented.

#### Staffing and recruitment

- Recruitment and selection procedures were in place to ensure prospective employees were suitable and did not pose a risk to people in the home. Records showed appropriate checks had been undertaken.
- We discussed staffing levels with the registered manager. He explained that there were sufficient numbers of staff to safely meet the needs of people and this was confirmed by care workers we spoke with.
- The registered manager told us, "I have a good core staff team. Familiarity is very important for people with autism. I am to create an environment where staff want to stay." There was a high retention level of care workers in the home. The majority of care workers had worked at the home for a number of years which provided continuity and consistency in the level of care people received. One relative told us, "I like that



there are not agency staff. There are regular staff. [My relative] gets to know [staff] and he is less disruptive. I like that it is the same staff."

#### Preventing and controlling infection

- Measures were in place to protect people from the risk of infections. There was an infection control policy in place.
- A cleaning schedule was in place which allocated cleaning responsibilities to staff to ensure that the home was kept clean and regularly monitored. On the day of the inspection, the premises was clean and there were no unpleasant odours.
- Staff had been provided with, and understood when to use, personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection.
- In March 2019, the Food Standards Agency carried out a check of food safety and hygiene and awarded the service five out of five stars, rating the service as "very good".

#### Learning lessons when things go wrong

- Accidents and incidents had been documented and included details about the accident/incident. However, we noted that there was a lack of information recorded about subsequent action taken by the home following an accident/incident. We discussed this with the registered manager who confirmed that he would amend the form to ensure that it included a section to record subsequent action and that in future this would be completed.
- The registered manager carried out a regular review of accidents and incident forms to see if there were any patterns and to ensure lessons could be learnt when things went wrong.

# 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 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 received effective care and support from staff they were familiar with. Staff and management demonstrated a thorough knowledge of people's needs and preferences. One relative we spoke with told us, "The quality of staff is high, they are very involved. They understand what they have to do and are proactive. They engage with [my relative] and other people in the home."
- The registered manager met each person before they moved into the home. This was to establish the care needed and to ensure the home could meet the person's needs.
- People's care plans illustrated that their needs had been individually assessed. Details of people's needs, including their daily routines, cultural, religious, nutrition, communication, social and emotional support were documented. Preferences were clearly recorded to help ensure that people's specific needs could be met by staff supporting them.
- Care plans were kept under review and amended when changes occurred or if new information came to light.

Staff support: induction, training, skills and experience

- People received care from staff who had the necessary knowledge, skills and experience to perform their roles. Staff were trained to make sure they had the skills and knowledge to effectively support people. One relative told us, "Yes I am happy with the care. My [relative] had [an illness]. [The registered manager] and the team were brilliant during his illness. They were absolutely helpful and supportive."
- Newly employed staff were supported to understand their role through a period of induction. Staff had the knowledge needed to provide personalised care to people. Their progress was reviewed on a regular basis by the registered manager. The induction which incorporated the Care Certificate Standards consisted of training and competency checks. The Care Certificate is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.
- Records showed that staff had also obtained national vocational qualifications (NVQ) in health and social care. Staff received training in topics including, safeguarding, behaviour that challenges, moving and handling, fire awareness, medicines administration, food hygiene and first aid. Staff also received training in specialist areas relevant to the needs of individual people, such as positive behaviour techniques and autism.
- The registered manager kept records detailing what training individual staff members had received and when they were due. Some members of staff required refresher epilepsy training and we noted this had been booked to take place on 5 December 2019.
- People were supported by staff who had regular support, supervision sessions and yearly appraisals with

the registered manager.

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

- People had enough to eat and drink throughout the day. Staff were aware of people's individual preferences and patterns of eating and drinking.
- Staff consulted with people on what type of food they preferred and ensured that food was available to meet people's diverse needs.
- Staff monitored people's food and drink intake to ensure all people received sufficient amounts each day.
- Staff told us referrals would be made to the GP where there was a concern that someone was losing weight. Advice and guidance was sought from appropriate professionals to support people with their dietary needs. Staff monitored people and took action to ensure their needs were met.
- The kitchen and dining areas were fully accessible to people using the service. One person used a wheelchair and we noted that they were able to access the kitchen with ease.
- Care support plans contained comprehensive information about people's dietary needs and any swallowing difficulties. Speech and language therapists had been contacted when people were at risk of choking.

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

- The home worked with a range of professionals such as GPs, dietitians and speech and language therapists to ensure people's medical needs were met.
- People's care records included information about their medical history and the management of medical conditions including clear written protocols for staff to follow.
- Staff knew people well and care plans incorporated advice from professionals when received.
- Health Passports were in place in an easy read, pictorial format. These included detailed information about people's healthcare needs, medicines, allergies, preferences and areas they need support. This ensured people received appropriate support and minimal disruption to their care when admitted to hospital.

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

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

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood when an application to deprive someone of their liberty should be made and appropriate applications had been made. Standard authorisations were in place for people where it was recognised that there were areas of their care where their liberties were being deprived to ensure people were supported appropriately.
- Staff received training in the MCA and staff we spoke with had a clear understanding on how it should be

reflected in their day-to-day work and had a good working knowledge of DoLS.

- Staff maximised people's decision-making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the choice available. We saw staff sought people's agreement before helping them.
- Care plans included information about people's levels of capacity to make decisions and provide consent to their care. Care plans included a communication section which provided specific details about people's communication needs and preferences.

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

- The home was comfortable and furnished. The décor took into account people's individual needs and preferences. People's rooms contained personal possessions to reflect their individual personalities.
- People's needs were met by the design of the premises. There were different areas for people to use for their preferred activities, and space to spend time with their families or visitors, or to have time alone.

# 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 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

- There was a person-centred culture in the home and the caring ethos of the service was evident. We saw people were treated in a caring manner and staff were attentive to people's needs. One person we spoke with told us they were well looked after by staff. Relatives told us that staff were kind, caring and patient. One relative said, "Staff are caring and kind. They know what they are doing."
- We observed that people appeared at ease when in the presence of staff. It was evident that staff knew people well and prioritised people's needs and requests. Staff were respectful to people and provided them with assistance in a considerate manner.
- People received care that promoted their dignity. They had been assisted to wear neat and clean clothes. They had also been supported to wash and looked well presented.
- People's right to privacy were respected and promoted. Staff were aware of the importance of not intruding into people's private space. When providing close personal care, staff closed the door.
- Staff recognised the importance of providing care in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles.
- People were supported to meet their spiritual needs. For example, staff supported people to attend a Synagogue and supported people to meet their cultural dietary needs.
- Private information was kept confidential. People's private and personal information was stored securely.

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

- People were supported to be involved in making decisions about things that were important to them as far as possible. For example, on the day of the inspection we observed one care worker ask a person if they wanted to go out shopping. The care worker then gave this person time and space to decide if they wanted to.
- Staff used their knowledge of people's individual needs to promote effective communication with each individual. During the inspection, we observed a person who was unable to verbally communicate used particular gestures. The deputy manager and care worker were fully aware of what this meant and responded to the person using words of encouragement.
- People's care plans contained 'communication passports' which provided personalised information on how people communicated and how staff should communicate with them. Information showed people used key words and gestures as a means of communication.
- Annual review meetings with people using the service, relatives and healthcare professionals were held. During these, people's care was discussed and reviewed to ensure people's needs were being met effectively. The registered manager told us there was regular contact with relatives and we saw documented

evidence of this.

# 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 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 received personalised care that was responsive to their individual needs. People's individualised care plans provided staff with clear guidance on their care and support needs, and what was important to the person.
- People's needs and care plans were regularly assessed. People's changing needs were monitored, and their care plan was adjusted to meet those needs if necessary.
- People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived in the home. Staff were able to tell us detailed information about people's current needs as well as their backgrounds. Staff were fully aware of people's likes and dislikes without having to refer to care documentation.
- Alongside people's care plans, there were 'running files' in place. These were completed by staff on a daily basis and included information about people's care and well-being. This provided staff with up to date information about people's current needs and they were therefore able to provide appropriate support according to people's specific needs.
- Staff had received training on positive behaviour techniques. Staff had knowledge of possible triggers of behaviours that may challenge and the skills to support people to help make them feel at ease and minimise escalation. People's care plans also contained positive behaviour guidelines which included information on gentle deflection techniques to ensure people safely received appropriate support according to their specific needs and behaviours.
- Care support plans included an oral health assessment tool, information about people's oral care needs and details of the support people required to meet their needs.

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.

- Information was presented to people in an accessible manner. Some parts of people's care plans were written in a user-friendly way using an easy-read style with pictures and graphics.
- People were provided key information in a way they could understand. This included use of 'display boards' on key topics within the home.
- When necessary staff respectfully repeated explanations to people in a way they could understand. For example; when a person had not understood what had been said by a care worker, this care worker used

other means to engage this person's interests using gestures and facial expressions.

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

- People received support to lead the lifestyle of their choice and avoid social isolation. This included help to access the local community, participate in activities and maintain valued relationships.
- The home had a dedicated activities room. This area was a bright and engaging. People were able to get involved with activities which included arts and crafts, puzzles, word games and board games.
- People spent time in ways they enjoyed, such as going to the day centre, shopping in town and meals out. On the day of the inspection one person went to a day centre, another person went shopping in the morning and another person went out for lunch with the registered manager.

Improving care quality in response to complaints or concerns

- There were policies and procedures on raising complaints, concerns and compliments. Relatives we spoke with told us that if they had any queries or concerns they would contact the registered manager. One relative said, "I am very much able to contact [the registered manager]. He does listen. We talk a lot on the phone. There is ongoing dialogue about [my relative's] wellbeing. He keeps me updated."
- Staff told us that if there was a concern it would be investigated quickly.
- Records showed the home had not received any complaints since the last inspection.

End of life care and support

- The home was not supporting anyone with end of life care at the time of the inspection.
- People's preferences and choices regarding their end of life care were explored with them and recorded in their care support plans.



# 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 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 registered manager had established a culture in the home that emphasised the importance of providing people with person-centred care. One relative said, "Care workers are very supportive. They know what they are doing." Another relative said, "Things are always resolved. [The registered manager] does his best to accommodate."
  - The registered manager was knowledgeable about people's individual needs and the support each person required.
  - Staff spoke positively about working at the home. They demonstrated they had a clear commitment to helping support people's happiness, wellbeing and to achieve their goals.
  - Staff we spoke with described a positive and inclusive culture within the home. They felt able to speak openly with management and described the registered manager and deputy manager as approachable. One member of staff told us, "I get full support. The manager is available 24/7. Always available. He is very supportive. I can talk to [the registered manager] openly. He is always there. Even if he is busy he always makes time for me and listens to me." Another member of staff said, "The manager is very approachable and open. I can talk to him easily. He asks how I am. He always tries to resolve issues. He is a good manager."
  - Monthly staff meetings provided opportunities for staff to obtain information, provide feedback and to discuss best practice guidance. Staff spoke positively about team working in the home and said there were effective lines of communication between staff. One member of staff said, "Good team work here. It is a small team. We have an open-minded team." Another member of staff said, "Staff really do work as a team."
- 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
- Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager understood the duty of candour requirement. He was aware of the importance of being open, honest and transparent in relation to the running of the home and of taking responsibility when things go wrong.
  - It is a legal requirement that a service's latest CQC inspection report rating is displayed at the home where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered manager had ensured that he had displayed the rating in the home.

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

#### regulatory requirements

- The registered manager was clear about their role, and all the registration requirements were met.
- The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Although none had occurred, the registered manager knew what incidents required to be notified to the CQC. We use this information to monitor the service and ensure they responded appropriately to keep people safe.
- The registered manager had clear oversight of the running of the home. He was able to provide in-depth information about people's needs and had a thorough knowledge and understanding of the running of the home.
- The registered manager maintained good communication with the staff team to ensure there was a shared understanding of any quality issues or new risks within the home.

#### Continuous learning and improving care

- The registered manager completed audits which covered areas such as health and safety, maintenance and care support plans. This was to check that the quality of care was regularly monitored and evaluated. Areas of improvement were identified and actioned to influence best practice which had a positive impact on the quality of service received by people.

#### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- There were different ways that the views of people, staff and professionals were sought and used in the monitoring and development of the service. People had opportunities to feedback their views about the service and quality of the care they received. This was done as individual conversations, feedback surveys and meetings. We reviewed a sample of the questionnaires that had been carried out in August 2019 and noted positive feedback had been received.
- The registered manager had an 'open door' approach. Staff came to the office unannounced and was available to listen to any concerns and to provide solutions to address these. Staff confirmed they were asked for suggestions on how to improve the service and felt any suggestions they made were taken seriously.
- Where required, the service communicated with external parties which included local authorities and healthcare professionals and we saw documented evidence of this.