Mrs J Harrity

Warwick 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?	Good

Summary of findings

Overall summary

We inspected Warwick House on the 13 December 2016. Warwick House is a care home registered to accommodate up to 35 people with mental health issues such as schizophrenia and bipolar disorder. The service is located in Worthing, West Sussex in a residential area. There were 29 people living at the service on the day of our inspection. Warwick House was last inspected in November 2013 and no concerns were identified.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I do feel safe, it is usually quite a calm environment". Another said, "There is always someone around. Just now I had to get someone to help out with [person using the service] and the staff member was right there". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including managing behaviour that may challenge others, and the use of sharps (sharps is a medical term for devices with sharp points or edges that can puncture or cut skin). Staff had received both one to one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place. One member of staff told us, "I get supervision, it's useful. We talk about key working and any issues". They added, "We get training all the time. I asked [registered manager] for training around mental health and she's organising it".

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, "I enjoy the food here, but if I don't like what's on the menu, I will ask for a jacket potato". Special dietary requirements were met, and people's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included arts and crafts, films, trips to the barbers and local outings and themed events, such as pumpkin carving and a Christmas party. One person told us, "There are things going on like craft and a pumpkin competition and we've got a Christmas party coming up". People were also encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. One person told us, "The staff have a good sense of humour and I can't say there are any of them I don't like". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person told us, "I would speak to the manager, but if it was more serious, there is a complaints procedure I could follow, it is displayed around the home".

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective.

People spoke highly of members of staff and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

Warwick House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 13 December 2016. This visit was unannounced, which meant the provider and staff did not know we were coming. Warwick House was previously inspected in November 2013 and no concerns were identified.

One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care in the communal areas and over the two floors of the service. We spoke with people and staff, and observed how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

During our inspection, we spoke with nine people living at the service, a visiting relative, three care staff, the registered manager, the head of care and the chef. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person's receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People told us they considered themselves to be safe living at Warwick House, the care was good and the environment was safe and suitable for their individual needs. One person told us, "I do feel safe, it is usually quite a calm environment". Another person said, "I like it here, I'm safe. I could live on my own, but I prefer it here".

People were supported to be safe without undue restrictions on their freedom and choices about how they spent their time. One person told us, "The staff here definitely have your safety at heart, but you have the freedom also to do what you want". Throughout the inspection, we regularly saw people moving freely around the service and accessing the local community. The registered manager and staff adopted a positive approach to risk taking. Positive risk taking involves looking at measuring and balancing the risk and the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether. Risk assessments were in place which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. The registered manager told us, "We risk assess for day to day activities like carrying money and vulnerability in the community, but also around behaviour. For example we risk assess for people who choose to get intoxicated through drinking or taking drugs". There were further systems to identify risks and protect people from harm. Risks to people's safety were assessed and reviewed. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as accessing the community, managing their finances and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm tests took place along with water temperature tests and regular fire drills were taking place to ensure that people and staff knew what action to take in the event of a fire. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan. Generic and individual health and safety risk assessments were in place to make sure staff worked in as safe a way as possible.

Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm, or if they had any concerns about the care or treatment that people received in the service. They had a clear understanding of who to contact to report any safety concerns and all staff had received up to date safeguarding training. They told us this helped them to understand the importance of reporting if people were at risk, and they understood their responsibility for reporting concerns if they needed to do so. There was information displayed in the service, so that people, visitors and staff would know who to contact to raise any concerns if they needed to. There were clear policies and procedures available for staff to refer to if needed.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered manager told us, "We have enough staff to meet people's needs, we provide good continuity". We were told agency staff were rarely used and existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff confirmed they felt the service had enough staff and our own observations supported this. One person told us, "There is always someone around. Just now I had to get someone to help out with [person using the service] and the staff member was right there". A member of staff added, "I think there are enough staff. It gets busy at the weekends, but we are never understaffed".

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The home had obtained employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

People received their medicines safely. We looked at the management of medicines. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks medicines stored in the fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. One person told us, "We get our medicines morning and evening, and I can keep my inhalers in my room to use when I need them". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Good

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "I think the staff are well trained. Some residents can be demanding, but I keep myself to myself and don't get involved. The staff deal with it and we don't have any real eruptions". A relative said, "I think it is very good here and just the right place for my [relative]".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. A member of staff told us, "I've had training around the MCA and I have a good understanding of it". Members of staff recognised that people had the right to refuse consent. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as medication and infection control. Staff had also received training that was specific to the needs of the people living at the service, this included managing behaviour that may challenge others, and the use of sharps (sharps is a medical term for devices with sharp points or edges that can puncture or cut skin). Staff spoke highly of the opportunities for training. One member of staff told us, "We get training all the time. I asked [registered manager] for training around mental health and she's organising it". Another member of staff added, "We get training and refreshers".

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Warwick House and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. One member of staff told us, "The induction was good and I have done the care certificate". The registered manager added, "Induction involves mandatory training and looking at policies. New staff are put on the Care Certificate". The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Members of staff commented they found the forum of

supervision useful and felt able to approach the registered manager with any concerns or queries. One member of staff told us, "I get supervision, it's useful. We talk about key working and any issues".
People commented that their healthcare needs were effectively managed and met. They felt confident in the skills of the staff meeting their healthcare needs. A relative told us, "My [relative] did have some physical health issues and the staff were very good and phoned me to make sure I knew how he was". Staff were committed to providing high quality, effective care. One member of staff told us, "I recognised that somebody was quiet and I suspected they had fallen. I phoned an ambulance, as I knew that they were prone to fits". Where required, people were supported to access routine medical support, for example, from an optician to check their eyesight. In addition, people had input into their care from healthcare professionals such as doctors and chiropodists whenever necessary.

People were complimentary about the food and drink. One person told us, "The food is good here. The menu goes up each day and if there is something I don't like I can get an alternative". Another person said, "The food is pretty good. Some days when I am ill I don't come out of my room and I don't much feel like eating, so on the other days I have two or three helpings". A further person told us how they could make specific requests to the chef. They said, "I enjoy the food here, but if I don't like what's on the menu, I will ask for a jacket potato". People were involved in making their own decisions about the food they ate. Special diets were catered for, such as gluten free, diabetic and vegetarian. For breakfast, lunch and supper, people were provided with options of what they would like to eat. The chef showed us documentation that recorded people's specific likes, dislikes and requirement, and confirmed that there were no restrictions on the amount or type of food they could order.

We observed lunch in the dining area and lounge. It was relaxed and people were asked to move to the dining areas, or could choose to eat in their room or the lounge. The dining area had been refurbished to resemble an American style diner. It created an interesting area to eat and the layout gave people the option to eat together, or alternatively eat alone should they wish to. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. The atmosphere was enjoyable and relaxing for people and staff were available if people wanted support, extra food or additional choices. Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "The staff have a good sense of humour and I can't say there are any of them I don't like". A relative added, "Some of the staff have been here as long as my [relative]. The staff are definitely caring and on the whole there is a happy atmosphere".

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner. We observed staff being caring, attentive and responsive and saw positive interactions and appropriate communication. For example, one person had received a parcel in the post. Staff showed an interest and the person was keen to show the staff what they had received. This interaction clearly pleased the person and it was evident that staff knew the best way to communicate with this person.

Staff demonstrated a strong commitment to providing compassionate care and staff appeared to enjoy delivering care to people. From talking with staff, it was clear that they knew people well and had a good understanding of how best to support them. We spoke with staff who gave us examples of people's individual personalities and preferences. They were able to talk about the people they cared for, what they liked to do, the activities they took part in and their preferences in respect of food. Most staff also knew about peoples' families and some of their interests. A member of staff told us, "Everyone has their ways. We let people do their own thing, we just support them when we need to. We give a lot of support around day to day living".

We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs. One person told us, "Some days when I am ill I have bed days and they [staff] tend to leave me on my own, which is what I like". The registered manager told us, "Staff know to knock on doors and respect people".

People's care plans included information that demonstrated how they were supported with making day to day decisions about their care. One person told us, "I like it here, as you are allowed to do what you want". Another person said, "You have freedom to do what you want to do. I can go down the shops anytime and get fruit or things for my room". The registered manager added, "We respect people's choices and we see to do everything we can to promote them". We saw staff were meeting people's needs and protected their rights to be involved. A member of staff told us, "It's all about personal choice. People can come and go freely, we're pretty flexible".

Staff supported people and encouraged them, where they were able, to be as independent as possible. The registered manager told us, "Independence is promoted, for example to manage money, go to the shops and tidy their rooms with the assistance of staff. We involve people to as much of their capabilities". People

had their own room keys and we saw examples of people managing their own health appointments, assisting to set the tables, wash up and manage their laundry. One person told us, "They [staff] are all very good and encourage you to do things for yourself. I got a list of dentists last week and I am going next week". Care staff informed us that they always encouraged people to carry out tasks for themselves. One member of staff told us, "We encourage people to do their own washing and tidy their rooms, or just go out for a coffee with us. We improve their social skills and independence".

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. A relative told us, "The staff all say hello and always make me feel welcome". The registered manager added, "Visitors can come at any time, we encourage visitors. It's an important part of life".

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. People had access to a range of activities and could choose what they wanted to do. One person told us "I am free to go out and have coffee and sometimes I meet up with a friend". A relative added, "[My relative] has a key worker and can speak to them about any problems he has, but they are all pretty approachable".

There was evidence that people engaged in activities, in the service and out in the community. People told us they enjoyed the activities, which included arts and crafts, films, trips to the barbers and local outings and themed events, such as pumpkin carving and a Christmas party. Additionally the service had a games room with a pool table and quiet room with a small library. One person told us, "There are things going on like crafts and a pumpkin competition and we've got a Christmas party coming up". Another person said, "I am quite happy with my life. I have my computer in my room and the care staff take us swimming regularly". People were given the choice to join in activities, or to alternatively not take part should they not want to. One person told us, "People are not interested, but I don't mind though, I have a TV in my room". A relative said, "There are outings and activities going on. They have a film show every week. My [relative] is a bit of a loner and prefers to be on his own in their room". A member of staff said, "Every day can be different and we try to do what we can, so that people don't get bored". The service also supported people to maintain their hobbies and interests and achieve specific goals. For example, we saw that with support from staff, one person was trying to stop smoking. We saw that through feedback from their family, another person had been a very accomplished golfer. Staff had supported this person to have a round of golf and further golf days were planned for when the weather permitted. Further examples included staff organising a regular trip to a local barbers shop for people to have haircuts and wet shaves.

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Paperwork confirmed people or their relatives were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Each person had a key worker assigned to them. The function of a key worker is to take a social interest in a particular person, developing opportunities and activities for them, and to take part in the development of their care plan. One person told us, "We meet every now and then for a chat. I am happy they listen to me". The registered manager added, "Key workers are in place for those who want them. They get everything they need for them around their health and hygiene and do other tasks like personal shopping. Some people have higher interaction with their key workers due to their lifestyle choices". Care plans contained personal information, which recorded details about people and their lives. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

Each section of the care plan was relevant to the person and their needs. Areas covered included; medication, nutrition, managing finances and personal care. Information was also clearly documented regarding people's healthcare needs and the support required meeting those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one care plan gave staff specific guidance on how to manage a

person's intoxication and de-escalate potentially difficult situations brought on by this. Another care plan stated that staff should regularly prompt one person with their personal hygiene, and encourage them to engage with their family and friends. The registered manager told us that staff ensured that they read peoples care plans in order to know more about them. We spoke with staff who confirmed this and gave us examples of people's individual personalities and character traits that were reflected in peoples care plans. One member of staff told us, "The care plans are good, they are in plain English".

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed by the management of the service. One person told us, "I would speak to the manager, but if it was more serious, there is a complaints procedure I could follow, it is displayed around the home". The complaints procedure was displayed and records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. Staff told us they would support people to complain.

Good

Is the service well-led?

Our findings

People, visitors and staff all told us that they were satisfied with the service provided at the home and the way it was managed. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "They have regular meetings. I don't always go, but they do ask us if there is anything we want to do". Another person said, "I just go to one of the staff and that works well". A relative added, "I am happy to speak to the manager, but would feel confident in speaking with any of the staff".

We discussed the culture and ethos of the service with the registered manager and staff. The registered manager told us, "This is the residents' home, it's just our place of work. It's not ours, it's theirs. To the best of our ability it is about them and we make sure they get what they need and we listen to them". A member of staff added, "We try and make it their house, with not too many rules and boundaries. By and large it works what we do". Staff said they felt well supported within their roles and described an 'open door' management approach. One member of staff said, "I haven't had any problems approaching the manager. She is very supportive and takes me seriously". Another said, "[Registered manager] is always supportive". In respect to staff, the registered manager added, "My door is always open. I'm very fair and I am a good listener. We have really good morale and the staff communicate really well".

People were actively involved in developing the service. We were told that people gave feedback about staff and the service, and that residents' meetings also took place. We saw that people had been involved in choosing specific foods for the weekly menu and the frequency of residents meetings. Staff were encouraged to ask questions, make suggestions about how the service is run and address problems or concerns with management. We were given examples whereby through feedback from staff, regular swimming trips for people had been introduced, and changes had been made to the way that staff recorded information. The registered manager told us, "I am always up for new ideas from staff. The swimming has been a real success". Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

Management was visible within the service and the registered manager worked alongside staff which gave them insight into their role and the challenges they faced. The registered manager told us, "I'm a very hands on manager. I don't expect the staff to do anything that I wouldn't do". The service had a strong emphasis on team work and communication sharing. There were open and transparent methods of communication within the home. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs. One member of staff told us, "We have regular staff meetings and we get the minutes". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "We all help each other. Some staff might get flustered, but we support each other to stay calm".

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medication, health and safety and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from

regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. One person told us, "We have meetings once a month and the usual gets discussed, like smoking in bedrooms and playing loud music. We can raise concerns and you can say what you want, they listen to you". Satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of peoples' suggestions.

Mechanisms were in place for the manager to keep up to date with changes in policy, legislation and best practice. Up to date sector specific information was also made available for staff, and the manager received updates from MIND (a charity to support people experiencing mental health issues) and local substance misuse and homeless services. We saw that the service also liaised with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.