

5 George V Avenue

# 5 George V Avenue

## 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

5 George V Avenue is a residential care home, providing accommodation and personal care for five people with learning disabilities. This is a family run service, in which the registered manager and family share their home and lives with the people they support and care for. At the time of the inspection there were four people using the service.

### Service type

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

### People's experience of using this service

People received outstanding highly responsive care from staff who valued everyone's uniqueness. People's well-being was enhanced as a result of the way staff responded to their needs. Staff worked with people in an inclusive and empowering way and with families in full partnership, where appropriate. People enjoyed a range of activities that encouraged social interaction. People received highly personalised end of life 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.

Medicines were safely managed. We have made a recommendation that the provider consult and implement best practice guidance on assessing staff competency to administer medicines.

People and their relatives told us they felt safe at the home. Staff understood their roles in safeguarding people from harm, abuse or discrimination. Risks to people were identified and assessed. There was guidance for staff on how to manage these risks safely. There was a process to identify learning from accidents, incidents and safeguarding concerns. There were enough staff to meet people's needs and safe recruitment practices were in place.

People were asked for their consent before care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were supported to ensure they had suitable skills and knowledge to meet people's needs. Staff worked

closely with health professionals to ensure people's health needs were identified and met. People's nutritional needs were assessed and supported.

The home had been adapted to meet the range of needs of the people living there.

People and their relatives were highly complimentary of the care provided. They told us staff consistently treated them with dignity and respect and encouraged their independence. People were involved in decision making about their care and support. There was an accessible complaints system and people had information made available in a format that met their needs.

The registered manager promoted an open culture of empowerment, communication and inclusiveness. They worked proactively with other agencies and was visible as an effective leader. Staff told us they enjoyed their work and that the registered manager was approachable and supportive.

The home engaged with a range of community groups and people accessed the community regularly. There was a system to monitor the quality and safety of the service and any learning was identified and acted on. People's and their relatives' views about the service were asked for and acted on in order to drive improvements.

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 27 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 5 George V Avenue

## 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

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

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

#### Notice of inspection

We gave the service a four days' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. We contacted the local authority commissioning and safeguarding teams to ask for their views about the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people living at the home for their views on the service they received. We also spoke with

the registered manager for the home and a family member who is a provider partner, three staff members one of whom is a family member of the registered manager. We spent time observing the support people received. We reviewed two people's care plans, three staff recruitment records and records relating to the management of the home including medicine administration records, staff training and supervision information and records related to health and safety checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- Medicines continued to be safely managed. However, although staff received medicines training, they had not been assessed to ensure they were competent to administer medicines safely in line with best practice guidance. The homely remedies policy had also not been reviewed by the home's GPs for a few years and the registered manager acted to update this following the inspection.

We recommend the provider consult best practice guidance on managing medicines in care homes and implement its recommendations in relation to staff competency appropriately.

- People told us they received their medicines when they should. One person commented, "I always get my medicines." We observed staff giving people the time and support they needed to take their medicines safely.

- People's medicines were securely stored and were only accessible to named staff responsible for medicines administration. Regular checks were made on the temperature of the storage area to confirm that this stayed within a range that ensured medicines remained safe for use.

- People had medicine administration records (MARs) which included details of any known allergies, to help reduce any risks. They also included guidance for staff on when they should consider offering people medicines prescribed to be taken 'when required'. MARs showed people received their medicines as prescribed.

### Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People remained safe from abuse, neglect or harm. We observed people interacted positively with staff and recognised and responded to them. The registered manager and staff had received safeguarding training. They understood the possible signs of abuse and their role to report any concerns. They were aware of whistleblowing procedures and who they could go to if they had any concerns.

- Relatives all told us they thought their family members were safe from harm at the home. One relative commented, "[The registered manager and family], provide excellent care. [My family member] is absolutely safe there. If I was to suddenly no longer be able to visit. I would be happy knowing they were safe."

- The registered manager understood their responsibilities under safeguarding. They knew how to raise safeguarding concerns appropriately with the local authority and to notify CQC

- There was a system to respond to and monitor accidents and incidents and share learning. Staff explained the importance of reporting and recording accidents and incidents. Incident reports were reviewed and discussed with staff for learning. For example, we found learning from an incident had been discussed with the person concerned, staff and health professionals and changes made to respond and reduce the likelihood of reoccurrence.

- There had been one accident in the last 12 months. The registered manager told us people had lived with them for several years and staff knew them well, so it was rare for anything untoward to happen. They were

able to anticipate people's needs and any small changes which also reduced the risk of accidents from happening. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.

#### Assessing risk, safety monitoring and management

- Possible risks to people continued to be assessed and reviewed regularly to reduce the likelihood of them occurring. Risk management plans guided staff on how to reduce risks. Action was taken to address risks, for example, risks in relation to a change in people's health were being managed through the purchase of suitable new equipment such as hoists and a wheelchair adapted vehicle to ensure people could access the community.
- Where people could display signs of anxiety and distress, there were guidelines for staff to follow to help identify possible triggers or support them safely. The registered manager and staff were knowledgeable about the people they supported. They described people's individual risks and how to minimise them with frequent monitoring and input from health professionals.
- Risks in relation to emergencies were managed. People had individual emergency evacuation plans to guide emergency services on their safe evacuation. The fire risk assessment was being updated at the time of the inspection. Fire drills were conducted regularly to ensure staff were clear about what to do in an emergency.
- Risks in relation to the premises and equipment such as window restrictors, hoists and water temperatures were monitored through a schedule of internal and external checks and servicing. A legionella risk assessment was being carried out at the time of the inspection to identify any possible risks.

#### Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager and partner lived at the home and shared their lives with the people they cared for. They employed the same additional staff to support people's care and activities as needed. Staffing levels were focused on the needs of the people they supported. Relatives said that there were always enough staff whenever they visited. One relative remarked, "There are always plenty of staff to take people out and look after people. I have never had any concerns about that."
- The registered manager showed us how a change in people's needs had allowed them to use some hours to support additional one to one care for people to access the community more. The staff team was small and they knew people very well. The staff team covered any shortfall to ensure people were never supported by staff they did not know or had not met before.
- Effective recruitment processes remained in place. Records showed the full range of suitable checks were carried out on staff before they came to work at the home to reduce risks from unsuitable staff.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff were knowledgeable about safe infection control practices and told us there was a plentiful supply of personal protective equipment such as gloves. People and relatives told us the home was always clean and tidy.
- The home had hand washing and drying facilities which were available for use by people, staff and any visitors. This helped reduce the risk of the spread of infection.



# Is the service effective?

## Our findings

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

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

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

- People's needs were assessed and planned for. People at the home had been there for several years. Relatives confirmed they had been involved in an assessment of their family member's needs before they went to live at the home. Where appropriate, health or social care professionals were involved to ensure people's individual needs could be met.
- People's needs were reviewed at regular intervals in consultation with their relatives and health professionals where appropriate. The home followed the principles of best practice guidance from the National Institute for Health and Care Excellence on care and support for people growing older with learning disabilities and person-centred care.

Staff support: induction, training, skills and experience

- Staff continued to receive a range of training and support to enable them to be equipped to carry out their roles. Staff received training across a range of areas which was regularly refreshed such as safeguarding adults, fire safety, Mental Capacity Act and DoLS and moving and positioning people. A staff member said, "We get plenty of training on everything here. They are very good with the training."
- Staff also received training in areas specific to people's health needs such as understanding learning disability and autism and epilepsy. Since the last inspection staff had received practical moving and positioning training to respond to a change in people's needs. Only experienced staff were employed by the provider and they received an induction including shadowing experienced staff to help them understand the needs of people they supported.
- Staff also received regular supervision to discuss their role and development. Staff told us they felt very well supported by the registered manager and provider. One staff member said, "They are amazing, very flexible, approachable and supportive."

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

- People's dietary needs continued to be assessed and supported. Any risks in relation to malnutrition or choking were identified and managed with guidance from health professionals included in their care plan. For example, we saw a care plan alerted staff to the risks of one person eating too quickly. Staff were knowledgeable about people's nutritional needs. People's weight was monitored to ensure any concerns were promptly identified.
- Staff were knowledgeable about people's food and drink preferences. They were aware of the need to encourage healthy eating with people through planning menu choices with them.
- People told us they were involved in choosing food, shopping and preparing meals. They were encouraged to use the kitchen to make drinks and snacks. One person told us, "I like cooking and making

drinks here as well as going out for meals."

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

- People maintained access to a range of healthcare services when needed, including GP's, opticians, dietician, dentists and chiropodists. A relative said, "They are excellent about the way they support [my family member's] health appointments."
- Staff monitored people's health and knew to report any changes in their conditions to the registered manager. Records showed that timely referrals had been made to health and social care services where required. For example, where one person had experienced a sudden change in their needs staff had worked effectively with a range of professionals to ensure their needs were met.
- Staff worked to ensure people received consistent support when moving between different services. People had hospital passports with information relevant to their care which accompanied them along with staff when they attended appointments or were admitted to hospital. A health professional commented, "Staff had a good understanding of clients' needs and when those needs changed, they were proactive in seeking support and advice from external professionals to ensure that they gained a better understanding of the clients change in needs."

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

- The environment was warm, homely and adapted to meet people's needs. Since the last inspection the kitchen had been refitted to ensure cupboards and drawers were as accessible as possible to people. There was no lift at the home but there was a ground floor bedroom and the ground floor was wheelchair accessible. Other people living at the home were mobile and able to use the stairs safely.
- People's rooms were personalised and they had access to a communal lounge and dining area and a garden. Equipment was in place to help support people effectively. This included a hoist to support staff when transferring people in and out of bed

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.

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.

- People's rights were protected because staff acted in accordance with the MCA. We observed people were asked for their consent to care and support. Staff were knowledgeable and aware of the need to assess people's capacity where required, to support them to make decisions. Staff had received training on the MCA and DoLS and were aware of the need to consider each decision separately and how they might understand people's nonverbal cues that support decision making.
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the required paperwork was in place and kept under review. The registered manager was aware of the need to follow any conditions to the DoLS authorisations.

# 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 were supported by staff who demonstrated warmth and kindness and their diverse needs were respected. Throughout the inspection we observed staff interacted with people in a calm and gentle way. They understood how to communicate with people who were unable to verbalise their views and to support them make choices about what they want. People told us they were supported by staff who were kind and caring. One person said, "I really like it here. I like all the staff. We are like a family here. We all get on well."
- Relatives commented positively on the family like environment at the home and the dedication of staff. One relative remarked, "I could not have asked for more professional loving care from all the staff. You will never find another place like this." A health professional commented on how staff, "demonstrated empathy and commitment to the client I was working with."
- People received care from the same consistent staff group who knew them well. Staff had worked with people over a number of years. They knew and understood what they enjoyed, how they liked to spend their time and the possible triggers for anxiety or the signs of distress for each person. A relative said, "The care there is absolutely first class."
- Staff understood the importance of supporting and protecting people's diverse needs. For example, staff explained how they could support people to practice their faith and to attend religious services and meet any cultural needs in respect of people's diet or personal care or needs in respect of sexuality were identified and supported. One person's care plan guided staff on their spiritual beliefs to better understand and support them.

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

- People were supported to make day to day decisions by staff who understood them and knew them well. We saw people were involved in decisions about their personal care and how they spent their time. One person showed us a list of activities they planned to do during some individual time with staff. Staff knew people very well and people told us they felt able to express any concerns they had to staff.
- Relatives confirmed they were invited to regular reviews, consulted appropriately about decisions and they were kept well informed about any changes. One relative commented, "I am very happy with the home, if there are any problems they let me know straight away."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and with dignity and that they were encouraged to be as independent as possible. One person told us how they were supported to shave themselves safely. Care plans explained areas of personal care people could manage safely or be encouraged to develop. Relatives

confirmed people were supported to be as independent as they could be within safe limits.

- Staff told us how they tried to protect people's dignity during personal care. Staff understood the importance of confidentiality. We observed staff spoke quietly to people about their support needs. People's records were kept securely.
- People's relationships with those that mattered to them were encouraged. Relatives commented that they were always made welcome when they visited the home. We saw survey feedback from a relative that stated, "Whenever we are visiting, we are always very warmly greeted." Where people had relatives that lived abroad staff supported people to maintain contact through internet facilities.

# Is the service responsive?

## Our findings

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

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

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

- People received highly personalised care focused on their needs and wishes. People had an up to date comprehensive plan of care that considered all their needs, the people and things that mattered to them and their wishes and feelings. People said they were very happy with the care provided. One person remarked, "I am very happy here. I like all the staff. I can do the things I enjoy." A relative commented, "It's absolutely 1000% outstanding, Staff go above and beyond anything you would expect."
- Relatives were highly complimentary about the care provided and told us it had improved their family members health and wellbeing. For example, one relative commented on improvements in their family member's health and that they were more alert due to staff noticing minor issues and working with health professionals to make improvements. Another relative said their family member had, "Come on leaps and bounds, is happier, speaks more and is coming out of their shell." One relative's recent survey feedback stated the home was, "A loving caring stable environment completely professional, staff consistently do their utmost, I doubt anyone could do much more. Anything that can enrich the residents' lives, is embarked on with enthusiasm."
- The registered manager looked to improve people's quality of life continually. For example, where people had difficulty telling the time the registered manger had organised a speaking digital clock to support them when they needed. People's strengths were identified and encouraged to support their confidence and fulfilment. One person enjoyed dancing and had been supported to travel a number of miles for rehearsals each week and participate in shows that had given them a sense of achievement.
- Staff had worked in a creative and timely way to respond to a sudden change in one person's mobility to ensure their full range of needs were met and the need for hospital care successfully avoided. They had advocated with health professionals for a rapid response and engaged with a multi-disciplinary team to understand the issues and follow recommendations including additional training to support the changes made. This included changing their room, organising equipment and rethinking how they could be supported to take part in activities. A health professional commented, "They took on board all of the advice given and were driven by wanting to do the best for the client. What struck me was staff's compassion and desire to do the very best that they could for the client despite challenging circumstances."
- People had been empowered to choose goals they wanted to achieve in a range of areas to help increase their confidence and independence. These had been discussed and created with them and included areas such as saving money towards an event and increased independence with aspects of their personal care. The registered manger and staff team discussed aspects of the running of the home such as home improvements with people in an inclusive way. A relative commented their family member was 'so much calmer, happier and fulfilled' since going to live at the home. A relative commented. "People are part of a

small family there everybody is equal and it really works."

- The registered manager and staff worked to empower people to manage their behaviour and emotions in a positive way. We saw staff worked with people openly to support them to express and manage their feelings and understand boundaries. They had produced written aids where appropriate to support this and remind people of their goals. This helped people to have more control over their lives. Staff had consulted with families and health professionals and used a positive behaviour support model which had addressed the previous concerns. Positive behaviour support is a particular way of supporting people to manage behaviours other people find challenging.

#### End of life care and support

- People received highly personalised, coordinated and responsive end of life care. The registered manager and staff had been involved in supporting people at this point in their lives. They had worked proactively with family members from the beginning to understand everyone's wishes and to assess if they could safely meet people's needs. Relatives spoke of the way they had felt consulted, involved, listened to, and valued in this process.
- Relatives were highly complimentary of the care that had been provided to their family member and themselves throughout this period. One relative commented, "I cannot express the amount of care and the professionalism they (staff) brought. They supported [my family member] listening to their favourite music and films and particularly, ensuring our large and loving family could be with them whenever they wished. We would not have got this amount of dedicated help and support from anywhere else."
- The staff worked with a multi-disciplinary team of health professionals including a palliative care team of doctors and nurses, speech and language, district nurses in a strong working partnership responding to changes in needs to deliver care to meet their needs at this time. They had also undertaken additional training from health professionals with equipment to improve people's comfort and safety. The registered manager and other staff had taken turns to be at the hospital day or night during a period of inpatient care so that people were never alone.
- There was a very detailed care plan that explained all aspects of the care provided and considered any needs in relation to their protected characteristics. For example, it was in a format that met the person's communication needs so it could be easily understood. At the time of the inspection the registered manager and staff were providing bereavement support to other people at the service and preparing to join in the celebration of their life.

#### 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 were carefully assessed and guidance provided to staff where people had sensory loss advice sought from health professionals for any suitable aids or equipment to enhance their quality of life.
- The registered manager ensured information about the home such as the complaints policy was available to them in a format they understood. People's care plans were highly personalised and in a pictorial format and /or easy read format so that people understood them. People told us they enjoyed reading and reviewing their care plans because they were supported with pictures and easy to follow. They confirmed they were an accurate picture of their support needs.

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 were supported to develop relationships and take part in activities they enjoyed. Staff had been creative in sourcing suitable personalised activities that met each person's needs and interests and encouraged social interaction. These included horse riding and carriage driving as well as creative hobbies such as dance or amateur dramatics. People also chose to go away together on holiday.
- People were encouraged to be active members of the community through attending community events. People had taken part in a carnival procession last year and were involved in preparing for one this year. Staff had made strong community links through volunteering at horse riding and attending events for recognised learning disability charities. This helped people feel more widely connected and increased understanding of people's needs in the community. Some people attended the day centre and took part in a range of events and skill building there.
- People were enthusiastic about the activities they took part in in the community as well hobbies they engaged in at the home. One person told us, "I have a list of things I am going to do. I go out a lot but also like doing things here." One person enjoyed collecting model cars another person enjoyed more sensory objects. Relatives commented that their family members had a range of activities they enjoyed and were often out at different events.

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

- There was a complaints policy in a format that met people's needs and people were aware of how to raise a complaint. People told us they were very happy at the service and had not needed to complain. If there were any issues, they would raise them with the staff and felt confident they would be addressed. One person said, "If anything bothers me, I would talk with staff, they would sort it out."
- We saw where an issue had been raised previously by one person it was dealt with openly and appropriately involving relative and health professionals as needed and resolved.
- Relatives all told us they had not needed to complain at all. One relative said, "Everything is communicated so well and if I am not sure about anything, we discuss it. They [registered manager and staff] do listen to what I say."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The ethos of the home was one of openness and wanting to provide the best possible personalised care for people. Relatives all commented positively on the family orientated way the home worked and their openness and willingness to work with them. One relative commented, "They are all like one family. They show such dedication and professionalism."
- The home was inclusive, people were involved as active partners in the decision making and running of the home as far as possible. People told us they were involved in discussions on a range of topics, for example activities, holidays and about maintenance improvements in the home.
- Staff understood the ethos of the service and told us they enjoyed and understood their roles. They commented on the positive way they all worked together. One staff member said, "I can't fault the care here, it's definitely passed the Mum's test for me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was an experienced registered manager who had managed the home for a number of years. They were aware of the need to display their inspection rating and had notified the Care Quality Commission about important events as required.
- They understood the importance of remaining up to date with best practice and did this by consulting websites, such as the National Institute for Health and Care Excellence (NICE) and online forums. For example, they were aware and had implemented the new guidance on oral health care from NICE.
- The registered manager was aware of the duty of candour regulation and understood the importance of openness and honesty with people and families if things went wrong.
- Staff understood their roles, responsibilities and contributions to the running of the home. The registered manager showed an in-depth knowledge of people's needs and the needs of the staffing team.

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

- People and their families views were considered. People and their families told us they were regularly consulted for their views about the service. People were consulted through more informal discussion around the meal times. The registered manager told us they had found a more structured meeting was not as relaxing for people and it worked better informally.



- Relatives told us the registered manager regularly sought their views about the service both through discussion and through quarterly questionnaires. We saw responses were all very positive with no issues raised.
- Staff told us they were consulted and involved in the running of the service and their views listened to. Staff all commented on the positive way they all worked together to support people and the positive feedback they had from relatives.

#### Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality and safety of the service to help drive improvements. The registered manager and staff continually reviewed the care and support they provided to look for ways to improve people's quality of life. For example, considerable work had been undertaken since the last inspection to improve the premises such as new dining chairs and adaptations had been made to the kitchen to allow people improved independence.
- The registered manager had reviewed staff hours and increased people's individual support time in the community to allow them to take advantage of more opportunities.
- There were systems to monitor the quality of the service. Maintenance at the premises was kept under review and improvements planned and acted on. For example, the boiler had been recently replaced. Medicine audits were completed to ensure any issues would be identified quickly.

#### Working in partnership with others

- The registered manager worked proactively with health and social care professionals to ensure people's needs were met. The staff worked closely with the day centre some people attended to ensure there was joined up care.
- The staff advocated to ensure good outcomes for people. For example, they had moved GP surgery's in order to ensure a more proactive response to one person's health needs.
- The registered manager was actively involved in a local learning disability charity and a staff member volunteered at the horse-riding stables people attended.