

Toqeer Aslam

# Welcome House - Gillingham Homes

## 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

Welcome House – Gillingham Homes is a residential care home providing personal care to up to 10 people. The service consists of three houses in a residential street. The service provides support to people living with mental health conditions, such as, obsessive compulsive disorder and schizophrenia. At the time of our inspection there were three people living at the service.

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

People told us they felt safe at the service. We observed people were relaxed and spoke openly with staff and the registered manager. Staff understood their responsibilities to safeguard people from the risk of abuse and knew how to report concerns. One staff member told us, "If I needed to go outside the company I can go to social services and the police. I would make a file note and put in the care notes and raise a safeguarding."

People were supported to live independent lives, and staff empowered people to take positive risks, such as going on holiday and to manage their own medicines. Staff were recruited safely and received relevant training to their role. Staff demonstrated skills to support people and treated them respectfully.

People's needs were assessed and frequently reviewed. Staff encouraged people to follow a healthy diet that catered to their tastes, and people were enabled to prepare their own meals. People told us they chose the menu together. The registered manager used mealtimes as an opportunity to gather people's views and feedback in a relaxed manner as well as a social event.

People were supported by caring staff, and we saw people and staff interacting positively during the inspection. People were happy with talk to us and tell us about the service and the support they received. One person told us, "[Registered manager] is lovely, they are very helpful. All three of us are grateful to [registered manager]. We need prompting and helping. We are looked after properly."

People were supported to be independent, and to maintain relationships with friends and family. This was achieved by going out to meet their loved ones, or contact by phone and video technology. People were enabled to go out as they wished, this included attending groups, classes and coffee mornings.

People and their relatives were encouraged to feedback on the service, staff were available to assist them as needed. One person told us, "The staff are here if we have a query or question or if I need advice. They are quite helpful."

The service was led by a committed registered manager and team who were proud to work at the service. The registered manager told us, "I think we are a lovely service; we are good, we are proactive to service users' needs, we interact great, we are caring and understanding." People were actively involved in the running of the service and their voices were listened to. People were able to access healthcare when they

needed it.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 29 September 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about the service. As a result, we undertook a comprehensive inspection to review all key questions.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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?

Good ●

The service was 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.

# Welcome House - Gillingham Homes

## **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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Welcome House – Gillingham Homes is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Welcome House – Gillingham Homes is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 30 August 2022 and ended on 6 September 2022. We visited the location's service on 30 August 2022.

#### 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people and one person's relative about their experience of the support provided. We spoke with two support workers and the registered manager. We spoke with one social care professional who has regular contact with the service. We reviewed a range of records including three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from harm or abuse. Staff received safeguarding training, understood different types of abuse and how to recognise and report concerns. Staff knew of who to report to externally should this be required. One staff member told us, "I would report to the manager here, also to the social worker, I would record this. I can report to the local council and the police if I needed to."
- People told us they were comfortable to speak with staff and the registered manager. One person told us, "If I felt unsafe or worried, I would go to [registered manager], if they are not around, I would go to [staff member]."
- The registered manager demonstrated their understanding of reporting safeguarding concerns to external bodies where appropriate. Records showed this had been completed appropriately and actions were in place to protect people.
- The provider's safeguarding policy reflected the local authority's guidance and contained their contact details. A poster was displayed on the notice board should people wish to raise concerns with the local authority themselves. Safeguarding and whistleblowing was discussed at staff meetings and supervisions to ensure staff kept their knowledge up to date and felt able to raise concerns.

Assessing risk, safety monitoring and management; Staffing and recruitment

- Risks were assessed and managed safely. People were supported to take positive risks which were assessed to optimise choice and safety. People were enabled to go on holiday and frequently went out, for example, to meet friends at coffee mornings, the gym and walks. One person told us about trips abroad they had enjoyed and showed us photographs. The holidays had been planned with the person and the registered manager, the person's safety had been thoroughly considered and actions were in place to mitigate any potential risks.
- People lived independently with minimal support; staff were on site to support them during office hours. Risk assessments and protocols were developed to promote the safety of people when staff were not there. People had the registered manager and staff contact details should they require assistance and the provider's other services were on call should people require advice or help in an emergency. People had telephones installed outside of their bedrooms for ease of access to make calls. The registered manager and staff telephoned people frequently and carried out spot checks in the evening to ensure people's needs were met.
- A range of environmental risks assessments and checks were completed. For example, the fire risk assessment and relevant safety checks were up to date. People had personal emergency evacuation plans (PEEPs) in the event of an emergency and knew the protocol of what to do and who to contact should there be an emergency.
- There were enough staff to meet people's assessed needs. People described the support they required

and told us there were enough staff to assist them when needed. One person said, "We need help with things, we are independent, just not mentally well. We can't do everything ourselves or we wouldn't be here."

- Staff were recruited safely. Applications forms were completed and employment histories and gaps in employment were explored. References and Disclosure and Barring Service checks were obtained prior to employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely. People administered their own medicines and were assessed to do so safely. People checked in their medicines with staff, so they knew what they were taking and what each medicine was for. People were in control of their medicines. One person told us, "I look after my own medication, if I was run out, I would go to staff. I have never run out. If there were changes, I could tell them, or staff would be notified."
- Some people were prescribed medicines which required specific monitoring. Staff encouraged people to attend regular health checks, maintain a healthy weight and, where appropriate, a stable nicotine intake to mitigate adverse side effects of their medicines.
- Auditing of medicines were carried out on a weekly basis. Although people managed their own medicines, staff were trained to assist them if required. People completed their own medicine administration records (MARs) and counted medicines with staff to ensure they were taking their medicines as prescribed. People recorded the temperature of their medicine storage cupboards which staff checked to ensure medicines were being stored appropriately.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Visiting professionals were asked to show proof of a negative lateral flow device (LFD) test prior to being permitted to enter the premises.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were seen to be wearing PPE appropriately throughout the inspection.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The premises was clean, people and staff followed a cleaning schedule to include high touch points.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the service in accordance with the current guidance. People were enabled to visit friends and family outside and inside of the service with no restrictions.

#### Learning lessons when things go wrong

- The service learned lessons when things went wrong, the registered manager responded to incidents in a timely manner to avoid reoccurrences. Where people showed a change in their behaviour, for example, appeared withdrawn or displayed emotions of anxiety, staff would complete an antecedent, behaviour and consequence (ABC) chart to understand the reasons behind the changes. The registered manager analysed the ABC charts to identify trends and develop strategies to support the person. We saw examples of where staff support had been adapted to minimise negative emotions in people.
- Where there had been incidents, the registered manager had consulted with professionals to develop



appropriate support plans with the person. One visiting professional told us, "The home seems well managed, [registered manager] runs a tight ship and knows their clients. They would respond to queries and is able to tell you anything about the clients."

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had lived at the service for a number of years. The provider had an admission criteria where people were required to have a degree of independence. People's abilities were assessed against the criteria in line with standards and guidance. The registered manager told us assessments identified whether people's needs could be met by the service and of their suitability to live with others accommodated there. As the service was small, the registered manager was keen for a harmonious atmosphere for all people. One relative said, "[Person] gets on with all them there, they are a nice little group."
- People's needs were assessed in line with the protected characteristics under the Equality Act 2010 such as gender, ethnicity and religion, and care plans were developed from the findings.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to support people effectively. People told us they felt well supported. Staff received training relevant to the people they supported, for example, training in mental health and effective communication. A training course on panic attacks had been arranged for staff, people requested to join the course and were welcomed. People enjoyed the course which helped them understand panic attacks, and how to avoid and respond to them.
- Staff held a National Vocational Qualification (NVQ) to level two or above and were encouraged to increase their skills and knowledge. Staff told us about training opportunities, one staff member said, "We have full training every 2 years but yearly we have update training."
- New staff completed the Care Certificate, The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. New staff shadowed experienced staff until they were assessed as competent to work alone, which also gave people an opportunity to build a rapport with them.
- Staff told us they received regular and relevant supervisions and spot checks; records supported this.

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

- People enjoyed varied diets according to their wishes and tastes. Menus were designed around people's specific food choices. One person told us, "Once a month I write my menu down, we all vote, we all have this for lunch or dinner. We put what we want on the list. I am happy with this; I get what I want."
- Where possible, staff supported people to cook and prepare their own meals, and people had risk assessments to enable this. One person told us, "I help staff cooking, I love it. I have had everything on, potatoes, vegetables, I do the meat, it has to be on for about four hours. It took me a while to get that done but I can do that now. We've made omelettes, sausage rolls. I couldn't do it all on my own." We observed a

person being supported to bake a cake during the inspection, they were proud of their achievement.

- People living with diabetes were assessed and appropriate diets were agreed with them. People were supported to maintain a healthy weight through food choices and staff encouragement to exercise.

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

- People had access to healthcare agencies and support including occupational therapists (OTs), GPs, dentists and psychiatrists. People received support in a timely manner. Staff supported people to make and attend appointments relevant to their health and well-being.
- Staff worked with professionals to provide good outcomes for people. For example, one person was anxious about getting in and out of the bath. Staff engaged with an OT who provided grab rails to promote the person's confidence. The person told us, "I am able to do everything myself; I can get everything done, get in the bath etc."
- Staff supported people to make and attend dental appointments and monitored people's oral care. People were prompted and reminded by staff to brush their teeth.
- Records confirmed people were supported to access healthcare such as chiropody and opticians. People were involved in the decisions; staff and people held keyworker meetings where actions and follow up appointments were discussed, agreed and documented.

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

- The service layout met the needs of people. The lounge and kitchen/diner were spacious. Staff worked with people to educate them on how to use cooking facilities. When a new oven was purchased, people had lessons on how to use it safely.
- People commented on the cleanliness and décor and felt it was suitable for them. People told us they were involved in the recent redecoration of the lounge and dining room. One person told us, "We can advise on decisions. The place has all been painted, we had an input."
- People spent time in the garden, it was a communal space for two of the houses with garden furniture set out ready for use. People told us they had spent a lot of time there due to the good weather; one person had an active role with the gardening.
- People were supported to decorate their rooms to their preference. One person said, "I was able to get my room decorated to how I want." Another person told us they went shopping with the registered manager to choose new curtains and their room was painted in their favourite colour.

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.

- Staff understood and worked to the principles of the MCA. MCA assessments had been carried out where appropriate in relation to people's support. People living at the service had mental capacity to make

decisions such as managing their medicines and finances.

- Staff had received MCA training and demonstrated their knowledge by ensuring people were involved in making decisions.
- The registered manager had considered where people may require a capacity assessment to go out alone. DoLS authorisations were not required, the registered manager undertook risk assessments so people could remain safe yet independent.
- We observed staff obtaining consent from people before providing support throughout the inspection. One staff member asked a person's permission to check their medicines. The registered manager obtained people's consent before allowing the inspection team to look at their support plans. One person told us, "They ask my permission before doing anything."

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 kind and caring staff. Staff knew people well and how their conditions affected them. For example, one person who had a diagnosis of obsessive compulsive disorder had a preference to their medicines being checked on a Monday. Staff duties were arranged to suit the person's timetable.
- The registered manager and staff spent time with people to discuss and educate them on respecting people's diversity and equality. One person had previously expressed a bias against certain people in the community. Through conversations with staff and other people at the service, the person understood and accepted other people in the community regardless of their diversity.
- All staff received equality and diversity training. Their knowledge and skills were demonstrated through feedback and observations.

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

- People could freely express their views. They had conversations with the registered manager and staff about how they wanted to be supported.
- People were not rushed, staff worked at people's pace when developing care plans with them. The registered manager told us for one person, it would take up to four days to review their care plans. This was so the person was not overwhelmed, was able to concentrate on the discussions and consider what changes they may wish to make regarding their support.
- People were involved in decisions regarding their care and support. We saw monthly reviews completed by the person with their keyworker. The reviews included what goals the person was working towards, for example, to reduce sugar intake or to improve physical fitness.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One relative told us, "Overall [person] is happy with the staff, they do treat my relative with respect." People's comments included, "They respect my privacy here, they knock on the door before coming in." And, "If you need any help to do anything, they will try to do that, they would be willing to help me."
- Promoting people's independence was at the heart of the service's ethos, and staff described how people's independence was upheld. We observed people leaving and returning to the service as they wished. People's views were listened to and respected.
- We observed kind interactions between people and staff; the atmosphere in the service was jovial. Staff were observed to knock and wait for a reply before entering a person's bedroom. Staff respected people's space and property.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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's care plans were personalised and included their wishes and goals to guide staff on how to support them. One person wished to extend their vocabulary and asked to staff to help them by correcting mispronounced words. We observed this support and staff praised the person when they used alternative words.
- Another person was supported by staff to minimise their hoarding. They told us they were pleased staff helped them and said, "I don't hoard anymore, I used to but now I've stopped. I have got a lot better since being here."
- People had full control of their lives and described why they felt this. We were told, "I feel in control of my support, I can make choices like what time to go to bed and what time to get up." And, "I would be able to say if I wanted anything changed."
- People were involved in planning and reviewing their support through keyworker meetings. People told us they were encouraged to remain as independent as possible and had discussed with staff how this could be achieved. People's well-being plans included what could cause a potential relapse in their mental health and how to avoid one. Staff supported people to be in touch with their feelings and developed techniques with people to avoid and respond to incidents. One person told us, "They (staff) are always available. If I bottle up, I may have a relapse. Every morning we speak to each other to make sure nothing is bottled up."

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 met in a personalised way through various methods, such as, verbal discussions and the written word. One person who had difficulties hearing told us staff had used a wipe board to communicate with them whilst they were waiting for their new hearing aids to be made. They told us staff had supported them to obtain the hearing aids which improved their quality of life and said, "My new hearing aids are brilliant. I missed hearing the children out on the playground."
- The registered manager and staff supported people to access and use technology to optimise people's communication. One person had an amplifier fitted to their telephone, they told us, "When I'm talking, I can hear on the other end. This is a God send. A staff member helped me get this. We sent off for it." Where the person had difficulties hearing emergency alarms, they had a mat under their pillow which vibrated to alert them to any emergency.
- Where required, people were supported by staff to read letters and correspondence. One person told us,

"If I have a problem with my paperwork, they do help me." The service provided documentation for people in large print and an easier to read format.

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 empowered to take part in social activities relevant to them. One person described how they enjoyed going to the gym. A visiting social care professional told us, "They are maintaining my client well there, my client has been doing their activities of daily living. They have lost some weight as they have been going to the gym." We observed one person going out to the local church for a coffee morning and safely returning home during the inspection. They told us they liked to attend twice a week and also enjoyed going for walks.
- People met with their loved ones inside and outside of the service and were supported to maintain relationships with friends and family who lived away. People had access to technology to allow them to contact their loved ones. People had developed friendships with neighbours and socialised with them. For example, people had plated up a Christmas dinner for their next-door neighbour.
- People had personalised weekly planners which helped their mental health to provide reminders and structure. The weekly planners included everyday reminders, such as, to complete personal hygiene, and highlighted planned events and activities. People were stimulated throughout the day and spent time doing what they wished. People helped to clean the service and had allocated days to complete personal chores such as their laundry. One person was hanging clothes on the washing line, they told us they enjoyed remaining independent.
- The registered manager and staff arranged group outings and activities. These included trips to concerts, the garden centre, parties and barbeques. Staff arranged activities during seasonal events, such as, Easter and mental health awareness week.

Improving care quality in response to complaints or concerns

- There had not been any recent complaints received at the service. People and their relatives told us they were happy but would feel comfortable to complain if required. One relative said, "I have complained once or twice over the years, everything had been sorted out. I know I could talk to [registered manager]." A person told us, "I have no complaints about staff or the house."
- People told us they had not needed to complain; they attended house meetings, complaints and how to complain was on the agenda at each meeting. Keyworker meetings gave people an opportunity to discuss any issues in confidence.
- The registered manager described how concerns would be dealt with and taken seriously. Complaints were logged, and any emerging patterns were identified. Actions were taken, and lessons learned, to prevent any reoccurrence.

End of life care and support

- The service was not supporting anyone at the end of their lives at the time of inspection. The registered manager and staff had been working with people to gather their wishes and views. The registered manager told us this was a lengthy process as they wanted people to make informed and rational decisions.
- End of life support was discussed formally at keyworker meetings and informally at the lunch and chat groups. The registered manager told us this approach worked well as people were relaxed, opened up and listened to other people's perspectives.
- Staff supported people when they lost family members. One staff member told us, "I bought a rosebush for everyone to plant, in memory of loved ones who died."

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a positive and inclusive culture for people. We observed people being given choices and asked for their opinions. The registered manager described ways in how they gathered views in people's preferred way. They told us, "We take our time with service users as we don't want to overwhelm them, this gives them a chance to think about things before we make changes."
- People's preferences and equality characteristics were considered when decisions were required. For example, one person liked to sit at a square table rather than a round table, and had a preferred room to make significant decisions in. This was known and respected by staff.
- People were empowered to make life decisions. We saw evidence of professional involvement where needed. For example, engagement of an advocate had been discussed with a person to help them voice their opinion about a significant decision.
- People were encouraged to be involved in decisions about the service. Formal house meetings and informal meetings were regularly held. House meetings gave people the opportunity to discuss household decisions such as, menu choices, outings and whether people had any concerns. One person told us, "We have meetings here, we talk about how we are getting on, what is going on, we talked about covid restrictions." People attended interviews for perspective new staff, and let the registered manager know if they would be happy to be supported by the potential staff member.
- A chat and lunch group was held most days, attendance depended on people's own itinerary, this was a chance for people and staff to eat together and discuss any topics. The registered manager told us the lunch and chat groups were invaluable as people were relaxed so tended to be very open with their opinions and ideas.
- People were fully involved in the community. When people wished to join groups or seek employment, the registered manager supported them to achieve this. One person was supported to volunteer in a local shop and joined an art club. The person's artwork was displayed in the service which they were proud of.
- We observed people and staff to speak freely with each other. People told us they could rely on staff and were comfortable to approach them when needed. Comments included, "If was I was not happy, I would talk to the staff, I am sure they would give a good try to sort my problems." The registered manager was available for people to speak with, there was a sofa in the office so people could sit and chat with them in comfort.

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 and staff understood their roles and responsibilities. They told us they felt supported by the provider and the provider's senior management team.
- The registered manager had worked at the service for many years and knew people well. People were comfortable to approach the registered manager and the provider. When speaking about the provider, registered manager and staff one person said, "[Provider] is lovely. I could speak to them with complaints, although there are no problem with the managers. The staff do their job and do it properly."
- The registered manager understood their responsibilities and had good oversight of the service. They undertook various audits and delegated where this was appropriate. Audits were effective in driving improvements to the service, for example, an audit of infection prevention and control highlighted where additional checks were needed to maintain cleanliness.
- A member of the senior management team completed monthly overarching audits and created action plans with the registered manager. The action plan was discussed and shared with staff. The registered manager delegated some responsibilities to staff to address shortfalls. It had been identified care notes required more detail, staff were aware of this and were working towards improvements. One staff member said, "Staff meetings are good, we talk about how we can make things better with the monthly audit and feedback, also we talk about changes to the residents."
- Staff were clear in their roles and we saw evidence of regular meetings and supervisions held to discuss any changes in the service. Staff gave positive feedback regarding the registered manager, comments included, "If there are any problems we go straight to [registered manager]." And, "[Registered manager] is a great manager, they are very supportive. I could definitely go to them with problems. I have needed to before, they helped me when I talked to them."
- The registered manager understood their responsibilities under the duty of candour. They described their obligation to be open and honest with people if something were to go wrong and provide an apology. We saw an example of where the registered manager had applied the duty of candour in response to a complaint.

Continuous learning and improving care; Working in partnership with others

- The registered manager supported the staff to achieve qualifications and kept their own knowledge up to date. The service supported a person with a mild learning disability, even though this was not their primary need, the registered manager ensured staff received training and guidance to support them appropriately.
- The registered manager worked closely with managers of the provider's other services. They met regularly to share ideas, experiences and provide mutual support. The registered manager told us where lessons had been learned from other services, changes were made to all services to prevent a reoccurrence. There had been changes made in the way managers monitored and supported people with their finances following a review at another of the provider's service.
- The registered manager proactively worked with other agencies to promote good outcomes for people. A variety of professionals including the mental health team, OTs and psychiatrists, had been involved to provide advice and enable the staff to support and understand people's needs. A social care professional told us, "I think it is one of the homes you don't expect a phone call from unless something dire happens. They have a steady client group and a steady staff team."