Caraston Hall Support Limited

Caraston Hall

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

This was Caraston Hall's first inspection since registering with the Care Quality Commission. We carried out this unannounced inspection on the 06 October 2018.

The service specialises in care for people who have severe and enduring mental health needs. On the day we visited five people lived in the service.

Not everyone using Caraston Hall receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Caraston Hall 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.

There was a registered manager 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 2008 and associated Regulations about how the service is run.

We met and spoke with people living in the service during our visit. However, some people were not able to fully verbalise their views, so staff used other methods of communication, for example a translator tool if English was not people's first language.

People were safe at Caraston Hall. Staff had completed safeguarding training and updates were provided. Staff had a good knowledge of what constituted abuse and how to report any concerns. Staff understood what action they would take to protect people against harm and were confident any incidents or allegations would be fully investigated. Staff confirmed they'd have no hesitation reporting any issues to the registered manager or provider.

People were protected by safe recruitment procedures. This helped to ensure staff employed were suitable to work with vulnerable people. Staff confirmed there were sufficient staff to meet people's needs. Staff had completed appropriate training and had the right skills and knowledge to meet people's needs. New staff completed an induction programme when they started work and staff competency was assessed. Staff also completed training appropriate to the people they cared for, for example mental health awareness training. Staff also completed formal care qualifications which included equality and diversity training.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to enable people to retain as much independence as possible.

All significant events and incidences were document and analysed. Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess and improve the ongoing quality of the service provided was sought from people living in the home, professionals and staff.

People's medicines were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received appropriate training and understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to health and social care professionals.

People lived full and active lives and were supported to access local areas and activities. Activities reflected people's interests and individual hobbies. People were engaged in different activities during our visit including some people going out independently while others enjoyed the company of the staff.

People had free access to the kitchen and where given the choice of meals, snacks and drinks they enjoyed, while trying to maintain a healthy diet. People had input as much as they were able to in preparing meals and drinks.

People's care records were person centred, and were personalised to meet individual needs. Staff understood people's needs and responded when needed. People were encouraged to be fully involved with their support plans. Advocates and interpreters supported people and staff to complete and review people's support plans, when required. People's preferences were sought and respected. People's cultural, religious and spiritual needs were also documented.

People were observed to be treated with kindness and compassion by the staff who valued them. The staff, some who had worked at the service for many years, had built strong relationships with people. All staff demonstrated kindness for people through their conversations and interactions. Staff respected people's privacy. People or their representatives, were involved as needed, in decisions about the care and support people received.

People's equality and diversity was respected and people were supported in the way they wanted to be. People who required assistance with their communication needs had these individually assessed and met. People could make choices about their day to day lives. The provider had a complaints policy in place and records showed all complaints had been fully investigated and responded to.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought. The registered manager understood their role with regards to ensuring people's human and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by the registered manager. They knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored by the staff and people had access to a variety of healthcare professionals.

The service was well led. People lived in a service where the provider's values and vision were embedded

into the service, staff and culture. Staff described the registered manager as being very approachable and supportive. Staff talked positively about their roles.

The registered manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People lived in an environment that was clean and hygienic. The environment had been refurbished to a high standard.

People lived in a service which had been designed and adapted to meet their needs. The provider monitored the service to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service. The provider had monitoring systems which enabled them to identify good practices and areas of 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

This service was safe.

People agreed they felt safe.

People received their medicines as prescribed. People's medicines were administered and managed safely, and staff were aware of best practice. Medicines administered were recorded.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

Staff had a good understanding of how to recognise and report signs of abuse.

Risks had been identified and managed appropriately. Risk assessments had been completed to protect people.

People lived in a clean and hygienic environment that had been updated to a high standard.

Is the service effective?

Good

The service was effective.

People received individual one to one support when required from staff who had the knowledge and training to carry out their role.

Staff had received training in the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. Staff understood the requirements of the act.

People could access health, social and medical support as needed.

People were supported to maintain a healthy and balanced diet.

People used a range of communication methods.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and treated people with dignity and respect.

People were involved as much as possible in decisions about the support they received, and their independence was respected and promoted. Staff were aware of people's preferences.

People had formed positive caring relationships with the staff.

Is the service responsive?

Good

The service was responsive.

People received personalised care.

Staff responded quickly and appropriately to people's individual needs.

People were supported to undertake activities and interests that were important to them. People made choices about their day to day lives.

There was a complaints procedure available for anybody to access.

Is the service well-led?

Good

The service was well led.

There was an experienced registered manager in post who was approachable.

Staff were supported by the registered manager and there was open communication within the staff team and staff felt comfortable raising and discussing any concerns with them.

There were systems in place to monitor the safety and quality of the service.

People's views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

Caraston Hall

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 was undertaken by one adult social care inspector on the 06 October 2018. We gave the service 24 hours' notice of the inspection visit because it is small and people often go out during the day and we needed to be sure the registered manager would be available.

Prior to the inspection we looked at other information we held about the service such as notifications. A notification is information about specific events, which the service is required to send us by law.

During the inspection we met and spoke to people who were receiving a regulated activity of personal care as well as other people who lived at the service. Some people living at the service had limited ability to communicate and tell us about their experience of being supported by the staff team. However, we were able to observe the interacting between people and the registered manager and the staff team.

We also looked around the premises. We spoke to the registered manager and two members of staff. We also received feedback form one healthcare professional. We looked at records relating to individual's care and the running of the home. These included care and support plans and records relating to medicine administration. We also looked at the quality monitoring of the service.

Good

Is the service safe?

Our findings

People who lived at Caraston Hall were not all able to fully verbalise their views and staff used other methods of communication, for example a translation tool available via the internet or pictures. Some people had complex individual needs. We were, however, able to observe people interacting with staff and the registered manager.

People, when asked, told us they felt safe. A staff member commented; "People are definitely safe here. We all make sure of that." One professional said they provided one to one care to keep people safe.

People who lived at the service were safe because the registered manager and provider had arrangements in place to help make sure people were protected from abuse and avoidable harm. Staff agreed that people were safe in the service. The registered provider had safeguarding policies and procedures in place. Information displayed provided staff with contact details for reporting any issues of concern. Staff said they received updated safeguarding training and were fully aware of what steps they would take if they suspected abuse. Staff were also able to tell us about the different types of abuse that can exist. Staff were aware who to contact externally should they feel their concerns had not been dealt with appropriately. For example, the local authority. Staff were confident that any reported concerns would be taken seriously and investigated.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff had completed training in equality and diversity and human rights. People had detailed care records in place to ensure staff knew how they wanted to be supported.

People's finances were kept safe. People had appointees to manage their money where needed, including the Court of Protection. Money was kept secure, with two staff signing money in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure, and people's money was audited at the end of each shift to ensure it balanced.

People who had been identified as being at risk had clear risk assessments in place. Risks had been assessed and steps taken to mitigate their impact on people. Care plans detailed the staffing levels required for each person to help keep them safe inside and outside the service. For example, staffing arrangements were in place to help ensure people who needed it had one to one staffing when accessing the community. This enabled people to participate in activities in the community safely. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. The registered manager covered any staff absences to ensure there was enough staff on duty. This they felt helped to keep people safe. Staff said; "There are always enough staff and we can have more if people had appointments."

People were protected by safe recruitment procedures by the selection processes for new staff. Required checks had been conducted prior to staff starting work at the home. For example, Disclosure and Barring Service checks (DBS) had been made to help ensure staff were safe to work with vulnerable adults. Staff

were only allowed to start work when satisfactory checks and employment references had been obtained.

People's medicines were managed safely. Each person's medicines were held in a locked cupboard in their individual bedroom. People had risk assessments and clear protocols in place for the administration of medicines. There were safe medicines procedures in place and medicine administration records (MARs) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. People prescribed medicines on an 'as required' basis had instructions to show staff when these medicines should be offered to people. Records showed that these medicines were not routinely given to people, but were only administered in accordance with the instructions in place. These protocols helped keep people safe.

The registered manager kept relevant agencies informed of incidents and significant events as they occurred. Accidents and incidents were recorded, audited and analysed to identify what had happened, and actions the staff would take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. The registered manager informed other agencies, including safeguarding, of incidents and significant events as they occurred. Staff received training and information on how to ensure people were safe and protected.

People lived in an environment that was clean and hygienic. Protective clothing such as gloves and aprons were made available to staff to help reduce the risk of cross infection. Staff had completed infection control training. This meant staff had the knowledge and skills in place to maintain safe infection control practices. The registered manager confirmed the service had achieved a five-star rating for their food safety inspection issued by the environmental health agency.

People were provided with a safe and secure environment. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of an emergency. Care plans included up to date personal emergency evacuation plans (PEEPs) and held risk assessments which detailed how staff needed to support individuals in the event of a fire to keep people safe. One person had pictures and recorded information on evacuation procedure recorded in their own language in event of a fire. Staff checked the identity of visitors before letting them in.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Good

Is the service effective?

Our findings

People received care from staff who had the skills and experience to carry out their roles and responsibilities effectively. Staff confirmed they received training to support people who used the service for example, through attending courses on caring for people with a mental health diagnosis. Staff were competent in their roles and had a very good knowledge of the individuals they supported, which meant they could effectively meet their needs.

Staff completed an induction programme that included shadowing experienced staff until both parties felt confident they could carry out their role competently. The registered manager confirmed new staff completed training in health and social care courses. The registered manager informed us staff received appropriate ongoing training, for example fire safety training. This helped ensure staff had the right skills and knowledge to effectively meet people's needs. Training was planned to support staffs continued learning and was updated regularly.

Staff received supervision of the practice, and team meetings were held to provide the staff the opportunity to highlight areas where support was needed and were encouraged to bring ideas about how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings. Records showed staff discussed topics including how best to meet people's needs effectively.

People lived in a home that was regularly updated and maintained. The service had a complete refurbishment before it was opened. This refurbishment had been completed to a very high standard, taking into consideration the people who would live there. For example, each bedroom provided people with a private en-suite facility.

People's care files showed how each person could communicate and how staff could effectively support individuals. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty and there is no other way to help ensure that people are safe.

The registered manager confirmed they continually reviewed individuals to determine if a DoLS application

was required. The registered manager confirmed people were subject to a DoLS authorisation. Staff were aware of people's legal status and when to involve others who had the legal responsibility to make decisions on people's behalf. The registered manager said when it came to more complex decisions such as people leaving the premises without staff supporting them; they understood other professionals and appointees needed to be consulted. One person had a best interest meeting minutes on their file. This showed a full discussion on the person's wishes. This showed the service was acting in people's best interest and this helped to ensure actions were carried out in line with legislation. One professional commented that the staff had the best interest of people at the forefront of their care.

People's consent was sought by staff at all times and this was clearly documented in people's care records. People had signed consent forms in their records and it showed this information had been discussed with the person and with the use of an interrupter when required, and signed in the presence of people's advocates.

Staff said they received a handover when starting work, and said they had time to read people's individual records to keep them up to date. Care records recorded updated information to help ensure staff provided effective support to people. Staff confirmed discussions were held on changes in people's needs as well as any important information in relation to medicines.

People had access to local healthcare services and specialists including consultant psychiatrists. Staff confirmed discussions were held regarding changes in people's mental health needs, as well as any important information in relation to medicines or appointments. This helped to ensure people's health was effectively managed.

People's well-being in relation to their health care needs was clearly documented. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed. People had health and well-being action plans detailing their past and current health needs, as well as details of health services currently being provided. Health and well-being action plans helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups. They also ensured people received continuity of care and helped hospital staff when needed to understand the person and meet their needs.

People's individual nutritional and hydration needs were met. Staff encouraged healthy food choice when possible. Care records recorded what food people disliked or enjoyed.

People who required it had their weight monitored when needed. People had been referred to other services, for example GP's, if there had been concerns over people's diet or weight loss. People had access to drinks and snacks 24 hours a day. This helped to ensure people received sufficient nutrition and hydration.

Good

Is the service caring?

Our findings

People were supported by staff who were both kind and caring and we observed staff treated people with patience, kindness and understanding. There was a happy and friendly atmosphere in the service. The interactions between people and staff were very positive. People were seen chatting with staff and the conversations were positive and we heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance.

People were supported by staff who had the skills and knowledge to care for them. Staff understood how to meet people's individual needs. Staff knew people's particular ways of communicating and supported us when we met and talked with people. This showed us the staff knew people well.

Staff understood people's lifestyle choices to promote independence. Staff involved people and knew what people liked, disliked and what activities they enjoyed. People were allocated a key staff member to help develop positive relationships. This worker was responsible in ensuring the person had care records that were updated for staff to access.

People's needs in relation to their mental health issues were clearly understood by the staff team and met in a positive way. For example, if people required additional support staff involved them in discussions and provided reassurance to people and reduced any anxiety.

People were supported to express their views and be actively involved in making decisions about their care and support when possible. People were provided with one to one staff support when needed to enable them to receive time to access the community. Staff knew people well and what was important to them, such as how they like to spend their days. Staff were seen communicating effectively with people. This helped to ensure people were involved in any discussions and decisions as much as possible. Interactions we observed whilst staff supported people were good.

People were not all able to fully express their views verbally. However, staff encouraged people to be as independent as possible. People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and considered when care was planned. The service held 'house meetings' involving all people within the service. Discussions at these meetings included menus and other area of interests to people. Everybody was encouraged to participate so their opinions were heard.

People had their privacy and dignity maintained. We observed staff knocking on people's bedroom doors to gain entry, and people were always involved and asked if they were happy for us to visit and speak with them. We saw people were able to make choices about how they spent their time and were able to spend time in their rooms if they wished.

Staff spoke to people respectfully and in ways they would like to be spoken to. We observed staff having fun and joking with people who all enjoyed these interactions. Staff were also courteous to people.

People's relatives and friends could visit at any time. Staff recognised the importance of people's relationships with their family and promoted and supported these contacts when appropriate.

The registered manager and provider understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with their policy on General Data Protection Regulations (GDPR). Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The management and staff said everyone would be treated as individuals, according to their needs.
Staff showed concern for people's wellbeing. The care people received was clearly documented and detailed. People, if there was a deterioration in their mental health, had been referred to professionals.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This included "We exist to provide safe, quality support and housing that creates an environment which promotes recovery and enables individuals to thrive." This was evidenced through our conversations with the staff team. People received their care from a regular staff team some who had worked at the service for many years. This consistency helped meet people's needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. People received support from a staff team who responded and understood their individual needs. People had a pre-admission assessment completed before they were admitted to the service. The registered manager confirmed this helped to enable them to determine if they could meet and respond to people's individual needs. A professional said the service had created a 'bespoke package' of care to ensure people lived as full as life as possible.

People were involved with planning and reviewing their own care and making decisions about how they liked their needs met. People were well known by the staff who provided care and support and took account of individual needs and wishes. Staff told us how they encouraged people to make choices. For example, they encouraged people to help with household chores.

The service had a culture which recognised equality and diversity amongst the people who lived in the service and the staff team. The management team assured us their own policies reflected this to ensure people were treated equally and fairly.

People received individual personalised care. People's communication needs were effectively assessed and met and staff told us how they adapted their approach to help ensure people received the support they required and in a format, they understood. The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people can access and understand information they are given. For example, people with a sensory loss or if English was not their first language. Information was provided to people in a format suitable to meet their individual needs. For example, the services had the evacuation procedure in the persons first language the event of an emergency. People had advocates available to them to help ensure people who were unable to effectively communicate, had their voices heard and this information could be provided in format to meet their needs.

People's care records were person-centred and held detailed information about how each person wanted their needs to be met in line with their wishes and preferences. People's preferred daily routines were recorded to inform staff. People's records also held information on people's social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's needs. For example, any decreases in people's mental health were identified and specialist advice was sought. For example, people were referred to mental health professionals. This information showed the service had liaised with other agencies to support people and enabled the staff to respond appropriately. Staff said they encouraged people to make choices as much as they could.

Guidelines were in place for people in their daily lives. People had information that told a story about the person's life, their interests and how they chose and preferred to be spend their time. This information helped staff in understanding and responding to people in the way they liked to be supported. Staff confirmed plans had been drawn up with staff who worked with the person who knew them well. Regular reviews were carried out on care plans and health and well-being action plans. Guidance on assisting people with their mental health diagnosis helped ensure staff had the most recent updated information to

respond to peoples' needs.

People were supported to develop and maintain relationships with people that mattered to them. For example, records showed one person in contact with their family who lived overseas. This included contact via phone calls and emails.

People took part in a variety of activities, many did so independently while others went out with staff support. Staff supported people to access a wide range of activities. Staff confirmed they tried new activities to ensure people could experience a range of activities.

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. For example, people visited local shops.

People were provided with a complaints procedure and in a suitable format for them to understand. Complaints and concerns were also discussed at 'house meetings.' The registered manager understood the actions they would need to take to resolve any issues raised. Staff confirmed any concerns they had were communicated to the registered manager and were dealt with and actioned without delay.

At the time of this inspection there were no people close to the end of their life. However, the registered manager understood how to ensure people would receive appropriate care at the end of their lives, with dignity and as much independence as possible. This meant that any people who needed end of life care in the future could be confident their needs would be met.

Good

Is the service well-led?

Our findings

People and staff spoke positively about the registered manager. Staff said; "Always approachable and very good."

There was a registered manager 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 2008 and associated Regulations about how the service is run.

The registered manager was open and transparent and was very committed to the service and the staff but mostly the people who lived there. The registered manager said the recruitment process was an essential part of maintaining the culture of the service. People benefited from a registered manager who worked with external agencies in an open and transparent way and there were positive relationships fostered.

The service was well led and managed effectively. Caraston Hall's values included; "Responsive-being flexible and reactive in response to people's changing needs. Empowering-giving our clients and staff choice and control in their daily lives." This demonstrated the service had clear values in place on how people's needs should be met and respected. These values were incorporated into staff training.

People were provided with information and were involved in the running of the home as much as possible. The registered manager said they encouraged the staff to talk to, listen and observe if people had concerns. A range of communication aids were used to support people to tell staff about the service. For example, internet access to translate to people's first language for some people.

The registered manager took an active role within the running of the home and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure of the company. They demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff. Management monitored the culture, quality and safety of the service by visiting to speak with people and staff to make sure they were happy.

Staff spoke well of the support they received from the registered manager. Staff felt supported. Staff said the registered manager were available and approachable and they were able to call them at any time. Staff confirmed they could raise issues and agreed any issues raised were dealt with immediately. Staff had a good understanding of their roles and responsibilities. Staff told us the registered manager worked alongside them. Staff said there was good communication within the staff team and they all worked well together.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. This also provided an opportunity for staff to raise any concern or make comments on how the service was

run. Staff were updated on any new issues and gave them the opportunity to discuss current practice. Staff confirmed they were encouraged and supported to participate in looking at ways to improve the service. Information was used to support learning and improve the quality of the service. The home had a whistle-blowing policy to support staff. Staff felt comfortable in using the whistle-blowers policy if required.

The provider's governance framework helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out regularly and in line with policies and procedures, for example audits on medicines. These helped to promptly highlight when improvements were required. In addition, annual audits and maintenance checks were completed that related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests.

The registered manager and registered provider sought verbal feedback regularly from relatives, friends and health and social care professionals to enhance their service.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. The registered manager was fully aware of and had implemented the changes to the Key Lines of Enquiry (KLOE). They had also looked at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully met people's information and communication needs, in line with the Health and Social Care Act 2012.