

Torcare Limited

Porte Rouge Care Home

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

Porte Rouge Care Home is owned and operated by Torcare Limited. They also own two other care homes in East Cornwall, providing residential and nursing care to older people as well as a domiciliary care agency.

Porte Rouge Care Home provides residential care without nursing for up to 33 older people. Some people may be living with dementia, or have physical and mental health needs. On the days of our inspection 27 people were living at the care home. Porte Rouge Care Home is on two floors with access to the upper floor via stairs or a passenger lift. All bedrooms have en-suite facilities, and there are also shared bathrooms, shower facilities and toilets. There is one lounge, one dining room, a conservatory, a garden and a patio seating area.

The service had a registered manager. 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.

People were very complimentary of how the service was managed. The registered manager demonstrated strong leadership and expected high standards. The registered manager was a role model for staff, embedding the provider's vision and values for high quality and compassionate care. People were at the heart of the service, their views and opinions were respected to enable the service to develop. There were strong links with the community to help people continue to be part of the local area. The registered manager was passionate about ensuring the service maintained a connection with others.

Effective monitoring systems were in place to help to continually strive for improvement. People knew how to complain and felt confident their concerns would be listened to and people's complaints were valued and used to improve the service.

The registered manager reflected on her own practice, promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. The provider knew how to notify the Care Quality Commission (CQC) of any significant events which had occurred in line with their legal obligations.

People were kept safe and protected from harm. Staff had a good understanding of what action to take if they suspected someone was being abused or mistreated. Risks to people's care were well managed to help ensure their freedom was supported and respected. Accidents and incidents were monitored to identify themes and to help any recurrence. The environment was assessed to help ensure it was safe for people to live in. People's medicines were managed safely, staff received training and the registered manager took prompt action in response to feedback from external pharmaceutical audits. There were enough staff to meet people's individual needs, and staffing was adjusted when people's needs changed. However, some staff told us they were not always able to provide people with the opportunity to go out, because of limited staffing. This was feedback to the registered manager in order for her to address the concerns raised and

to take any necessary action.

People received care from staff who had received training to meet their needs and supervision of their practice. Staffs ongoing career development was encouraged by the registered manager and provider. People's consent was obtained in respect of care and support and people's human rights were protected. Staff and the registered manager had a good understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People told us the meals were good. People's nutrition and hydration was monitored with action being taking when there were concerns identified. People were supported to access health care service to maintain their ongoing health and wellbeing.

People received care and support from staff who were kind and who knew them well. People's privacy, dignity and independence was promoted by staff who were observant, and personalised in their approach. People views and opinions were sought to help ensure there were involved in decisions about their care. Advocacy services could be accessed when people wished for independent support and advice. People's needs were met and staff were passionate about recognising people's differences and finding new ways to support people. The registered manager worked positively with other agencies and used up to date guidance and legislation to help inform staffs practice.

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.

People were protected from abuse.

Risks associated with people's care were managed to help ensure their freedom was supported and respected.

People's environment was monitored and assessed to ensure it was safe.

People told us there were enough staff to meet their individual needs.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were trained to meet their individual needs.

People's human rights were respected. People's consent was sought, and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS).

People had enough to eat and drink.

People were supported to access healthcare services to help promote their ongoing health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People liked the staff who cared and supported them.

People's views were sought to help ensure they were involved in decisions about their care.

People's privacy, dignity and independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People told us staff met their needs.

Staff were passionate about recognising people's preferences and differences and finding ways to support people in individual ways.

People knew how to complain, and people's complaints were listened to and used to help improve the service.

Is the service well-led?

Good ●

The service was well led.

People were involved in developing the service and their views and opinions were respected.

There were strong links with the community to help people continue to be part of the local area. The registered manager was passionate about ensuring the service maintained a connection with others.

Effective monitoring systems were used to continually improve.

The provider's vision and values were at the heart of the service. There was openness and transparency when mistakes had been made.

There was strong leadership. The registered manager was a role model for staff and expected high standards at all times.

The registered manager worked positively with other agencies and used up to date guidance and legislation to help inform staffs practice.

Porte Rouge Care Home

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 was planned to check 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.

We visited the home unannounced on 26 and 27 May 2016. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection and previous inspection reports. A notification is information about important events, which the service is required to send us by law.

We also contacted the local authority service improvement team, two GP surgeries, a speech and language therapist (SLT), a psychiatric nurse (CPN) and Healthwatch Cornwall for their views.

We spoke with eleven people living at the service, and two visiting health care professionals. We also spoke with three members of care staff, the deputy manager, the unit manager, the chef, two laundry assistants, the health and safety officer, the registered manager and the registered provider.

We observed care and support in communal areas, and watched how people were supported during lunch. We spoke with people in private and looked at five care plans and associated care documentation. We also looked at six medicine administration records (MARs) and documentation relating to the management of the service. This included policies and procedures, staffing rotas, the providers overall training plan, and quality assurance and monitoring paperwork. We assessed and reviewed the safety and cleanliness of the environment.

Is the service safe?

Our findings

People told us they felt safe living at the service their comments included, "I feel safe. I wear a call bell so I can call staff if I need anything" and, "They check on you every two hours through the night to make sure you're ok".

People were protected from abuse because staff had a good understanding about what to do should they suspect someone was being abused, mistreated or neglected. Policies gave staff guidance to follow and training and supervision helped to underpin their knowledge. The registered manager worked in positive collaboration with other agencies when concerns had been raised to help ensure the best outcome for people.

Risks associated with people's care were effectively managed to help ensure they were protected and their freedom supported. People had risk assessments in place to provide guidance and direction for staff about how to support people correctly. As well as risk assessments being reviewed on a monthly basis, they had been effectively updated and reviewed in response to incidents. For example, one person had fallen, so this had triggered their falls risk assessment to be reviewed to help identify if staff needed to adapt their practice to ensure the person's safety. The registered manager told us in their PIR that the "Resident is informed of the results of the risk assessment and risks are balanced so that the resident is not denied the opportunity to live a life of their choice".

Accidents and incidents were monitored to identify themes and to take action to minimise them from occurring again. One member of staff told us, "Unfortunately people do fall, if they don't use their frame or their buzzer", but stressed how useful the recording of these events helped in the reviewing of people's care plans and staffs practice. One person who had been falling frequently had been provided with equipment to help reduce the likelihood of them falling at night time. Their relative was complimentary of how this had been addressed commenting, "He has a special mattress now and a mat so staff know if he gets out of bed. He's only got to press his button and they're here". Policy and procedures were in place in respect of the unexpected death of a person and staff were able to tell us what action they would take in this situation.

People had personal emergency evacuation plans (PEEPS) in place to help ensure emergency services would know how to correctly support them, for example in the event of a fire. The provider had an emergency contingency plan, which provided details to the registered manager and staff of what action they would be expected to take in the event of a flood, electrical failure or staffing shortages. This meant people would not be adversely affected and their care and support would continue.

The environment was monitored and assessed to ensure it was safe for people to live in. Environmental risks assessments and checks to ensure the fire system and moving and handling equipment were carried out. There was a health and safety meeting which took place to discuss the environment and action was taken when concerns were identified. For example, it had been identified that store cupboards which should have been locked because of hazards, were not always being locked. So a reminder of the importance of this had been discussed with all staff.

People told us there were enough staff. Staff were observed to respond promptly to people when they requested assistance and call bells were answered without delay. The registered manager explained additional staffing was put in place if people's needs changed, for example if someone was at the end of their life. Overall, staff told us there were enough staff however did feel at times they were not always able to take people out as often as they would like to. We shared this feedback with the registered manager who told us she would look into this in further detail.

People's medicines were managed, stored, given to people as prescribed and disposed of safely. There was a "medicine champion". This was a member of staff who had been given the responsibility for ensuring the overall monitoring of medicines and to help ensure the management of medicines met with legislation and guidance.

Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Medication administration records (MARs) were completed accurately for most medicines, except where staff had applied creams or ointments to people. The registered manager told us she would put measures in place to ensure these were completed accurately in the future. The provider had innovative plans in place to change the medicine processes at the service to help promote people's independence and to remove the clinical approach of using a medicine trolley.

Is the service effective?

Our findings

People were complimentary about the staff and their competence commenting, "The staff are very good, they look after you well" and, "The staff are excellent. If you ask for something, they're very willing, and they always tell you if they can't get there straight away".

People received care from staff who received training applicable to their role, for example dementia training and moving and handling. Staff were expected to update their training and knowledge on an annual basis, and the provider's training manager helped to ensure this occurred. Staff told us they were well supported, with one staff commenting, "I love it here" and another telling us, "Lots of training going on".

Staff received supervision and an annual appraisal to discuss their training and development needs. Records showed staff practice was discussed and when improvements were identified action plans were put in place.

The registered manager ensured staff were made aware of any changing policy which may affect their practice by discussing topics on a one to one basis or in small groups. For example, one subject due to be discussed was the Department of Health's (DoH) Prime Minister's Challenge on dementia 2020. The registered manager told us she enjoyed nurturing and developing staff.

New staff were asked to complete an induction which incorporated the care certificate and introduced staff to the culture of the organisation. The care certificate is a national induction tool which providers are required to implement, to help ensure staff work to the desired standards expected within the health and social care sector. A member of staff who had been completing the induction told us they were being well supported.

People's consent was obtained prior to staff assisting them or before receiving care and support. Staff were heard to use phrases such as, "Would you mind if I helped you?" and, "Can I?", empowering people to make their own choices and decisions. Care records also recorded when people had been asked for their consent. For example, one person's care plan recorded they had been asked if it would be okay with them, if some paperwork was kept in their bedroom so other health professionals had access to it. The registered manager described in their PIR that "The service recognises the importance of informed decision making that forms part of the staff induction".

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's mental capacity had been assessed and when a person did not have capacity, documentation showed the legislative framework had been followed. Decisions had been made in people's best interests,

with the involvement of their family or other professionals.

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 Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People who may be deprived of their liberty had been assessed. Some Deprivation of Liberty applications were awaiting approval by the local authority and copies were held within people's care plans. Care staff received training in respect of the MCA and DoLS and had a good understanding of the legislative frameworks. The registered manager also spoke with staff about the importance of the MCA and DoLS during supervision. They made sure the legislation was being implemented appropriately by using a monthly auditing check. This checked helped to highlight any concerns or action which needed taking.

People told us, "The food is superb. They come in three times a day to ask what you want to eat. You always get to choose what you want", "You could eat in your room but they go round collecting people", "Everyone enjoys mealtimes", "There's always a choice of food. We don't go without. There's more than enough sometimes" and, "The food is excellent. You get a choice. I've put weight on since I've been here". A relative told us, "Occasionally, I eat here on a Sunday and the food is good". An external health professional commented, "It's like a hotel at times, they have a cooked breakfast made to order if they want it. Mealtimes are a lovely time. Lunch is an important social occasion here and the staff are very accommodating of people's needs".

People were able to enjoy eating their meals where they chose to, and there was flexibility if people wanted to eat their meals at a different time. For example, one person asked for their lunch an hour before because they preferred to eat it in the dining room on their own. They explained, "They know I like to come in early, before everyone else for my meals, so they have it ready for me...sometimes I have a double helping". One staff member told us, "Most people eat in the dining room but if people want to eat in their room, we abide by that".

People were asked for their views and opinions about the choice and quality of the meals. Minutes of a survey showed people had commented about the presentation of the meals and the quality of mash potato, so action had been taken to rectify it.

The registered manager was passionate about the meals, to ensure people had a positive dining experience. A "Nutrition and Hydration Week" had been arranged to help "illustrate how by making positive changes to eating and drinking habits people can improve their quality of life". The event enabled people to try different types of food and drink from around the world. We were told by staff people had enjoyed it.

People's care plans and records showed how staff were effective in meeting people's individual nutritional needs. For example, people's weight was monitored when there were concerns. Documentation showed prompt action was taken such as, contacting dietitians and GP's for advice or to request food supplements. The chef was knowledgeable about people's likes and dislikes and any specialist diets people should have, such as a soft diet when recommended by a Speech and Language Therapist (SLT).

There was a "nutrition champion". This was a member of staff who had been given the responsibility for ensuring the overall monitoring of nutrition and to help ensure the service used up to date guidance when planning meals and creating people's care plans. The chef told us this person was also helpful in communicating any changes.

People's records showed they had access to external health professionals. One person told us, "I see the GP

whenever I need to" and another person who went out for health appointments, told us staff always got them there on time. An external health professional told us, "They get in touch quickly if they have any concerns and follow advice".

Is the service caring?

Our findings

People told us staff were kind and that they care telling us, "Staff ask if people are OK as they walk past. They call you by your Christian name and it makes it feel quite friendly" and, "I can talk to the staff. I have fun with them. They make time to talk". A relative told us, "I think the carers are great. They're wonderful and very caring". An external health professional commented, "It's absolutely wonderful. I've been at different times of the day and it's a lovely environment...everyone seems happy and is dealt with respectfully".

People's families had also taken time to express their gratitude by writing thank you cards, commenting, "She was looked after so well and always with a smile on the faces of the staff" and, "Your kind, reassuring ways and sympathetic and caring nature is to be admired".

The registered manager was passionate about kind and compassionate care, and used the "Mum's Test" to help ensure staff cared for people with high standards at all times. The "Mum's Test" is considering whether they would be happy for someone they loved and cared for to use the service. The "dignity, care and human rights" champion helped to underpin this philosophy and the importance of "promoting dignity" within the service, helping staff understand how paramount dignity is to the delivery of high quality of care.

Staff were personalised in their approach, for example we saw staff rubbing people's arms gently or putting their arm round them as they spoke. Staff spoke about people with passion and caring using phrases to described people such as "She's lovely" and, "She's just beautiful". Appropriate humour was used and people were heard to laugh with staff. One member of staff told one person that they would "race them" downstairs as the person took the lift and the member of staff took the stairs. This caused laughter and humour for all who observed it. Staff spoke fondly of people and knew people well. For example, one member of staff was able to speak in detail with one person about their family

Staff were observant of people's emotions. For one person, staff knew they may get upset if their social event was cancelled, so alternative arrangements had been put into place in preparation, to reduce any unnecessary distress. During the shift hand over people's emotional wellbeing was shown the same importance as their physical health. For example, comments such as "Please offer reassurance" and, "She's quiet today" provided staff with important information to help enable them to adapt their caring approach for each person.

People's care plans contained information about their personal history. This helped staff to have meaningful conversations with people and to understand people's personal achievements in life, prior to coming to live at the service. People's care records showed this history was used to prompt conversation. For example, one member of staff had recorded they had spoken with someone about their music likes, and how they had enjoyed discussing previous singers they had seen in concert.

People's care plans contained a document entitled "This is about me". This helped other professionals support the person should they have to go into hospital, as it provided important information such as what the person liked and what may upset them; ensuing a personalised approach to their care.

People were supported to express their views and make decisions relating to their care, for example people were involved in their care plan reviews and attended residents meetings to discuss the running of the service. Advocacy services were used when people wanted independent support. For example, one person's care plan detailed that a discussion had taken place with the person and their befriender to "establish if (...) was happy living at Porte Rouge".

People's privacy and dignity was promoted. Staff closed people's curtains for them when they were receiving personal care and always knocked before entering someone's room. One person told us, "They help me shower. They're as good as gold. It's very dignified".

People's independence was promoted and the ethos of the service was to ensure people were encouraged to do as much for themselves as possible. One person explained, "I now have a shower on my own. Staff encouraged me to do more and more on my own and now I'm independent". Another person told us, "I go out to the pub nearly every week. I call a taxi and go by myself". Staff encouraged people by using phrases such as "Just one more step", and gave clear guidance to help people mobilise independently.

People's religious and spiritual beliefs were respected, for example a priest was visiting on the day of our inspection and people could chose to attend a variety of different religious services within or outside of the service. Specialist diets relating to religion were also catered for and this was discussed prior to people coming to live at the service, so any preparations could be made. The registered manager had an audit which was used to help ensure people's cultural needs were being met.

Is the service responsive?

Our findings

People told us staff meet their needs commenting, "They look after me properly" and, "My health has definitely improved". An external health professional explained, "Staff respond to people quite quickly with whatever they want, promptly".

Staff were responsive to meet people's needs. For example, one person mentioned that he had lost his hearing aid. A staff member immediately explained that they would go and find it. The staff member returned and said that they had been unable to locate it, so audiology professionals had been contacted to get a replacement for him.

Staff were observant and were seen to acknowledge people at all times. For example, if a staff member couldn't attend to someone immediately, they explained to the person they would be there as soon as possible.

People were supported to maintain relationships with their friends and families, and social events organised by the provider were open to relatives. One person told us, "My daughter can come in and visit whenever she likes". Relatives explained "I can come in whenever I want" and "They always bring me tea and biscuits when I come to visit...these carers are lovely". However, when people did not want to socialise this was also respected, with one person telling us "Staff don't interfere with me. I like being on own but when I go downstairs they're very friendly".

People told us, "We have quizzes and I like to sit here and watch the world go by. I choose where I am and what I do", "There are exercises and some people come in to play music. They play bingo and there are all sorts of games too, or you can go outside and sit in the sunshine" and "You can go out but there's everything you want here". On the days of our inspection, people participated in armchair exercises.

Involving the community in the service was important for the provider and registered manager and formed part of the ethos of the service. For example, on the days of our inspection local college students visited to lead a cooking class, dancers came into entertain and the WRVS (Women's Royal Voluntary Service) arrived to sell sweets and chocolates.

People's birthdays were celebrated in a personalised way, for example people were asked what they would like and this was respected. One person said they had requested they would like an Indian takeaway and this had been arranged, they told us "I thoroughly enjoyed it".

People had personalised care plans to provide guidance and direction to help staff to meet their individual needs. People told us, "I've got a care plan and every so often I have to sign to say I've read it. I've got a copy of it in my room" and, "I do feel in control of my care". The registered manager ensured people's care plans were reflective of their current needs by reviewing them on a monthly basis or more frequently if required. Staff considered people's individual differences and tailored their care to meet their preferences and needs. For example, an external health professional explained that because of the individualised care and attention

staff had given to one person, it meant that they did not have to be admitted into hospital. The registered manager detailed in their PIR that, "The care planning process involves staff listening and responding to our residents preferences and choices...each individual resident has a care plan that is person-centred".

Staff handovers between each shift enabled people's needs to be shared so the care people received was consistent. An external health professional told us, "I listened to the handover today and they used people's names, not room numbers. It was very personalised".

People told us they would feel comfortable to complain telling us, "I'd be happy talking to staff about any concerns. They're very nice", "I'm sure staff would listen if we had a concern" and, "I would complain if something was wrong. I'd talk to the manager". A relative expressed, "I have no complaints at all". People were given a copy of the provider's complaints policy, so they knew who they could speak with either within the organisation or other agencies, such as the Care Quality Commission.

The registered manager told us they welcomed feedback about the service, both positive and negative and said it was an opportunity to learn and make the service better for people. A sign, which stated "Love lives here" hung below the providers complaints policy, of which demonstrated the registered manager's approach to complaints. The minutes of a recent residents' meeting showed the registered manager's open approach about encouraging people to express if they were unhappy or had any complaints to make.

When a person had complained the registered manager had apologised, thoroughly investigated their concerns and had found solutions. Records showed the person and/or their family were involved to help ensure a satisfactory outcome was reached. Complaints were always recorded helping the registered manager to monitor trends; ensuing the opportunity for learning and improvement.

Is the service well-led?

Our findings

People were very complimentary of the service and the way in which it was managed, with one person telling us, "I prefer it to being at home". Other comments included, "It's very good. The best there is. It's super. The food, the staff. They can't be too helpful"; "This place should be top of the list. You wouldn't find a better place" and, "It's the best place I've been. They're very good".

The registered manager showed passion for people, staff and the running of the service through her conversations and actions. She knew people and their families well and took time to speak with everyone, she told us "Coming to work is not a chore". There were strong links with the community to help people continue to be part of the local area. The registered manager was passionate about ensuring the service maintained a connection with others. For example, the registered manager was part of the committee for the local Dementia Alliance Group, which was working to build dementia friendly communities. Helping to ensure people living at the service were included and continually part of the local community.

The provider's vision and values of supporting the "self-determination, self-reliance, fun and community bond amongst residents, their families and our staff" were at the heart of the service. Staff commented, it's a "Family, vibrant atmosphere" and, "We do try and give them everything they want and sometimes we go above and beyond". The registered manager explained within the PIR the importance of getting the culture of the service right. "Culture is essential to the provision and delivery of quality care and the achievement of positive outcomes to people who use our services. The culture of our service affects practically all aspects of organisational life from the way our residents interact with each other, to how they go about their day and the way decisions are made".

People's views were actively sought to ensure the service was run in the way they would like it to be. For example, residents' meetings and care plan reviews all helped to ensure the service continually met with people's expectations. Records indicated people were involved in making decisions such as planning the menu and social entertainment. Surveys were carried out to obtain people's feedback and when people were not satisfied, prompt action was taken to ensure people remained happy. For example, one person had experienced difficulties with access to their en-suite so time had been taken to discuss and address it. Records showed the person had been kept at the heart of the discussions which took place with the registered manager and the maintenance person, to choose a new door of their liking.

The provider also had a care standards committee which had been set up to discuss the running and delivery of the service, as well as relevant topics affecting care homes. Meetings were held twice yearly or more frequently if required. The committee was made up of representatives from each Torcare Limited home including residents, staff, managers, family members and friends of Torcare. This demonstrated the provider's inclusiveness and willingness for the service to be part of the community.

The registered manager had introduced a "manager's moment" slot each Wednesday. It was displayed in the entrance to the service and people had been introduced to the concept at a recent residents meeting. This was an uninterrupted time when the registered manager made herself available for people, families or

staff.

The registered manager's monitoring systems had a strong ethos of continually striving to improve. Each audit helped to identify when improvements needed to be made. The registered manager had taken time to review all aspects of the service which included people, the environment and staff. The registered manager told us, "You cannot cut corners you are dealing with people's lives. Families are entrusting their loved ones with us".

The registered manager learnt and responded to advice from external professionals, for example a recent pharmacy audit had highlighted a change was required to the recording of a particular medicine, so immediate action had been taken. The registered manager was also receptive to feedback from Inspectors during our inspection and took immediate action to make any necessary changes.

The registered manager kept her own training up to date by attending courses and subscribing to magazines, such as Caring UK. She was also a member of the 'Outstanding Manager Network Group', run by the Local Authority. This was a meeting for managers of social care provision to share good practice, discuss related topics and raise standards in the sector. The registered manager demonstrated they kept up to date with the latest guidance for social care providers meaning the service and staff were up to date in their knowledge and practice.

Self-reflection was important to the registered manager. For example, records showed the registered manager had spent time looking at how she had addressed a staffing difficulty and whether anything could have been done differently. This demonstrated the registered manager recognised the importance continued learning. The registered manager attended weekly management meetings with their line manager and other managers from Torcare Limited to discuss their practice and the running of each service. The registered manager explained the meetings were helpful to share ideas, to come up with different solutions to problems and told us, "We are able to talk openly and honestly within the management meetings". The registered manager expressed that she felt very well supported, describing the support as "Phenomenal".

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. 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 and apologise when something goes wrong. The registered manager had also taken time to speak with staff about the duty of candour and the principles of it had been displayed in the staff room.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which had occurred in line with their legal obligations. Notifications were detailed and the registered manager always informed the Commission of what proactive action had been taken in response to an event, such as amending care plans and risk assessments.

Policies and procedures were in place, which were discussed, updated and accessible to staff. This helped to ensure staff understood what was expected and underpinned their working practices. There was a system in place to review and update policies in line with changing legalisation or new guidance. The registered manager explained within the PIR that "I ensure there is evidence that policies and procedures have been changed in light of any suggestion for improvements to the service. I ensure that all policies and procedures used by our service are audited and a record kept". She also told us, "I work alongside care staff to experience 'floor working' to enable first hand assessment that procedures and policies are effective".

The registered manager worked positively with other agencies and used up to date guidance and legislation to help inform staffs practice. The registered manager had introduced "champions" who had responsibility for specific topics of care, such as mental health and well-being and dignity in care. This helped to ensure staff practice was appropriate and legislation and policy was followed at all times.