Kingswood UK Home Ltd

Kingswood Home

Inspection report

140 Heene Rd
Worthing
West Sussex
BN11 4PJ

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Kingswood Home on the 1 November 2016. Kingswood Home is a care home registered to provide support for older people who may have dementia and require personal care. The service is registered to support a maximum of 23 people. The service is located in Worthing, West Sussex in a residential area. There were 21 people living at the service on the day of our inspection. Kingswood Home was last inspected in May 2014 and no concerns were identified.

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

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel safe here". Another said, "I think there are enough staff here, there are two shifts". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

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

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

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

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including caring for people with dementia, and stoma care (a stoma is an opening on the front of the abdomen which is made using surgery. It diverts faeces or urine into a pouch on the outside of the body). Staff had received both one to one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place. One member of staff told us, "Whatever training is available is sent to me. Training is definitely promoted, it's good".

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, "The

food is good". Special dietary requirements were met, and people's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included singing, films, beauty treatments and themed events, such as reminiscence sessions. One person told us, "All activities are organised for us". People were also encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. One person told us, "The staff are very nice and kind". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person told us, "There are lots of people to talk to if I have concerns".

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

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

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

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

Is the service effective?

Good

The service was effective.

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

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

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

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

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

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

Is the service responsive?

Good

The service was responsive.

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

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

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

Is the service well-led?

Good

The service was well-led.

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

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

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

Kingswood 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 1 November 2016. This visit was unannounced, which meant the provider and staff did not know we were coming. Kingswood Home was previously inspected in May 2014 and no concerns were identified.

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

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

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

Good

Is the service safe?

Our findings

People told us they considered themselves to be safe living at Kingswood Home, the care was good and the environment was safe and suitable for their individual needs. One person told us, "I feel safe here". Another person said, "Yes I feel safe here. My social worker visits me".

People were supported to be safe without undue restrictions on their freedom and choices about how they spent their time. Throughout the inspection, we regularly saw people moving freely around the service. The registered manager and staff adopted a positive approach to risk taking. Positive risk taking involves looking at measuring and balancing the risk and the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether. Risk assessments were in place which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity.

There were further systems to identify risks and protect people from harm. Risks to people's safety were assessed and reviewed. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We also saw safe care practices taking place, such as staff supporting people to mobilise around the service.

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

Staffing levels were assessed daily, or when the needs of people changed to ensure people's safety. The registered manager told us, "We look at dependency levels of the residents to determine staffing level. I think for this type of home we have enough staff. We staff for 23 residents, but we have 21. We would put on extra staff, for example if somebody was end of life". We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave and that agency staff would be used if required. Feedback from people and visitors indicated they felt the service had enough staff. One person told us, "I think there are enough staff here, there are two shifts". Another person said, "There are the right number of staff". We received mixed feedback when we asked staff whether they felt the service had enough staff. One member of staff told us, "It is too much of a rush for us on the days where we have to cover the cooking, cleaning and laundry as well as the care". Another said, "There is no extra member of staff put on the rota to cover the cook on their day off. This means that the care staff have to cover the cooking. This impacts on the residents, as it takes one of us away from them for a few hours". A further member of staff added, "We have enough staff. It is busy sometimes, not every day, but when somebody rings in sick". However, our own observations identified that care and support was delivered safely by appropriate numbers of staff.

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

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

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

We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Good

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. A member of staff told added, "I've done training around consent. We always ask for consent before any care happens". Members of staff recognised that people had the right to refuse consent. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as, moving and handling, medication and infection control. Staff had also received training that was specific to the needs of the people living at the service, this included caring for people with dementia, and stoma care (a stoma is an opening on the front of the abdomen which is made using surgery. It diverts faeces or urine into a pouch on the outside of the body). Staff spoke highly of the opportunities for training. One member of staff told us, "Whatever training is available is sent to me. Training is definitely promoted, it's good".

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Kingswood Home and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. One member of staff told us, "The induction gave me the knowledge I needed of the home". The registered manager added, "The induction covers policies and procedures, reading the care plans and a shadow shift. We get feedback and the induction would be extended if it needed to be. All staff are doing an NVQ (National Vocational Qualification) or the care certificate". The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Members of staff commented they found the forum of supervision useful and felt able to approach the registered manager with any concerns or queries. One

member of staff told us, "Supervision is useful, any problems can be discussed".

People commented that their healthcare needs were effectively managed and met. They felt confident in the skills of the staff meeting their healthcare needs. One person told us, "The care home organises dental visits". Staff were committed to providing high quality, effective care, where required, people were supported to access routine medical support, for example, from an optician to check their eyesight. In addition, people had input into their care from healthcare professionals such as doctors and chiropodists whenever necessary. The registered manager added, "We troubleshoot around health. Staff check every day on people's sleep, whether they have confusion or a UTI (urinary tract infection). We contact the GP and support people to access hospital appointments".

People were complimentary about the food and drink. One person told us, "The food is good". Another person said, "The food is alright". A further person told us how they could make specific requests to the cook. They said, "Breakfast is between 8:00am and 9:00pm, but we don't have to have it then". People were involved in making their own decisions about the food they ate. Special diets were catered for, such as pureed and fortified. For breakfast, lunch and supper, people were provided with options of what they would like to eat. The cook confirmed that there were no restrictions on the amount or type of food they could order.

We observed lunch in the dining area and lounges. It was relaxed and people were considerately supported to move to the dining area, or could choose to eat in their room or one of the lounges. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. The atmosphere was enjoyable and relaxing for people. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices.

Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. They told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "The staff are very nice and kind". Another person said, "I'm ever so happy here".

Positive relationships had developed with people. One person told us, "We all get on with the staff". Staff showed kindness when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level, they demonstrated empathy and compassion for the people they supported. Friendly conversations were taking place. Staff demonstrated a strong commitment to providing compassionate care. From talking to staff, they each had a firm understanding of how best to provide support. The registered manager told us that staff ensured that they read peoples care plans in order to know more about them. We spoke with staff who confirmed this was the case and gave us examples of people's individual personalities and character traits. We saw that one person spent considerable time wandering around the service. They were gradually becoming more anxious and this was having an effect on the wellbeing of other people. A member of staff intervened and sat down with them. They spoke reassuringly and calmly and gave them the time and attention they needed to reduce their anxiety. It was clear that the member of staff knew this person well and could recognise the best way to make them feel better.

Kingswood Home had a calm and homely feel. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas. People's rooms were personalised with their belongings and memorabilia. People were supported to maintain their personal and physical appearance, and were dressed in the clothes they preferred and in the way they wanted. For example, ladies had handbags and wore jewellery, and some men dressed smartly in suits and ties, whereas others were more casual.

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. They told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed, how and where to spend their day, what they wanted to wear and how their care was delivered. Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "We sit with people and get to know them. Dementia can be hard, but we have to see the person and offer them choices. They sometimes say no, but we always ask and help them make decisions". Another member of staff said, "We ask people what they want to wear and we contact their families to find out the things that they like" The registered manager said, "We talk about care with the staff in supervision. We carry out observations and provide explanations around privacy and dignity and providing care in a person centred way. We always give choice and talk to residents all the time in order to involve them in their care".

There were arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Members of staff had a firm understanding of the principles of privacy and dignity. As part of staff's induction, privacy and dignity was covered and the registered manager undertook competency checks to ensure staff were adhering to the principles of privacy and dignity. They were able to describe how they worked in a way that protected people's privacy and dignity. One member of staff told us, "I make sure that doors are closed and we do things the way people like. For example do they want to be supported to the toilet, or use the commode". People confirmed staff upheld their privacy and dignity, and we saw doors were closed and staff knocking before entering anybody's room. One person told us, "I don't feel rushed by the staff". Care records were stored securely. Confidential information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Staff supported people and encouraged them, where they were able, to be as independent as possible. One member of staff told us, "We prompt people to go to the toilet on their own and brush their own teeth". Another member of staff said, "I promote independence, I'll hand people a flannel and ask them to help". We saw examples of people laying tables for meals, to enable them to maintain daily skills, and care staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their teeth and hair.

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. One person told us, "Family can come whenever. There's no restrictions". The registered manager added, "The home is open. People can come as they please".

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. People had access to a range of activities and could choose what they wanted to do. One person told us "There are lots of people to talk to if I have concerns". Another person said, "The staff ask me if I'm happy".

There was regular involvement in activities. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. Activities on offer included singing, films, beauty treatments and themed events, such as reminiscence sessions. One person told us, "All activities are organised for us". Meetings with residents were held to gather peoples' ideas, personal choices and preferences on how to spend their leisure time. On the day of the inspection, we saw activities taking place for people. We saw people playing a reminiscence ball game together. People were clearly enjoying the activity and it engaged several other people in the room. The member of staff facilitating the activity bounced a ball to someone and asked "It's your go. What was your favourite vacation?" The person replied, "Coming here". Feedback from people who attended the activities was gathered, which enabled staff to provide activities that were meaningful and relevant to people. For example, feedback from people and staff resulted in a Halloween party taking place at the service.

The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. There was an individual one to one activities programme for people who were bedbound or preferred to remain in their rooms. We saw that staff set aside time to sit with people on a one to one basis. The service also supported people to maintain their hobbies and interests, for example one person had an interest in motor racing and planned their day around watching this on the television. Another person had an interest in aeroplanes and we saw that they had access to information on this subject.

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Paperwork confirmed people or their relatives were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about people and their lives. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required meeting those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one care plan stated that staff should 'ensure you are at my level to communicate with me'. Another care plan stated that one person had dentures, however they had chosen not to use them.

The registered manager told us that staff ensured that they read peoples care plans in order to know more

about them. We spoke with staff who confirmed this and gave us examples of people's individual personalities and character traits that were reflected in peoples care plans. One member of staff told us, "I've read all the care plans. They have all the information in them that we need". Another said, "We read the care plans and we discuss the best way to support people and engage with them". A further member of staff added, "The care plans are easy to understand".

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. One person told us, "Yes, we fill out surveys". Satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of peoples' suggestions.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally.

Good

Is the service well-led?

Our findings

People, visitors and staff all told us that they were satisfied with the service provided at the home and the way it was managed. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "The manager is very nice". Another person said, "I'm happy with the manager". A member of staff added, "I love coming to work, it doesn't feel like a job".

We discussed the culture and ethos of the service with the registered manager and staff. The registered manager told us, "This is a transparent home. We respond well to feedback and always welcome it. It is a home, not an institution. We promote choices and decisions and maintain safety. Plus we have good entertainment as well". A member of staff added, "It feels like home from home here and the residents are lovely. I think they get good care and we are well trained to provide it to them". In respect to staff, the registered manager added, "Staff morale is high and I think the teamwork speaks for itself. I've got good, well trained staff". Staff said they felt well supported within their roles and described an 'open door' management approach. One member of staff said, "We have a good manager. Any problems [registered manager] resolves them quickly". Another said, "The manager listens and I feel comfortable raising issues".

People were actively involved in developing the service. We were told that people gave feedback about staff and the service, and that residents' meetings also took place. We saw that people had been involved in choosing specific foods for the weekly menu and daily activities. Staff were encouraged to ask questions, make suggestions about how the service is run and address problems or concerns with management. We were given an example whereby from feedback from staff a themed Halloween party was organised for people. Additionally from feedback from staff a new piece of moving and handling equipment had been purchased. The registered manager told us, "I'm approachable and supportive and staff know that my door is always open to everyone". A member of staff said, "Communication is good and we can go to the manager at any time. I'm not afraid to pick up on things". Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

Management was visible within the service and the registered manager worked alongside staff which gave them insight into their role and the challenges they faced. The registered manager told us, "I know what is going on in the home. I communicate well with staff and they ask questions". The service had a strong emphasis on team work and communication sharing. There were open and transparent methods of communication within the home. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs. One member of staff told us, "In handover meetings we talk about everyone in the home. Whether they've had a visit from the GP or a relative, or if their medication has changed. We communicate well". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "The staff working here are lovely and we have a good team. Things run smoothly". Another member of staff said, "This is a small home and we all know each other and get on well".

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were

analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager ensured that up to date sector specific information was also made available for staff, including guidance around pressure care and changes in regulation and best practice in the care sector. We saw that the service also liaised regularly with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

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