

Nexus Programme Limited

Birch House

Inspection report

The Street
Appledore
Ashford
Kent
TN26 2AF

Date of inspection visit:
11 June 2019

Date of publication:
01 August 2019

Tel: 01233758527

Website: www.nexusprogrammelttd.co.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Birch House is a residential care home providing personal care and accommodation in one adapted building to five people with learning disabilities and or autism aged 18 and over. The service was full at the time of inspection.

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

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

Peoples experiences were good, and people continued to receive safe care and support. A skilled and competent staff team provided continuity in care. People received their medicines safely and in accordance with their preferences. Risks people may experience from the environment or because of their support needs were assessed and steps taken to minimise the risk of harm occurring. When people's circumstances changed risks were reassessed, recorded and updated.

People lived in a safe, clean and well-maintained environment. Accidents and incidents were appropriately reported and acted upon. Analysis of these helped staff learn and improve upon delivery of support.

Staff provided people with support that met their needs and was in line with their care plan preferences. People were supported to maintain a good diet. Staff were informed about people's health needs and supported them to access health care services when they required.

Staff demonstrated commitment to ensuring that people experienced a good quality of life. They showed kindness and compassion in their interactions with people and spoke about them with warmth and respect. People enjoyed caring relationships with staff and there was laughter and smiles in their engagements with them.

Staff knew people well and understood what and who was important to them. Staff respected people's dignity and privacy. They sought peoples consent with the support they provided and encouraged people to make decisions for themselves around their day to day care. Staff promoted people's independence to maximize their potential.

People lived in a well-run service. The manager and staff were committed to providing good quality care and undertook regular quality checks to maintain service delivery. The provider was actively involved in

monitoring service quality. They had strengthened their oversight of the service through weekly and monthly checks, prompt action was taken to address areas for improvement. There were opportunities for people staff, relatives and professionals to give feedback about service quality to help improve service delivery.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service met the characteristics of good in all areas. More information is in the detailed findings below.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was GOOD (published 28 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Birch House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector.

Service and service type

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

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

During the inspection we met all five people that live in the service. Most people were unable to tell us about their experiences, so we used the short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk to us. One person was

able to tell us about living in the service.

We spoke with five members of staff including a company director, a deputy manager and three support staff.

We reviewed a range of records that included two peoples care and health records. Medicine records. Three staff files in relation to recruitment and supervision. Staff training records and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We contacted five relatives and one health care professional to invite their feedback about the service. We also sought clarification from the manager to validate evidence found. This included evidence of application to registration for the manager, staff training data and contact details for relatives.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The majority of people were unable to tell us whether they felt safe, but we observed that people were relaxed with staff and actively sought them out.
- Systems and policies were in place to inform and guide staff practice protecting people from abuse.
- Staff received training about adult safeguarding to raise their awareness and understanding and to identify, respond and report any suspicions of abuse.
- Staff demonstrated a good understanding of the types of abuse people could be at risk from and understood their responsibilities to protect them from harm. Staff understood how to escalate concerns through the organisation and to outside agencies if needed.
- Staff were confident of using the whistleblowing process to alert senior managers or external agencies of any concerns they had about poor practice at the service.
- The provider and manager were aware of the need to report safeguarding alerts to the Care Quality Commission. There were no active alerts at the time of inspection.

Using medicines safely

- Medicines continued to be managed safely. A medicines policy and procedure were in place to inform staff practice and this was kept updated. Audits of all aspects of medicine management were carried out monthly and any shortfalls addressed.
- Only senior staff administered the daily prescribed medicines people needed. Staff competency was routinely assessed to ensure they were supporting people safely with their medicines.
- All staff received training in the administration of epilepsy rescue medicine to be used following a seizure. Therefore, people were supported to receive the correct medicines in an emergency.
- Appropriate systems were in place for ordering, storage and disposal of medicines. Medicine storage temperatures were recorded daily to ensure medicines were stored at the right temperatures.
- Staff accurately recorded the medicines people received.
- Additional guidance was in place for administering medicines prescribed to be used 'as and when required'. For example, for pain relief, this helped ensure that staff administered these medicines consistently.

Assessing risk, safety monitoring and management

- Risks continued to be managed safely. Risks were assessed, monitored and managed so people were kept safe whilst their freedom was respected. Additional staff support was provided for people when out in the

community to ensure they remained safe and adequately supported.

- Staff reviewed risks to people's safety and put measures in place to minimise the risk of harm. For example, one person wanted to make their own hot drinks, staff enabled this by purchasing a one cup hot water dispenser to reduce the risk of scalding from a kettle. This action protected the person's safety and promoted their independence.
- Staff helped people to avoid preventable accidents. For example, monitoring hot water temperatures outlets to reduce the risk of scalds; ensuring equipment was serviced and safe to use; and carrying out weekly health and safety checks of the environment.
- The premises were well maintained. The provider continued to make improvements to the building and development plans showed further improvements to benefit people. Staff received fire training and had attended fire drills. People were protected in the event of a fire because individualised evacuation plans had been developed so staff knew what support people needed to evacuate safely.
- All necessary checks and tests of equipment and annual servicing had been carried out including, the electrical installation, boiler service and fire alarm and firefighting equipment.
- A business continuity plan was in place in case an unplanned adverse event took place that affected the normal operation of the service such as flood, or electrical breakdown.

Preventing and controlling infection

- The home was clean, tidy and well maintained. Staff had received training in infection control and food hygiene. They understood and knew the steps they needed to take to avoid the spread of infections and keep people safe. Staff took responsibility for maintaining the cleanliness of the service and followed a plan to ensure all areas were kept clean.
- Hand wash and paper towels were provided for people and staff to use to maintain good hand hygiene.
- Staff understood how to manage soiled bedding and clothing appropriately to avoid the spread of infection.

Staffing and recruitment

- The manager and provider calculated how much support individual people would need based on their specific care needs.
- We observed there were enough staff available to meet people's needs during the day and at night. No one was left waiting and staff were unrushed. Records showed the level of staff seen was maintained throughout the week.
- Some people returned home at weekends and therefore less staff were needed to support those people who stayed at home.
- People were supported by enough staff to carry out simple household tasks, personal care and activities inside and outside the home.
- A safe system of recruitment was in place to ensure that an appropriate range of checks were made to check the suitability of new staff. We discussed the need for accurate recording of when and the reasons why alternative references were sought to provide a clear audit trail. The Provider's Human Resources staff member agreed to implement this.

Learning lessons when things go wrong

- There was a low level of accidents to people in the service.
- Incidents were recorded mainly for two people who expressed their anxieties through behaviour. These incidents were appropriately recorded and managed by staff in accordance with behaviour guidance in their care plans.
- Staff were trained to support people safely at times when they could be expressing behaviour that could be challenging for staff and others. They managed these incidents with the least use of restrictions. For

example, by using diversion and redirection techniques or minimal restrictive practices such as proactive hand holding.

- Staff said that they discussed incidents and learned from these, updating care plans and risk information where necessary so that improvements could be made.

Is the service effective?

Our findings

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

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

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

- The service had been developed in line with Registering the Right Support (RRS). This and other best practice guidance were taken into consideration when assessing new people for the service. This was so that they received support that enabled them to lead a full life, and exercise control choice and independence as part of this.
- People referred to the service received a comprehensive assessment of their needs by senior management staff and took account of any special characteristics people may need support with. Supplementary reports from care and health professionals were sought to inform this process.
- Opportunities were offered for people being assessed to spend time in the service before moving in; they did this through visits for meals and overnight stays. The views and responses of other people living in the service were also taken account of before a placement was offered.
- People's every day care and support was re-assessed when their needs changed, care plans and risk information was updated to reflect these changes.

Staff support: induction, training, skills and experience

- Staff told us that they thought the training and induction they had received gave them understanding, awareness and confidence regarding how to support people's individual needs.
- Staff completed a period of probation. During this time, they completed their induction programme and shadowed more experienced staff to gain hands on practical knowledge and learned about peoples individual preferred routines.
- Staff demonstrated they had the right skills, training and attitudes to effectively support people in the service. For example, we observed staff to be alert to the needs of those people at risk from seizures, ensuring that appropriate equipment was readily available and used to reduce the risk of harm should they experience a seizure.
- Training was a mixture of on-line computer training and face to face sessions with trainers for specific courses, providing staff with a wide range of training relevant to the needs of the people they supported.
- People with specialist needs were protected because staff were provided with the training needed to understand and support their specific needs safely. For example, the administration of rescue medicines for people with epilepsy or how to manage behaviour that could be challenging.
- There were regular supervision and appraisals for staff. There was an open-door culture in the service and staff said they felt supported as the manager often worked alongside them

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

- People were supported to eat and drink safely. For example, some people were provided with plate guards (these can be added to a plate to prevent food falling off and enable the person to eat their meal independently).
- Staff understood people's food and drink likes and dislikes and had sought information from relatives to help inform this. Staff respected people's dietary preferences. For example, Staff supported one person to maintain a vegetarian diet through the food they purchased for the service. The person concerned told us about the meals they were supported to make for themselves "Tonight I am making myself spicy bean burger with potato wedges."
- Staff met with people weekly to find out their menu choices for the week through use of verbal and pictorial prompts.
- No one was at risk of poor nutrition, but staff informally monitored what people ate and drank to ensure this was enough and there were no emerging issues. Staff knew the actions to take to alert the GP and other health professionals to emerging concerns about weight and appetite loss.
- Some people participated in aspects of preparation and cooking of meals or making drinks with staff supervision. We observed people asking for drinks and one person making drinks for themselves, this was appropriately risk assessed.
- Staff were confident that people would make known to them if they did not like the meals staff offered.

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

- People had unrestricted access to all areas except each other's bedrooms and made use of communal spaces.
- People had been supported to personalise their own space décor and furnishings. Their rooms reflected their preferences and interests. For example, the colour of the bedroom, pictures on the walls, photographs of people and things that were important to them, toys, DVDs music CDs.
- There was a large accessible garden. Further improvements were planned to develop a sensory area for those people in the service who responded to sensory stimulation.
- Specific equipment was provided to meet people's needs and we observed staff making effective use of this in their support of people. For example, room monitors, specialist chairs and bean bags.
- There were enough communal bathing facilities to suit people's preferences for baths or showers.
- Plans were displayed in the service and in hand to extend the communal space available by the installation of a conservatory on the rear of the property.

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

- Support plans were in place for people with complex health needs such as epilepsy. Staff had received training and supported people with epilepsy or other conditions in line with current up to date good practice and guidance.
- Staff undertook detailed monitoring of people's seizures or other health conditions and shared this information with specialists to help inform treatment decisions.
- Staff understood people's individual health needs and supported people to attend regular health appointments and check-ups to alleviate distress they may experience from unfamiliar surroundings. They liaised with GP's for referrals to other health professionals for advice and guidance when needed. For example, Speech and Language Therapy (SALT) for one person.
- Staff had developed information for health staff in the event of an admission that detailed each person's, health needs medications and their preferences for support.
- One person who understood their specific health issues told us that they had received information about an appointment at the hospital and that staff were accompanying them to it.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, which they were.

- The manager had appropriately applied for Dols authorisations for people that met the criteria and three had been authorised with a fourth pending.
- In discussion staff demonstrated an understanding of MCA and why restrictions were in place for people to keep them safe and to ensure they received the care and support they required.
- Staff understood that sometimes people needed help to make complex decisions about their care and support. Staff understood that best interest meetings were used to involve all relevant parties when a specific decision was needed. Staff had experienced a best interest discussion in respect of a health need for someone at the service.
- Staff were seen seeking consent and providing opportunities for people to make their own choices and decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- A social care professional told us when they had visited they were "Always happy with the person-centred care and support given to the clients". They considered that the service, "Continued to provide a caring service to people."
- People made choices about what they wore. Staff were mindful of people's dignity and took care to ensure people were always appropriately dressed. Staff respected people's right to spend time alone and be private when they wanted to be. Records viewed showed that staff wrote and spoke about people in a positive and caring way
- People were supported by staff to go out and have a visible presence in the village. For example, to do their own personal shopping each week and make decisions about what they wanted to buy.
- People were supported by staff to make small steps towards development of their social and practical skills. This was a person-centred approach and tailored to each individual and at a pace suited to their learning needs. For example, one person told us that staff carried their washing downstairs and helped them with pushing the right buttons on the washing machine and tumble drier.
- A relative spoke positively about the support their relative had received at the service and how well they had done since moving there. For example, participating in educational courses. The person concerned told us they had recently passed their numeracy exams and we observed staff giving praise to them for their achievement. Staff knew who was important in people's lives. Staff supported people to maintain relationships by facilitating home visits and regular contact with relatives. Staff helped people develop new relationships. For example, supporting people to attend external clubs and activities where they could socialise with people from other services, develop social networks and reduce isolation.
- Ensuring people are well treated and supported; respecting equality and diversity
- Staff supported a person with a visual impairment to ensure they enjoyed a full life. Staff were mindful to remove hazards from the house to enable the person to move around the building without restriction or harm occurring. Staff respected the person's ability to navigate areas independently and gave praise often. Staff ensured that appropriate equipment was provided to support the persons independence, for example, a talking alarm clock.
- We saw that people were relaxed and comfortable around staff, people were smiling. Staff were kind and attentive and interacted with people in a compassionate and caring manner.
- We saw that staff spent time with people, they listened, observed peoples body language and method of communication and showed they were alert to their needs. For example, by picking up when the person

needed the toilet or wanted a drink or to change the activity they were doing in the house.

- A profile of each person was available that told staff about the persons history and their care and health needs. There was also information about who were the important people and anniversaries in that person's life. Staff familiarised themselves with this information to give them a better understanding of the person and help build a relationship with them.

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

- People were given opportunities to express their views about their care and support in the service through regular meetings with their key worker (a key worker is a support worker who will ensure the manager is kept updated regarding the service user's health, care needs, family contacts or other issues). People were also asked to complete an annual survey that staff supported them with.
- Most people had limited and varied communication skills. Staff showed that they had a detailed understanding of the different ways in which people chose to make known their needs and wishes. Staff used communication tools to help with initiating communication for example picture exchange communication system (PECS). This system provides an accessible communication system that enables people to be involved in making and understanding decisions as much as possible. Peoples communication needs were clearly documented in their records and shared with other professionals when needed.
- The manager and staff told us that people had choice about when they would like to get up and we observed that staff respected this with people's morning routines being relaxed and unhurried.
- Staff supported people to make choices about their breakfast and lunch each day and we observed staff giving people options to choose from for example "would you like this, or would you like that".
- Each person had a daily planner that had been developed with an understanding of what activities people liked to do, staff told us that if people decided they did not want to participate then an alternative activity was found for them to do.
- Staff were aware that sometimes people might need an independent advocate to help with decision making and had experience of using an advocate for one person.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good: This meant people's needs were met through good organisation and delivery.

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

- People had individualised care plans that described in detail what people could do for themselves such as some aspects of maintaining their personal care and what areas they needed and wanted support with. For example, additional personal care needs, medicines, ensuring their health and nutritional needs were met safely and appropriately.
- Observations of staff showed them to be alert and attentive with a detailed understanding of people's needs. They delivered care and support specifically tailored to meet each person's needs. For example, staff knew immediately to take someone for a toilet break from reading their body language and understanding their word for toilet. Staff were kept informed of changes to people's health or support needs and how people were at staff changeover. This communication informed staff of any additional monitoring or support they might need give to specific people.
- Staff were seen encouraging and giving praise to people who took their used cups and plates out to the kitchen, some people were supported by staff to make drinks for themselves.
- Additional care guidance was in place to inform staff regarding specific health needs such as epilepsy, or anxious behaviour that could be challenging. Any risks associated to people's everyday care were documented.
- People had varying amounts of one to one funded hours to maintain their safety inside and outside the service. For example, one person at extreme risk of seizures was always supported by staff member when they were out of their bedroom.
- Support plans were kept updated and relatives were asked to comment if they had any suggestions for changes through the review process. Key workers who knew people well met with them regularly to understand if the person wanted to make changes for example to their activity planner or was unhappy about something. One person told us at inspection that they wanted to speak with the manager about making changes to their activity plan, other people were less able to vocalise this, but staff knew them well and how they communicated their needs and wishes and would observe how they reacted to verbal questions about aspects of their care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People in the service were predominantly non-verbal but could make their needs and wishes known through using their own range of words. Staff understood that some people used these words in different

contexts to mean different things. Communication passports helped inform staff and other professionals about how people communicated their needs. This information helped people to have an active input into making choices and decisions for themselves.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had staffing hours allocated to them each day, this was used to support them with activities they had shown interest in to do either at home or in the community
- People were supported to maintain and develop their relationships with those people most important to them, and to expand their social circle through the external activities they were involved in.
- Staff supported people to have regular home visits.
- A relative told us that although they could not visit due to distance they did have opportunities to meet up with their relative through staff supporting them to visit and to be involved with important hospital visits.
- A relative told us that staff kept them informed of anything important that happened that they needed to know about. They told us that arrangements were in place for their relative to have regular phone contact with them.
- Staff developed individual weekly activity planners that reflected what people showed interest in. For example, one person enjoyed colouring and staff made sure their colouring equipment was given to them when they came into the lounge. Staff supported people to go out for meals, visiting local towns to shop and going to places of interest like garden centres. Staff monitored people's level of participation. Staff helped people take up educational opportunities and attend external clubs. One person told us about the horse-riding and football they enjoyed. They were proud of a recent qualification they had achieved in numeracy. A relative told us, "(name) has more of a social life than I do, he's not stuck in all the time."

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place and kept updated. An easy read version was available for people.
- Detailed communication passports informed staff about the body language or vocalisations people used. This gave staff a detailed knowledge and understanding of how people expressed their needs wishes and emotions such as distress or anxious behaviour. Staff looked for causes for this. Staff said people became upset over things such as waiting for a cup of tea, which were clearly important to them. Staff understood this and acted to alleviate any signs of distress.
- There had been no complaints about or to the service in the last 12 months.
- A relative told us they had no problem with raising concerns if they had them but so far everything was going well. They said "All the time (Name) is happy I am happy"

End of life care and support

- No one at the time of inspection was receiving or required end of life care.
- One person was able to express their views about what they wanted to happen in the event of their becoming seriously ill or dying and this was recorded in a 'when I die' booklet in their care plan.
- Other people were unable to understand or comment about what their end of life needs might be or mean for them. Staff knew that it was important to understand what peoples wishes might be and had taken steps to consult with relatives about this to ensure that people were cared for at the end of their life in accordance with theirs and their relatives wishes.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A manager was in post but not present at inspection. The manager was not yet registered with the Care Quality Commission. Our registration team confirmed that the manager application had been received, assessed and allocated and was being processed. The manager informed us that they were keeping their practice updated by accessing the CQC and NICE websites for new guidance and best practice. They attended registered manager forums to network and share good practice. This proactive and committed approach by the manager had ensured that service quality was maintained, and outcomes for people remained good.
- Audits were working well to maintain the standard of care and support. Records showed that the manager and support staff completed a range of weekly and monthly audits to provide an accurate picture of how the service was performing and maintaining quality. The manager completed a weekly and monthly report for the provider covering all aspects of the service. In addition, the provider had established a quarterly independent review to assess all aspects of the service. These measures gave the provider an improved oversight of what was happening in the service and what improvements needed to be made to service delivery.
- The registered person and the manager understood their responsibilities to inform CQC about any notifiable changes that affected the operation of the service or impacted on people's wellbeing. The registered person and manager had appropriately notified CQC of when Deprivation of Liberty Safeguards (DoLS) authorisations had been approved.
- Staff told us that there were regular opportunities to meet and discuss the needs of people in the service and any other issues arising. Staff said that they felt well supported. They said the manager and deputy manager were approachable. There was an inclusive culture and staff felt listened to and able to influence decisions about people's care and support. For example, one staff member told us that they had highlighted how one person showed interest in being more involved in an aspect of their personal care. This had been discussed with the manager and staff and the person's personal care routine changed to involve them more actively.
- The provider ensured that policies and procedures were kept updated to inform staff practice. Staff were kept informed of changes through staff handovers and a communication book and were required to evidence they had read any updates. Staff understood the importance of maintaining people's confidentiality and keeping their records secure, for example people's care records were locked away when not in use. Computer records were password protected.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the entrance to the service. They do not currently have a website for the location. The manager understood the need to notify the Care Quality Commission should any significant events occur, in line with their legal obligations and had done so when required.

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

- People were provided with surveys suited to their communication needs and completed these with staff support. A relative told us that they had completed a survey and that they had received feedback about their comments. They told us they found the provider and manager approachable and had experience of their being responsive to issues raised to resolve them.
- Staff, professionals and relatives completed surveys about their experience of the service. One professional commented, "I believe the service identified ways to support (name) in a person-centred way to enable, empower and promote independence and the director is well informed". Relatives commented positively in survey responses.
- The provider and manager collated and analysed survey feedback, responding to specific comments on an individual basis. There was evidence that their feedback helped influence service development. For example, a comment about the need for additional communal space supported the providers own findings and informed the service development plan. Plans were now underway to extend communal space, alongside plans for improving the garden area.
- Where feedback identified specific areas for improvement action was taken to address these within timescales.

Continuous learning and improving care

- All accidents and incidents which occurred in the service were recorded and analysed to identify any patterns or trends.
- The manager attended meeting with other managers from their organisation to share good practice.

Working in partnership with others

- The deputy manager and a Director of the company told us about the partnership working they undertook. This was mainly with relatives, day centre staff and health and social care professionals. This working together brought about change. It enabled a consistent approach to delivery of care and support and promoted people's wellbeing.