

Parkcare Homes (No.2) Limited

The Old Rectory

Inspection report

Stubb Lane
Brede
Rye
East Sussex
TN31 6EH

Tel: 01424882600

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20 January 2020

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05 February 2020

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

The Old Rectory provides care for up to 16 people with learning disabilities, who may also live with an attached diagnosis such as autism, Down's Syndrome, diabetes or epilepsy. There are two properties set within large grounds, one accommodating up to 13 people and the other up to three people. There were 15 people living at The Old Rectory at the time of the inspection. The ages of people who lived in the Old Rectory currently ranged from 30 years up to 75 years old.

The service was registered before Registering the Right Support policy was introduced. The service has been further developed 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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People received safe care and support by staff who had been appropriately recruited, trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "It's my home and I feel safe." People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We saw that people were supported to be as independent as possible with the use of walking aids and access to mobility cars to go out when they wished to. Medicines were given safely to people by trained and knowledgeable staff, who had been assessed as competent. There were enough staff to meet people's needs. The provider used a dependency tool to determine staffing levels. Staffing levels were regularly reviewed to meet peoples' individual needs and to ensure they can access the community and hospital appointments. Safe recruitment practices had been followed before staff started working at the service.

Staff had all received training to meet people's specific needs. During induction, they got to know people and their needs well. One staff member said, "It's really lovely here, everyone works as a team to make sure we support people in the safest and best way. We got lots of training to do this." People's nutritional and health needs were consistently met with involvement from a variety of health and social care professionals.

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.

People were relaxed, comfortable and happy in the company of staff. People's independence was

considered important by all staff and their privacy and dignity was promoted.

Staff were committed to delivering care in a person-centred way based on people's preferences and wishes. There was a stable staff team who were knowledgeable about the people they supported and had built trusting and meaningful relationships with them. Activities were tailor-made to people's preferences and interests. People were encouraged to go out and form relationships with family and members of the community. Staff knew people's communication needs well and we observed them using a variety of tools, such as sign language, pictures and objects of reference, to gain their views.

People were involved in their care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives.

People, their relatives and health care professionals had the opportunity to share their views about the service. Complaints made by people or their relatives were taken seriously and thoroughly investigated. The provider and registered manager were committed to continuously improve, and had developed structures and plans to develop and consistently drive improvement within the service and maintain their care delivery to a good standard.

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 Requires Improvement (published 22 January 2019).

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 ●

The Old Rectory

Detailed findings

Background to this inspection

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 the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I feel safe here, trust the staff to keep me safe," and "It's my home, I feel very safe here, I am not always steady on my legs, but staff look out for me."
- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority.
- A staff member said, "We get regular training, we all do our best to keep people safe, without stopping them do what they want to do."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement, which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Assessing risk, safety monitoring and management

- Risks to people were identified, monitored and continuously reviewed to ensure people remained safe. Staff knew people very well and knew about risks to their wellbeing.
- We observed staff supporting people in ways that kept them safe. For example, one person was at risk of falls. Staff supported them by ensuring they were wearing the correct footwear and that their wheel chair was available. This person had one to one support whilst in the communal areas.

- People had assessments that identified areas of risk and how staff should support them to stay safe. This included areas such as mobility, working, going out, activities, their medicines and food and nutrition.
- Some people could display behaviours that challenged when they became jealous, anxious or upset. Assessments identified types of behaviour, ways to prevent anxiety starting and actions staff should take to support. This included information about verbal and non-verbal signs of anxiety.
- Staff completed regular health and safety checks of the building to ensure it was safe to live in, for example fire equipment, water temperatures and electrical equipment. Additional checks were also completed regularly by an external health and safety company annually.
- Regular fire drills were completed with staff and people and there was guidance in communal areas about what to do in an emergency. People also had individual evacuation plans which informed staff the support they would need in an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs. This was confirmed by people, staff and professionals. Some people required 1-1 support with elements of their care and there were enough staff to provide this. One person had been out in their car all day to surrounding towns, whilst another went to a health appointment and the staffing numbers supported this.
- Staff told us there were enough of them to support people effectively. One staff member said, "We have time to sit with people, do activities and not just do jobs. There's also enough in case people change their minds about activities and need support to do something different."
- The deputy manager worked on shift with people which meant that they understood them, and their support needs well. A staff member said, "It's great having a manager that works with us because they experience exactly what we do and can see what works well and what doesn't, communication is really good here, we bounce things off each other."
- Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.
- Staff had a full employment history evidenced in their files and where gaps were identified, these had been investigated by the management team during the interview process. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.
- People were involved with the recruitment process and met potential staff before they were offered a job. One person said, "New staff meet us, so we can tell staff what we think." The registered manager explained, "We can then see if they will fit in with the people who live here." People were then asked how they felt about potential staff and whether they wanted them to work in the service. This information was included as part of interview notes.

Using medicines safely

- Arrangements had been made to ensure the proper and safe use of medicines. Medicines were stored, administered and disposed of safely. People had a lockable safe cupboard in their bedrooms which stored their medicines. Room temperatures were monitored, and action taken if the room became too hot to safely store medicines. Medicines were ordered in a timely way. People had no worries about their medication. One person said, "I get my pills." Another person said, "Always on time, if I have pain they get me a pain killer."
- All staff who administered medicines had the relevant training and competency checks that ensured medicines were handled safely. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.

- We viewed other people's MAR records and saw that they had been given their medicines as prescribed. Some people had 'as required' medicines (PRN), such as painkillers. There were detailed PRN protocols that advised of maximum dosage, how the person demonstrated they needed the medicine and when to seek further medical advice.
- The registered manager had introduced an additional stock check of medicines each month. This meant that when people were running low on medicines, these could be ordered immediately, and they always had the medicines they needed.

Preventing and controlling infection

- We observed the building to be clean, tidy and well maintained, with good practices in infection control.
- People were regularly encouraged by staff to wash their hands, wear protective equipment and keep the house clean. There was easy read documentation throughout the home for effective hand washing.
- Personal Protective Equipment (PPE) such as gloves and aprons were available in all areas of the home. We observed staff and people using them as required during the inspection, particularly when cooking or using cleaning equipment.
- Staff had all received infection control training which was reviewed regularly. Infection control audits were completed monthly by the registered manager or deputy manager. This included observations of staff practice.

Learning lessons when things go wrong

- The registered manager had good oversight of accidents and incidents and analysed these to learn lessons and prevent them re-occurring.
- Incidents were reviewed monthly by the registered manager and any themes or trends were identified. Actions were then taken to reduce risks and improve people's wellbeing.
- One person had recently experienced a fall which had impacted on their safety and mobility. Staff had sought support from health professionals regarding specialised equipment. Staff were aware of the risk of falls for this person and monitored them closely.

Is the service safe?

Our findings

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

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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 the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- The provider had ensured that staff had the skills, knowledge and experience to deliver effective care and support. The organisation had their own training department to support staff training. The training programme confirmed that staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety, infection control and fire safety.
- Specific training which reflected the complex needs of people who lived at The Old Rectory was also provided, such as learning disability and physical disabilities, behaviours that challenge, diabetes, epilepsy and medicine training.
- Staff told us that the training programme was "interesting", "helpful" and "lots of it".
- Staff were supported through supervisions and the records in the service confirmed this. Records showed staff had received supervisions as well as appraisals. The registered manager told us that the format of supervisions had changed and were now called one to one sessions and restructured to focus on what went well and what they needed support in.

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

- Most of the people at the Old Rectory had lived at the service for a long period of time. Their likes, preferences and dislikes were all known, documented and observed by the staff. Staff retention was good which meant that staff knew people very well.
- Assessments of people's needs were comprehensive, expected outcomes were identified, and care and support regularly reviewed.
- A hospital passport that documented relevant information about people was used when people attended hospital appointments or admitted to hospital. This included their medical conditions, medicines, allergies, personal care, communication and safety needs. Feedback about the information in the passport had been very positive.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Staff told us of courses they had attended and of further training they would like to do. For example, the maintenance person had identified that certain health and safety courses such as pat testing and safe ladder use, which would allow him to maintain the property more effectively without relying on external contractors.

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

- People had regular access to health and social care professionals to improve their wellbeing. This included opticians, dentists, physiotherapists, mental health teams, specialist nurses and occupational therapists.
- People had access to their GP if needed. One person told us, "I have hospital appointments and staff come with me."
- Visiting healthcare professionals told us people were referred to them appropriately. A health professional said, "They respond quickly when a health problem is noted and work well with us."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink enough to maintain their health and well-being. People said that they liked the food, they were given choices and it was cooked well. Comments included "I get the food I like, and "We get a choice and if we fancy something different we get it."
- Staff knew people's preferences, which were recorded in care plans. Discussion with the cook and staff team confirmed they were knowledgeable about people's personal preferences and dietetic requirements.
- Fluid and food charts were used when required for those at risk of dehydration and malnutrition, and staff therefore had oversight of how much people were eating and drinking. However, no-one at present required monitoring.
- The registered manager kept a 'tracker' which noted people's weights and malnutrition scores. This also monitored those whose increase in weight could impact negatively on their health. These could be traced over time to check whether there were any risks and flag staff to request a dietitian's input. At this time people's weights were stable.
- A menu board supported by pictures of the meals on offer was located in the dining room, so people could see what was for lunch or dinner. People discussed meal preferences at their regular house meetings and confirmed that menus changed regularly following consultation.
- People in the cottage continued with their own food shopping. They chose what they wanted to eat and cook and prepared meals under staff supervision.

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

- The main house supported up to 13 people and the cottage could support three people. At this time two ladies lived in the cottage and the main house supported both male and female. There was separate one storey building that was used as an activity room and quiet area.
- People's individual needs were met by adaptations to the home and equipment was provided to ensure they were as independent as possible. There were baths and wet rooms for communal use. The building was currently being upgraded and extensively redecorated with colours chosen by the people who live there.
- People were supported to move around the home and were assisted to remain mobile by staff. Communal areas and most corridors were suitable for people who used wheelchairs. Walking aids, such as walking frames were provided.
- Appropriate signage was displayed to support the people who lived there. For example, pictorial signs for showers and toilets.
- Notice boards contained information about the service, activities, staff names and roles, religious services and complaint procedures.
- The garden areas were safe and accessible to people who lived at The Old Rectory. People had been involved in choosing how to decorate their rooms, this included pictures and furniture.

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.

- We observed that people were offered choice throughout the inspection. This included what they wanted to do, what they wanted to eat or drink and how they wanted to be supported.
- One person had a DoLS granted and conditions for this were being met. The DoLS was reviewed regularly by the registered manager and professionals to ensure it was still relevant to the person.
- Where people were assessed as lacking capacity, they had specific mental capacity assessments that involved them, their relatives and professionals. Where possible, people, or their next of kin, had signed the care records to show that they had consented to their planned care, and terms and conditions of using the service.
- Staff had received training to ensure their knowledge and practice reflected the requirements set out in the MCA. Staff understood the concept of capacity and understood the relevance of that impacting on personal care decisions. People told us they were asked for their consent prior to any personal care being undertaken or assisting them with their medicines. This was confirmed by staff and by reading care documentation.
- The provider had up to date policies and procedures in relation to the MCA and staff were provided with information on how to apply the principles when providing care to people who lived at The Old Rectory.

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.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people described staff as kind and caring. Comments included, "Staff are great here, lots of fun," and "Everyone is kind, they treat me very well."
- The kindness of the staff was commented on by a visiting health care professional who told us, "Very welcoming when we visit, they support their residents with kindness and respect."
- Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. Birthdays and special events were celebrated. One person commented, "The staff spoils us, especially on special occasions, we get cakes and presents."
- Equality and diversity were embedded in the principles of the service and the provider had an equality and diversity policy in place to protect people and staff against discrimination. Staff understood the importance of people's diversity, culture and sexuality to them as a person and to managing their care needs in a person-centred manner. The manager used team meetings to share information by national organisations to promote discussion and reflection around this area.

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

- People confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. Comments included, "I talk to staff about my care, and I see GP regularly and I get to talk about any problems I have."
- People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews. Care records included instructions for staff about how to help people make as many decisions for themselves as possible. Staff explained that it was really important to encourage people to be involved and make as many decisions as possible about their care and life. One staff member said, "We ask residents first what they want and support them if needed, we really want people to live as they want to."
- Staff supported people to keep in touch with their family. One person told us, "I visit my wife, she used to live with me here, but she was poorly and so had to move." Another person told us they visited their family "a lot."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff told us it was important to people, respecting their

choices and upholding people's dignity when providing personal care. One staff member said, "Sometimes people can be resistant, but we know how to prompt and encourage them to accept support. We leave them and then go back and offer again." They were able to give examples of how they ensured people's clothing was clean and their dignity was maintained at all times.

- We observed staff knocking on people's doors to seek consent before entering. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
- People were supported by staff to take pride in their appearance. People were supported to maintain their personal hygiene through baths and showers when they wanted them. People were supported with make-up, jewellery, shaving and nail care when needed.
- Staff told us they always promoted people's independence when they were supporting them. We saw staff prompt and encourage people to walk independently, with the appropriate aid. Staff also said they encouraged people to go out on outings, visit friends or just for a walk. For example, one person told us they had been out on trips and been to the sea side.
- People's care plans recorded details about which personal care tasks people were able to do and noted that staff should be encouraging them to do these themselves.
- Confidential information was held securely in locked in a lockable office. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

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 Requires Improvement. At this inspection this key question has improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection Improvements were needed because people who lived in The Old Rectory had not been consistently provided with activities which were meaningful and reflected all people's needs and preferences.

This inspection found improvements had been made.

- People were involved in activities that they enjoyed and that promoted their wellbeing. One person with great excitement told us of their favourite activity and of some new games that they had just got.
- People told us they enjoyed the activities they did each day. One person said, "I am never bored, we have things to do at home, painting and can go out when we want to, I go out a lot."
- There were many activities going on during the inspection, two people were working at a local garden nursery, another was out visiting local villages and places they enjoy visiting, with their car and a staff member. Other people had chosen to stay in the home and enjoyed playing bingo and told us that it was their choice and gave them a chance to win a prize.
- A separate building was now an activity/arts and crafts room which had proved really successful. An external company visit the service to provide art and craft sessions. Their pictures were displayed in the home. There were also plans to start growing vegetables in the spring. A lot of work had been done in preparing flowerbeds and people were involved as much as they wished to be. One person had adopted a stray cat and staff supported them to care for it.
- People had been involved with other activities such as gym sessions, cinema and theatre trips, church activities, café trips and once a month they attend an afternoon club in a nearby village. The registered manager talked of how the local community welcomed people who lived at the Old Rectory to local events. People were encouraged to visit other services within the group and join them on trips and this courtesy was reciprocated.
- Each activity was reviewed with people as to whether it was enjoyed and whether they would like to do it again. This included information on accessibility of the activity, cost and any issues.
- People were encouraged to maintain relationships with their loved ones, as well as build new ones. One person said, "I see my wife often and can go to see her whenever I want."

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

preferences

- People received personalised care that was tailored around their wishes, preferences and routines.
- Information gathered before people moved in, was used to create individual person specific care plans. This included information about people's past, their needs, preferences and routines. This included what they could do independently and what they required support from staff with.
- People had very detailed care documents that gave information about their histories, communication needs, loved ones, goals, hobbies, ambitions, hopes and dreams. This information was used when talking with people and deciding upon personal goals.
- People had their own key-workers. This was a named member of staff who had a central role in their life and would oversee their support needs and care plans. People could also change their key worker if they wished which gave them choice and control over their daily life.

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.

- Staff understood people and their communication needs well. This included the use of facial expressions and body language. One person would choose when they wanted to communicate verbally and staff knew this and gave them space and time without trying to get a verbal response. The registered manager said, "This person has come on so much and we are really proud of them."
- Easy read documentation was available for people, with pictures and simple language to help them understand information. This included complaints, sections of care plans, menus, newsletters and meeting minutes.
- People had detailed communication plans that informed staff of their preferred communication, reading and writing skills and understanding of official documents. For people that could not express their emotions verbally, there was information about things they would do or say which would indicate how they were feeling.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had never had any reason to complain but knew the process to follow if they needed to. One person said, "I would go to one of the staff or the registered manager if I had a complaint. I've never had to though."
- No complaints had been received since the previous inspection, however there was a clear complaints procedure displayed in communal areas. This was also reviewed in meetings and care reviews to remind people and their loved ones what to do if they had any concerns.
- When compliments and thank you cards had been received these were shared with staff at meetings which showed staff they were appreciated.
- Satisfaction surveys had been sent out regularly in respect of getting feedback on the service. These were collated, and the survey outcomes shared with people's families and staff. The actions to be taken were also shared. For example, the redecoration and new showers/bathrooms.
- People, relatives and visitors could leave feedback on their website if they should wish to. We saw that letters had been received from several relatives and visitors complimenting staff about their caring nature and the positive effect this had on people's wellbeing.

End of life care and support

- No-one was receiving end of life care at the time of inspection. However, staff had previously supported people at the end of their lives and did this in a kind, dignified and personalised way.

- The registered manager had recognised that end of life was a subject that required further exploring with people. They said, "We wanted to talk to people about this but in a way that was sensitive and didn't upset them."
- The registered manager had started developing personalised end of life plans with people. Some people did not want to talk about end of life at that time. This was respected and a review of this planned for a later date.

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 Requires Improvement. At this inspection this key question has improved to 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

At the last inspection we asked the provider to make improvements to the quality assurance systems to ensure they were effective at driving improvement.

This inspection found improvements had been made.

- Quality assurance processes had been developed to consistently drive improvement. These included audits of care plans, staff files, complaints, safeguarding concerns, incidents and accidents, and quality satisfaction surveys.
- For example, audits identified mental capacity assessments had been inconsistently recorded in people's care plans. All assessments had been totally reviewed and were now accurate and informative. The cleanliness of the service in communal bathrooms and hallways had been identified through audits and improved. The home was being redecorated and new bathrooms were being installed.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed CQC of significant events including significant incidents and safeguarding concerns.
- The provider empowered staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism. Everyone was encouraged to work together to find solutions. The team worked very well together, and this showed in the atmosphere in the home, caring attitude of staff to people, visitors and each other.
- The provider and registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed.
- Staff said that they felt valued and supported to be involved in decisions in the home. One staff member said, "I really enjoy working here, we all work as a team." Staff felt supported and told us they received for any support or guidance they asked for. One staff told us the support they had received from the management team and other staff had increased their confidence in their own skills and knowledge. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- People told us that they liked and respected the registered manager and felt that the service was well-led.

One person said, "The manager is really good, I like him, he listens."

- Staff also spoke highly of the registered manager and deputy manager and described them as "very kind", "approachable" and, "understanding." One staff member said, "He's very calm and very knowledgeable, just wants to do his best here." Another staff member said, "A very good leader, listens and is very approachable."
- Staff told us that they worked closely as a team and were constantly communicating with each other and the registered manager. One staff member said, "They are there whenever we need them and encourage us to speak our minds and share any concerns." Another said, "They are so encouraging and empower staff to empower people."

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

- Management and staff had a good understanding of the duty or candour and what this meant for people they support. One staff member said, "We have to be open and honest, even if this means taking responsibility for things we haven't done right. It's about talking to people, professionals and relatives, explaining what went wrong and how we're going to fix it."
- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments and informing families. Any serious incidents were escalated to other organisations such as the Local Authority and CQC.
- The rating awarded at the last inspection was on display at the service entrance and on the provider's website.
- The registered manager told us that this openness included relatives of people when things happened. We saw email communications that supported this.

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

- The registered manager was aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service.
- Surveys were given out annually to people, staff and relatives and results analysed. Areas for improvement were actioned in a timely way. For example, one person had fed back they wanted improvements to menus. Additional cook books had been purchased and recipes discussed with people. When this was reviewed during a residents meeting, all people said they were happy with meals being provided.
- The registered manager had identified that although surveys for people were in an easy read format, this had not always supported one person to give feedback. They discussed with us ways that they were planning to improve this, which included using objects of reference, personalised photos and rephrasing questions so that the person could understand.
- Staff told us they were involved in regular meetings where they could discuss people, any concerns and improvements to the home. We viewed the latest meeting minutes and saw that discussions were had about policies and changes, for example in response to medicine recording errors.
- A staff member said, "We discuss people as a team, health and safety and policies. It's a good time to brainstorm." We saw that staff were also thanked for their hard work and any compliments given by people, relatives or professionals shared.

Continuous learning and improving care; Working in partnership with others

- The registered manager and deputy manager were committed to improving people's lives and experiences. They talked to us about projects they were planning to introduce, such as developing the garden, growing vegetables and further plans for accessing the community.
- The registered manager understood the importance of working with others to improve the lives of people.

They had built relationships with social workers, advocates, specialist health and social care professionals to gain knowledge and provide the right support for people.

- The registered manager was involved with regular managers meetings for services owned by the same provider. This gave them opportunities to talk with managers from other services, discuss positive practice and review ideas.