A1 Quality Home Care Limited

Seaside Care Services

Inspection report

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Seaside
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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

About the service
Seaside Care Services is a supported living service providing care and support for up to 18 adults living with a range of physical and mental health conditions. People using the service lived in self-contained flats, five on the ground floor and 13 on the first and second floor. There were 16 people living at the service at the time of the inspection, four of whom were in receipt of personal care. These four people all lived on the ground floor.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
People told us they felt safe. Staff had completed safeguarding training and told us the steps they would take if the felt a person was at risk. Risk assessments tailored to people's needs were in place covering for example, diabetes, epilepsy and differing behaviours. The service had enough, suitably trained staff to support people. Staff were recruited safely and underwent a robust induction process. Medicines were stored, administered, recorded and disposed of safely. Infection prevention and control was managed well and the registered manager shared learning from accidents and incidents with all staff.

The service used a key worker system and staff got to know the people they supported well. Some people were supported with their nutrition and hydration needs but most were able to shop and prepare food independently or with minimal support. 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. Staff understood and applied, getting consent from people before any interaction.

People and their relatives and loved ones told us that staff were caring and treated them with respect and dignity. A relative told us, "This turned out to be a great move." People's privacy was respected and their independence encouraged without compromising their safety.

Care was provided in a person-centred way and people's wellbeing was supported. Staff were available to help people meet health and social care appointments if needed but the majority of people were either independent or supported by the families or loved ones. Similarly, most people were able to verbally communicate but processes were in place to help some people. Staff knew people well and were able to understand signs and gestures from people to allow communication. A complaints policy was in place and was readily accessible. Few complaints had been made but they all been dealt with in a timely way. No one at the service was in receipt of end of life care.

The registered manager was popular with people and staff and was accessible and approachable. Business

plans were in place and a robust system of auditing took place. People and staff were encouraged to provide feedback about the service which was then analysed by the registered manager and provider to understand trends and issues arising.

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

Rating at last inspection and update
The last rating for the service under the previous provider was good, published on 19 December 2019.

Why we inspected
We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This was the first inspection for this service, registered with a new provider.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Seaside Care Services

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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
This service provides personal care to people living in their own self-contained flats, all flats are in one building which also houses the main office for the care agency. This service provides care and support to people living in eighteen 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

Notice of inspection
Notice of inspection We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 March 2022 and ended on 28 March 2022. We visited the location's office on 22 March 2022.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. 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 all of this information to plan our inspection.

During the inspection
We spoke to four members of staff including the provider, a senior care worker and two care workers. We reviewed a range of records. This included three people's care plans, medicine records, safeguarding and accident and incident reports. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rotas and the company's business continuity plan. We spoke with two people who used the service, two relatives, two professionals and the registered manager. The registered manager had been on leave at the time of the office visit.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People and relatives commented about safety. A person told us, "I definitely feel safe here." A relative said, "They (staff) do show concern about keeping them safe." A professional said, "They work hard at keeping them safe and are very good at seeking help as and when it is required."
- Staff had all received training in safeguarding procedures and were able to describe to us the steps they would take if they had any concerns. A member of staff told us, "I'd report it and go straight to (the provider) or the manager. Get advice if needed. Can also report to the safeguarding team." Another member of staff added, "I'd speak to the resident or worker first before taking the next step."
- We were shown safeguarding and whistleblowing policies. Whistleblowing enables staff to raise concerns anonymously if needed. Staff told us they knew about the policy and were confident to use it if needed.

Assessing risk, safety monitoring and management

- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. Care plans contained detailed risk assessments relevant to peoples support needs. For example, some people responded to certain triggers that would heighten their anxiety, this included unexpected changes to routines or having to wait in queues. Risk assessments identified triggers and steps to be taken by staff, for example, taking time to talk and explain and providing people with space to manage changes.
- Risk assessments were regularly reviewed by the registered manager and were further updated following accidents, incidents or any other event that might impact on the person's safety or that of staff. For example, a person had become anxious and aggressive towards staff. The risk assessment clearly showed the reasons leading to the incident and the steps staff needed to take to minimise a recurrence.
- Staff understood risks and a key worker system was in place which resulted in staff getting to know people very well. A member of staff said, "We get to know people and the risks that they might face each day." Another told us, "The manager always updates any risks in the care plans and tells us about changes."
- People had personal emergency evacuation plans (PEEPs) in place which clearly showed the level of support people would need in the event of an emergency. Fire safety documents and checks had been completed. and staff told us that fire drills were tested regularly. A person told us, "There are weekly alarm tests and proper drills every six months." Regular health and safety inspections took place and we saw action points that included the removal of old mobility equipment and some unused garden furniture.

Staffing and recruitment

● The numbers and skills of staff matched the needs of people using the service. People told us there were enough staff at the service to meet their needs. We saw shift patterns that confirmed this and a person told us, "There are enough staff, they are not intrusive but they are always there when I need them."

● To cover staff absence through sickness or extended leave the service used staff from their sister services and had never run short or had to depend on agency staffing. The provider told us there were four staff waiting to join the service as full-time carers.

● The service used a key worker system where staff members were matched with people according to similar interests and staffing skills that ensured that people were supported safely. Staff built a rapport with people. A staff member told us, "We get on well. I'm there to help with whatever is needed."

● Staff were recruited safely. We looked at staff files which contained identification documents, references and up to date Disclosure and Barring Service (DBS) checks. DBS checks provide assurance that people have any previous convictions or cautions checked before being employed to work with vulnerable people.

Using medicines safely

● People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Medicines were administered by staff who had received medicines training and we saw evidence of regular refresher training. The registered manager carried out regular, unannounced supervisions of staff when they were providing medicines.

● Most people were supported with medicines and some people kept their medicine in their flats. We were shown a central medicines cabinet that was kept in a locked office and only opened for dispensing medicines. Some people required controlled medicines, and these were kept in a separate locked cabinet within the same office.

● Staff used medicine administration records (MAR) to record the date, time, quantity and details of staff administering medicines. A number count of medicines was entered after each administration. The registered manager had a robust and regular system of auditing medicines to ensure administration was safe. A separate protocol, bespoke to each person, was in place for PRN or 'as required' medicines for example, pain relief.

● Staff knew what action to take in the event of an error or if medicines were refused. A member of staff said, "I'd always ask why and then try again later. Sometimes try a different member of staff. Always mark it up on the MAR and let a supervisor know."

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● The provider had followed government guidelines relating to visiting arrangements at the service. All visitors had to show proof of a negative covid-19 test taken on the day of the visit. Visits from relatives took place in people's flats or in the garden in warmer weather.

Learning lessons when things go wrong

● People received safe care because staff learned from safety alerts and incidents. Accidents and incidents were reported and recorded. Records were kept in a separate file and a copy placed in people's care plans. In all cases risk assessments were updated and staff updated at the following handover meeting of any changes or ongoing concerns.

● The registered manager told us how they analysed all accidents and incidents for any trends or patterns to mitigate risk and reduce re-occurrence. An example of this was shown through incidents of behaviour that challenges and how the registered manager and staff had put in extra recording to ensure any pattern in behaviour or triggers were identified.

● As there were only four people in receipt of a regulated activity at the time of the inspection it was straightforward for the registered manager to identify any patterns or trends. When things went wrong the registered manager discussed this as an agenda item at the staff meetings to ensure lessons were learned and the service improved.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. People living at the service had all done so for several years. There had been no new admissions however the registered manager was working with the local authority to fill the two vacant flats. A pre-assessment process was in place that involved reviewing local authority care plans, arranging face to face meetings and ensuring staff had the necessary skills to support people. A relative said, "We were both involved in the assessment when they first moved in."
- Care plans were person-centred and were easy for staff to access and read. The service ran a keyworker system where staff were responsible for a small group of people that they were matched with according to similar likes and dislikes. Staff got to know people well and this was reflected in care plans which contained details of people's support needs and specific information about their short and longer-term ambitions and aspirations. For example, a person's short-term aim was to learn how to use an electronic device so they could communicate with a relative and a longer-term goal to maintain independence.
- People's health and social support needs were met in line with national guidance and best practice which included achieving the right support, right care and right culture guidelines. Care plans demonstrated that people had choice in their day to day lives and that these choices were promoted by staff and regularly reviewed.

Staff support: induction, training, skills and experience

- Updated training and refresher courses helped staff continuously apply best practice Most of the staff had worked in care for many years. People told us they felt the staff were trained well and knew how to support them. A person told us, "They are really good. They know what they are doing."
- Within staff files we saw details of the staff induction process. There was a period of two weeks intense training and familiarisation and getting to know people. New staff worked closely with more experienced staff and did not work alone until they were fully confident and the managers were satisfied they could work independently. The provider told us, "Sometimes it can take months to really get to know people. We will only sign staff off when everyone is happy."
- All staff had received the training needed to support people and regular refreshers were in place. Some people needed support with catheters, some lived with epilepsy and some showed behaviours that required particular training. Records showed that staff were trained in all of these areas including positive behaviour support. A staff member told us, "The training is pretty good, covers everything."
- Ongoing support was provided to staff through regular supervision meetings and appraisals. Staff told us, "Supervisions every six weeks and annual appraisals" and "I can speak about anything, very supportive."

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

● Staff supported people to be involved in preparing and cooking their own meals in their preferred way. People were supported and encouraged to be as independent as possible with all aspects of their diet. Some people shopped independently and others asked for help if needed. A person told us, "They will always help me with shopping if I need it, sometimes when I'm not well." A relative said, "(person) can make a simple meal themselves. We've asked if more time can be allocated to support with some meal preparations." Staff confirmed this had been reviewed.

● People were encouraged by staff to shop for healthy food; however, they were always given choice and if people chose a less healthy option sometimes, this was respected and supported. Most people cooked independently but some required help, especially when feeling unwell. People lived in self-contained flats, all of which had an open plan kitchen.

● Staff monitored people's food and fluid intake and if there were any concerns, specialist advice was sought from the person's GP or from the speech and language therapists (SALT).

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

● People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed. Most people were able to manage their own health and social care appointments either independently or with help of relatives or loved ones. Staff did provide support to some people and ensured people were able to get to their appointments. A person told us, "I'm pretty independent but I know they would always help if I asked."

● Relatives confirmed the service supported their loved ones to access health appointments. A member of staff told us, "We do help to keep GP appointments which are quite regular."

● The registered manager worked closely with the local authority and other professionals to ensure that people were given support to access medical and health appointments if needed. Care plans contained details of all scheduled appointments and staff checked to make sure none were missed. Care plans contained 'hospital passports' which provided a quick summary of people's medical history and current support needs.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

● Staff empowered people to make their own decisions about their care and support. Most people had full capacity and were able to make decisions every day relating to their health and social needs. Some people lacked capacity but only with more complex decision making. For example, everyone was able to make decisions relating to the food they wanted to prepare each day, the type of personal care they wanted to receive when choosing to bathe or shower and what clothes they wanted to wear each day. Some people needed support with decisions relating to medicines and finance.

● We saw mental capacity assessments that were decision specific. Assessments had been completed by

trained staff with people, their relatives or loved ones and if appropriate, other professionals. Decisions had been made in people's best interests and had been clearly documented in care plans.

● Within care plans we saw that people had signed to give their consent to some aspects of their support, for example, administration of medicines.

● Staff had been trained in mental capacity and knew the importance of gaining consent from people each time they provided support. A staff member said, "I always ask what kind of support people need today and if they are happy for me to help."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. Staff were caring and understood people's needs. Staff made people feel comfortable when being supported with personal care. People told us staff were caring. A person said, "There are never any issues with staff, they all treat me well." Another told us, "They show a lot of respect." A relative told us, "They are respectful of him, listen to him. They show real concern and respect for him which is so valuable."
- Staff had all received training in equality and diversity and understood the importance of respecting people's differences. A staff member said, "People can express themselves and we always listen." A professional told us, "They go out of their way to understand their clients and treat them with care and dignity."
- Staff were able to tell us in detail about the people they supported. Their specific needs, likes, dislikes and daily routines. A staff member said, "We get to know people so well, it's like they are family." The registered manager told us, "Listening to clients is so important."

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

- Staff took the time to understand people's individual communication styles and develop a rapport with them. People were involved in making decisions about their care and support needs and their daily routines including any activities they wanted to do. A person told us, "I have such a hectic life, people here let me get on with things." Another added, "The manager told me if I need less time for care I can use it for more activities."
- Support for people was provided by staff who were key workers. There were allocated time slots to support people with personal care but this was constantly under review and some flexibility was possible to allow people to achieve other aims. This allowed people to feel in control whilst not missing the support they needed or being able to take part in the activities they enjoyed.
- Staff understood the importance of letting people make their own decisions about their day to day lives. A member of staff said, "We do have set sessions with people to do certain activities but we always have a chat and they decide what to do. It's very flexible for people."
- Care and support plans were regularly reviewed with people and people asked for extra review meetings if they needed to. People and their relatives told us they felt they were listened to and could make their own decisions. A relative said, "I totally approve that they communicate mainly with (person) and not me and I encourage it. Family input is important though."

Respecting and promoting people's privacy, dignity and independence

● Staff knew when people needed their space and privacy and respected this. People's flats were self-contained and had front doors that were lockable. We saw staff approach a person's flat, knock on the door and wait for a response. Only when they were invited in did the staff member enter. All records containing people's personal details were kept in locked cabinets in a locked office.

● People and staff told us about the importance of maintaining and respecting dignity. A person told us, "I'm definitely treated with dignity, there are never any issues." A member of staff confirmed, "I'll always ask what kind of support they need." A relative added, "They are respectful to (person), they listen to them."

● People's independence was respected and promoted. A person said, "Staff are really good, not too intrusive and let me be pretty independent." A relative said, "They do need support with cooking and tidying but is supported to be more independent now with shopping."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved.
- Staff knew people well and provided person centred care that was supported by detailed, but easy to follow, care plans. The key worker system enabled staff to spend a lot of time with people and get to know them and their routines well. A staff member told us, "I'm a key worker for two people, I know exactly how they like to be supported with personal care, cooking and shopping."
- People's support needs varied and there was a clear emphasis on promoting independence where possible. Care plans clearly described people's daily routines and the level of support they required. For example, choosing clothes and dressing, what food they liked to prepare, general interest such as animals and football and indicated any risks. Risks were highlighted in a specific colour to draw attention to areas where staff may need to provide additional support.
- Care plans were reviewed regularly and people, their relatives or advocates and professionals were involved. People told us they looked forward to their reviews as it provided an opportunity to discuss what was going well and what they wanted to achieve looking forward.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- People's communication needs varied and everyone had a communications section within their care plans. Most people could communicate verbally but some needed support in this area as their speech had been affected by health conditions. For example, a person was supported by having a duty board in their room with pictures of staff. They could indicate by pointing who they would like to speak to or to support them with any given task or activity.
- Routine was important to some people to help them with daily communication. A person had a clear daily routine involving staff arriving at their flat and following a set sequence of tasks that had been agreed with them. Staff knew to take their time and let the person explain in their own time what they wanted. A person

was able to begin sentences verbally but then needed time to indicate by pointing what they needed. Staff knew the meaning of signs that the person used to support in communicating their wishes. For example, tapping a pocket indicated money, pushing lips together indicated they wanted a drink.
● The registered manager told us they had access to and had experimented with flash cards. However, at the time of the inspection, these were not suitable for people living at the service.

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 were supported to participate in their chosen social and leisure interests on a regular basis.
● People were supported to lead full lives, to pursue their own interests and to maintain and develop relationships that mattered to them. A person told us, "I really wanted a pet and I now have a cat to keep me company." They added, "I have a hectic life. I have a very good relationship with staff here and they support me to do the things I like." Another person had plans to enrol for an Open University course.
● Staff who were key workers were matched to the people they supported according to the training and skills they possessed and due to similar interests. The registered manager told us staff profiles were considered as part of the pre-assessment process when meeting potential new people wishing to move to the service.
● Care plans described what people enjoyed. For example, a person had been taken to a football match that they enjoyed but found too noisy. Plans were in place to go again and to take ear protection. Other interests and activities involved trips to a local zoo and to local towns for shopping trips. Care plans contained lists of people's friends and relatives to send birthday and Christmas cards to.
● Staff had dedicated one to one time with people and this was used to support them to do the things they enjoyed. There were no indoor communal areas however beyond people's private garden area was a larger garden where people could meet and socialise with other people and relatives. A summer house in the garden contained a pool table and other activities people could use when they wanted to.

Improving care quality in response to complaints or concerns
● People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
● People and relatives told us they were confident to raise issues and complaints if needed and they knew issues would be addressed by the registered manger in a timely way. A person said, "I have a good relationship with the manager, I know things get sorted." A relative added, "If we have a problem we'll speak to (the registered manager)."
● A complaints policy was in place and was accessible to everyone. Very few complaints had been made about the service however we saw a file that contained documents relating to an investigation that was quickly and appropriately resolved to the satisfaction of the person concerned.

End of life care and support
● At the time of the inspection no one was in receipt of end of life care. Most people were younger in age but the registered manager explained they wanted the service to provide a home for life.
● Some care plans had details of discussions about DNACPR with people and their relatives but not everyone wanted to discuss this issue. Funeral plans were in place for some people and the registered manager told us the provider was looking at end of life training for staff.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- Everyone spoke well of the registered manager and provider and the culture that had developed at the service. A person told us, "Absolutely amazing, can go to them with anything." Another said, "(Registered manager) is straight to the point, can have a direct conversation." A relative added, "I've always felt the manager is the sort of person you can talk to, frank and fare, she is very organised."
- Care plans promoted person-centred care. People were living with specific and sometimes complicated physical health conditions which needed detailed risk assessments. Staff that had a detailed knowledge of peoples needs and relevant training. A staff member said, "The care plans are always updated and the manager will tell us about updates too."
- The culture of the service supported positive care for people and encouraged independence and the ethos that people could lead their lives safely and how they wanted. A professional told us, "I find the management to be very professional."

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

- The provider and registered manager were open and honest with us throughout the inspection and were aware of their responsibilities under the duty of candour. Legally services are required to inform the local authority and CQC about certain events that occur at or affect their service.
- The registered manager had only had a few occasions to contact CQC but we saw from documents we were shown, detailed investigations relating to incidents and consultation with the local authority. The registered manager had sought advice and taken steps to safeguard people when incidents had occurred. The registered manager knew how and when to alert CQC to notify of certain events.
- This was the first inspection of the service since the change in provider. Previous CQC reports and ratings were clearly shown on the service website.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- The registered manager oversaw a small staffing team and although no deputy manager was in place, a

senior carer took on this role when the registered manager was absent. The provider was also available to support the service, and this was evident during this inspection.

● Staff were given keyworker responsibilities and they knew what was expected of them to support people and promote a good standard of care. A staff member said, "The (registered) manager is very approachable. I'm very clear about what is expected from me but we talk all the time."

● The registered manager had a regular system of auditing key areas of work and performance and this was overseen by the provider. Areas subject to auditing included, medicines, staff training, accidents, incidents and complaints. Auditing included checking to make sure the service was compliant and identified learning points. For example, incidents recorded highlighted that recording triggers to people's changes in behaviour was important to alert staff and give them the knowledge required to prevent or minimise future incidents.

● There was a clear information trail from auditing, to the update of care plans and risk assessments and knowledge and learning being passed to staff.

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

● People, and those important to them, worked with managers and staff to develop and improve the service.

● Feedback about the service was sought from and given by people. This was done in part through daily conversations between people and staff, partly through regular reviews with the registered manager and also through completion of feedback forms. Feedback forms allowed people to comment on all aspects of their lives living at the service. Comments included: "I like my home," "I feel supported with my hospital appointments," "Staff are very supportive" and "The staff always respect my rights."

● There was no process in place for obtaining feedback from relatives or professionals. However, both relatives and professionals told us they could raise issues with the registered manager at any time and were confident that issues would be resolved. The registered manager acknowledged the need to formalise this feedback process.

● Staff were given opportunities to provide feedback. A regular process for supervision meetings and daily handovers provided staff regular opportunities for a two-way conversation with the registered manager. We were shown minutes from staff meetings that were held every two months and were well attended. Minutes were circulated to all staff including those unable to make the meeting itself. Minutes from staff meetings provided detail of regular topics covered including updates about people, training and health and safety. Staff were able to contribute and comments were recorded in the minutes.

● People's equality characteristics were acknowledged, celebrated and if appropriate, recorded in care plans.

Continuous learning and improving care. Working in partnership with others

● The provider kept up-to-date with national policy to inform improvements to the service.
The registered manager kept up to date with updates and bulletins provided by statutory partners for example, the local authority and CQC. Key information was cascaded to all staff.

● The new provider took over the service a few months following the start of the COVID-19 pandemic. Business continuity and contingency plans were immediately put in place and the provider and registered manager were able to continue running the service and provide continuity of care despite the disruption cause by the pandemic.

● The registered manager had developed positive relationships with professionals and statutory partners including, local GP surgeries, pharmacists, physiotherapists and the community psychiatric nursing team. A professional told us, "We have regular contact with the management at the home and they are always prompt to respond to any enquiries we have."