

Downside House Limited

Downside House

Inspection report

3-4 St Boniface Terrace
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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

Downside House provides accommodation and personal care for up to 21 people, including people living with dementia care needs. At the time of our inspection there were 21 people living in the home.

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

People were happy living at Downside House and told us they felt safe.

Recruitment practices were safe and there were sufficient numbers of staff available to meet people's needs. People were protected from avoidable harm, and infection control risks were managed appropriately.

Systems were in place to monitor incidents, accidents and near misses. There were clear processes in place to monitor risks to people which helped to ensure they received effective care to maintain their safety and wellbeing.

There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of safely and people received their medicines as prescribed.

Staff training had not always been updated in a timely way, however plans were in place to address this. Staff received regular supervision to help develop their skills and support them in their role.

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 supported to access health and social care professionals if needed, received enough to eat and drink and were happy with the food provided.

People were supported by staff who were kind, compassionate and caring and who understood their likes, dislikes and preferences. People had detailed and accurate care plans in place which were person centred. People told us that they were provided with person centred care and fully involved in planning their care and the support they received.

People, relatives and staff were positive about the running of the service and the support they received from the management team and providers. People and staff felt there had been improvements in all aspects of the service since the last inspection.

The management team were open and transparent. They understood their regulatory responsibilities. People and their relatives said the management team were open, approachable and supportive. There were effective governance systems in place to identify concerns in the service and drive improvement.

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 this service was requires improvement (published 21 December 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

There is no required follow up to this inspection. We will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

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 

Downside 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.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Downside 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. At this inspection there was a manager in place who had taken over the overall running of the service in June 2019, with support from the provider. The manager had commenced the registration process with the Care Quality Commission (CQC).

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with seven people who used the service about their experience of the care provided, four relatives and three healthcare professionals. We spoke with 12 members of staff including, two directors of the providers company, the manager, two chefs and seven members of care staff. We observed the care being provided and reviewed a range of records, including five people's care records and multiple medication records. We looked at staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed quality assurance records and additional supporting information provided by the management team.

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 Requires improvement. At this inspection this key question has now improved to Good. 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 living at Downside House. A person said, "I feel very safe with the staff." Another person told us, "Oh yes, I'm not worried about my safety here at all." A relative said, "I am really happy with the care and can go home knowing (loved one) is safe and well cared for."
- Appropriate policies and procedures were in place, which had been developed in line with national and local legislation to protect people from abuse.
- Clear processes were in place for investigating any safeguarding incidents. The manager was able to provide us with assurances that if abuse was suspected, this would be thoroughly investigated, and action would be taken in a timely way. Any safeguarding concerns raised with the manager would be reported to CQC and the local safeguarding team when needed.
- Staff knew how to recognise, and report abuse to protect people. One staff member said, "If I was concerned I would go to the manager or above them to the local safeguarding team, police or CQC if I needed to."

Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Risks assessments had been completed, where required. Completed risk assessments detailed guidance to staff to help them identify possible triggers and actions they needed to take, to reduce risks to people. For example, for people who had swallowing difficulties which placed them at risk of choking, there was clear detailed and up to date information for staff to follow.
- Other risk assessments in place included areas such as, moving and positioning, skin integrity, medicines management, the use of bed rails and behaviours.
- Equipment, such as hoists, and lifts were serviced and checked regularly. Gas and electrical safety certificates were up to date. Environmental risk assessments, general audit checks and health and safety audits were completed. Actions had been taken where highlighted, to help ensure the safety of the environment.
- There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire and fire safety equipment was checked regularly. Personal emergency evacuation plans had been completed for each person, detailing the action needed to support people to evacuate the building, in the event of an emergency.

Staffing and recruitment

- People were supported by appropriate numbers of consistent, permanent staff.

- People told us they felt there were enough staff. One person said, "Yes, I think there are enough staff, they come quickly if I need them." Another person told us, "When I ring my bell, staff will come straight away."
- Staff told us they felt there were enough staff available. We saw staff responding promptly when people required support and did not rush people when assisting them. One staff member said, "We have enough time and there is no pressure to rush people or do things such as the laundry if we don't have the time."
- The manager kept staffing levels under review and had recently commenced using a formal assessment tool to determine the numbers of staff required to meet people's needs. The manager told us they had some flexibility with the staffing allocation so could meet individual needs.
- Short term staffing absences were filled by existing staff working extra shifts.
- There were clear recruitment procedures in place. Records confirmed these were followed and had helped ensure that only suitable staff were employed.

Using medicines safely

- People were supported to take their medicines safely. Medicines administration records (MAR) were completed correctly and indicated that people received their medicines as prescribed. MAR charts were checked by a senior staff member at the end of each shift to help ensure that all people had received their medicines as required. This also helped to ensure any errors could be identified quickly and acted upon.
- Medicine administration care plans provided clear information for staff on how people liked to take their medicines. In addition, they included important information about the risks or side effects associated with their medicines.
- Each person who needed 'as required' (PRN) medicines, such as pain relief, had information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved.
- There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely.
- Stock checks of medicines and audits were completed monthly to help ensure they were always available to people.
- Medicines that have legal controls, 'controlled drugs' were appropriately managed. Balance checks or internal audits of these medicines were robustly completed.
- Safe systems were in place for people who had been prescribed topical creams.

Preventing and controlling infection

- The home was clean and well maintained.
- Adequate stocks of personal protective equipment were available, such as gloves and aprons. Staff were seen to be wearing these as appropriate.
- Domestic staff were employed within the service who completed regular cleaning tasks in line with set schedules.
- Policies and procedures were in place to protect people from the risk of infection. Infection control audits were completed regularly by a member of the management team and we saw that action had been taken where required.

Learning lessons when things go wrong

- An appropriate system was in place to assess and analyse accidents and incidents. We saw evidence that any accidents and incidents were investigated, and actions put in place to minimise future occurrences.
- Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

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 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.

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

At our last inspection we identified that the provider had failed to ensure the service was working within the principles of the Mental Capacity Act. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

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.

- The manager understood when an application to deprive someone of their liberty should be made and appropriate applications had been made where required.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- MCA assessments and best interest decisions were completed and recorded appropriately, where required. The policies and systems in the service supported this practice.
- All staff we spoke with had a good working knowledge of the MCA.
- Records seen demonstrated that people were involved in making decisions regarding their care and support as well as their everyday life. There were actions to support decision-making with guidance for staff on maximising the decisions people could make for themselves.
- During our visit we saw staff respected people's choices and staff members were observed asking people for consent throughout the day.

Staff support: induction, training, skills and experience

- Staff told us they had received training and felt they had the skills and knowledge to meet people's needs. However, we found that not all staff had completed all training as per the provider's training schedule.
- The manager told us they were aware that some training had not been completed but had plans in place to get the staff training updated as a priority. Evidence to support the manager's comments was found on the service action plan.
- The majority of staff training was completed via eLearning. Staff had completed face to face training in first aid, moving and handling and medicines management.
- Although it was noted by inspectors that staff had not always received training updates as required, people felt staff did have the necessary skills and knowledge to meet their needs and this view was reflected by the external professionals we spoke with.
- New staff were required to complete an induction before working on their own. This included a period of shadowing an experienced member of staff before being allowed to work unsupervised.
- Staff received one to one supervision with a member of the management team and an annual appraisal. This gave them an opportunity to discuss their progress and any concerns they had.

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

- Downside House is an older style building with accommodation spread over three floors, connected by a passenger lift and stairwells. All rooms had en-suite toilets and washing facilities.
- The home was well maintained, and people could move around freely.
- A relative described the home as, "Homely and welcoming." A second relative told us, "[Name of relative] is really happy here, the last place they were at was very clinical, but this is like a real home."
- Some decoration in the home supported people living with dementia or poor vision. This included, coloured signage to communal areas of the home and bathroom and toilet doors. Plans were in place to paint doors different colours to make them more identifiable for people. In addition personalised notices for people were to be placed on their bedrooms door to make it easier for people to find their own rooms.
- Handrails were in place in corridors to provide extra support to people to allow them to mobilise independently. However, the main communal area of the home and connecting corridor continued to have a heavily patterned carpet in place. This can be confusing to people with visual or mental impairments. This was discussed with the manager and director of the service who were aware this carpet was not ideal for all people living at the home and had plans in place to replace some areas of the carpet.
- People's bedrooms were decorated to their preference and contained personal possessions, such as pictures and soft furnishings.
- There was a large garden available for people to use however, it was difficult for people to access the whole garden freely due to it being lawned with no distinctive paths for people to use with wheelchairs or walking aids. This was discussed with the manager who was aware of the issues around the safety and access of the garden and demonstrated that this area was on the service action plan to address.
- People could access Wi-Fi to allow them or their visitors to connect to the internet and aid communication if requested.

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

- People, relatives and healthcare professionals felt care provided was effective. One person said, "They (staff) help me when I need them to, I like it here." Another person said, "The staff are beautiful, they will do anything I need them to." A healthcare professional told us, "The staff really understand [individual person's] needs, they have done a really good job in helping them get their mobility back (after a fall)."
- People's needs were fully assessed prior to their admission and before re-admission, for example, if a person had required a hospital stay. This was to ensure their care needs could be met safely and effectively within the environment and in line with current best practice guidance.
- Information had been sought from the person, their relatives and any professionals involved in their care,

when required. Information from these assessments had informed the plan of care.

- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's risks of developing pressure injuries and to monitor people's weight.
- We saw technology used to support people to meet their care needs. For example, there was a call bell system in place and pressure activating mats were provided, where required to allow people to have privacy in their rooms, whilst maintaining their safety.
- Care plans were kept under review and amended when changes occurred or if new information came to light.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences. People were happy with the food provided and confirmed they had enough to eat and drink. People's comments included, "They feed me well", "The food is good, and I can get snacks if I want" and "We get plenty to eat."
- People had a choice of two meals with other options available if they wished. People told us that if they didn't want what was offered they could request alternatives which were provided.
- Drinks and snacks were available to people throughout the day and night and we observed that people were regularly offered these.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- Individual dietary requirements were recorded in people's care plans and staff knew how to support people effectively.

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

- Staff were knowledgeable about people's individual health needs and people were supported to access appropriate healthcare services when required, such as doctors, specialist nurses, dentists and chiropodists. All healthcare involvement was clearly documented in people's care files and used to help monitor their health and medical conditions.
- The manager and staff had built strong working relationships with healthcare professionals. A healthcare professional said, "They (staff) will definitely ask for our input appropriately. The staff are really on the ball."
- The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. People's care files contained up to date and detailed information which was sent with them should they require a hospital stay. Additionally, receiving services would be provided with a verbal handover, either face to face or over the telephone.

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 reflected they felt the staff were caring. Comments included, "All the staff are really friendly, it's a lovely place", "The staff are very good to us", "They [staff] always speak to me nicely, I don't have any qualms with any of them" and "I can always talk to the staff if I need to, they are always willing to listen." A healthcare professional said, "The staff are always welcoming, know the residents well and the residents always look clean and well cared for."
- Staff were friendly and polite. Interactions between staff and people were natural and showed positive relationships had been developed. Throughout the inspection we heard staff speak to people respectfully, with kindness and check with people frequently that they were comfortable, warm and happy.
- People were seen to be supported in a relaxed and unhurried way by staff. For example, staff supported one person to stand from a chair, throughout this interaction clear instruction and encouragement was given to the person.
- Staff took the time to make people feel they mattered, and their views and needs were important. For example, during day two of the inspection a person became restless and staff sat within them engaging them in a conversation the person had a particular interest in. Another person complained to staff about back pain and staff took time to address this, agreed to contact the doctor and demonstrated real sympathy to the person.
- The provider recognised people's diverse needs. People's protected characteristics under the Equalities Act 2010, such as religion and disability were considered as part of the assessment process. Although there were no people identified as having any specific cultural needs at the time of inspection, the staff described how they would resource information on particular faiths and cultures, if required to ensure that people's specific needs could be met.

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

- We observed staff regularly interacted with people to seek their views and wishes. For example, staff provided choices of drinks, activities and asked where people would like to sit.
- People were given the opportunity to express their views, both on a one to one basis with staff or the manager and during resident's meetings. Resident meeting minutes confirmed discussions were held with people about the day to day running of the home and demonstrated people were involved in making decisions about their care.
- Where people had made suggestions about the service, actions taken were highlighted on a notice board in the home to demonstrate people's suggestions had been acted on. For example, one comment stated; 'You said - We would like the wallpaper to have birds on in the big room upstairs. We did – brought in some

samples and you chose the one you liked.' This wallpaper was in place within this area.

- People were involved in planning their care and the support they received. Care plans contained detailed personal information about how people wished their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy. Staff were seen knocking on bedroom and bathroom doors before entering. A person said, "They (staff) always close the door when they are helping me with a wash."
- Staff were able to describe the practical steps they took to preserve people's dignity and privacy when providing personal care. A staff member said, "I would make sure the person is covered up and their door is closed."
- The provider ensured people's confidentiality was respected. Confidential information, such as care records, were kept securely and only accessed by staff authorised to view this.
- People were supported to maintain their independence as much as possible in their daily routines. For example, during lunch time staff were seen to encourage people to eat independently and would offer to cut up food. Additionally, people would be provided with specialist cutlery and crockery to allow them to eat independently.
- People's care plans provided detailed information for staff about what people could do for themselves and where additional support may be required.

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 now improved to 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

At our last inspection we identified that the provider had failed to protect people from abuse and improper treatment. This was because there was a task focused approach to care, which resulted in people being washed, dressed and got out of bed very early in the morning, without their agreement or consent. This constituted a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this practice was no longer taking place. Enough improvement had been made and the provider was no longer in breach of regulation 13.

- People's needs were met in a personalised way. Staff knew the people they supported well and had a good understanding of their needs, which enabled them to provide person centred care.
- Care plans had been developed for each person. Information in care plans was robust and person centred and included details about people's life history, their likes and dislikes and specific health and emotional needs.
- People were empowered to make their own decisions and choices and confirmed they could make choices in relation to their day to day lives. Peoples comments included, "There are never restrictions on what we can and can't do", "I can choose when I get up and go to bed, if I wanted a bath I can have one" and "I choose to stay in my room, they [staff] don't mind." Throughout the inspection we observed people being give choices about where they spent their time and what they wanted to eat and drink.
- Staff worked together well to deliver timely and effective care to people. They also received a verbal handover between each shift. This helped inform staff of any changes in people's needs. We observed a handover during the inspection and found staff were provided with clear and up to date information about changes in people's needs and actions to take.

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's communication needs were identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information. One person's care plan stated, 'My hearing is fairly good, but I would like the care assistants to face me when talking to me.' This

demonstrated appropriate communication techniques had been considered for people.

- Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required. Photos of meal and food choices were also available to use to assist people to make informed choices.
- For a person whose first language was not English, phonic phrases in their first language were accessible for staff in the persons room to aid effective communication.

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 access to a range of activities, including, crafts, games, arm chair exercises, quizzes and bingo. Other activities were provided by external providers who visited the home to provide additional activities, including music. People confirmed they liked the activities provided. A person said, "I have enough to do, there are things going on." Another person who liked to remain in their bedroom told us, "I don't get bored or lonely the girls (staff) are always in and out."
- Where a person's needs meant they received all their care in their bedroom, staff would sit and have meals with the person. This not only prevented isolation for the person but also encouraged the person to eat.
- Activities were discussed during resident's meetings to give people the opportunity to comment on past activities and share ideas about things that they could do in the future.
- People were supported to maintain important relationships. Relatives were welcomed at any time. A relative said, "They [staff] are always welcoming when I visit." Important events were celebrated, and relatives were invited to celebrate these with their loved one.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was understood by staff.
- A complaints procedure was available to people and visitors, which was also displayed in the main entrance of the home. This could be provided to people in an easy to read format if required.
- One formal complaint had been received since the previous inspection. This complaint was received three days prior to the inspection and was being investigated by the manager. The manager was able to clearly describe the actions they were taking to investigate this complaint and actions that would be taken following the investigation, depending on its outcome. This provided us with assurances the complaint would be dealt with effectively.
- People told us they knew how to make a complaint and were confident that any concerns raised would be dealt with effectively. A relative said, "The manager is approachable, if I had any concerns I am confident they would take action."

End of life care and support

- At the time of the inspection no one living at the home was receiving end of life care.
- Some people had end of life care plans in place which documented people's end of life needs and wishes. This helped to ensure people's end of life wishes would be respected.
- The manager and staff worked closely with relevant healthcare professionals and people's families to help ensure they received the care they required.
- The manager told us they aimed to provide people with high quality end of life care, to help ensure they experienced a comfortable, dignified and pain free death. Furthermore, they told us they would work closely with relevant healthcare professionals and people's families and they wouldn't want the person to be alone and would ensure that their end of life wishes were respected.

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 now 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 our last inspection we identified that the provider had failed to effectively assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- There were clear quality assurance procedures in place. This included regular completion of audits for areas such as, care plans, medication, falls, infection control and the environment. All completed audits resulted in an action plan being completed, where required.
- There was a clear management structure in place which included the directors, the manager and deputy managers. All had clear roles and objectives. The manager felt well supported by the management team and described them as fully involved, supportive and responsive.
- Management and staff were clear about their roles and requirements and communicated effectively to ensure people's needs were met and changes or concerns were shared. Staff understood the provider's vision for the service and they told us they worked well as a team to deliver support that met the needs of individual people.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control.
- The manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

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

- People, staff and health professionals felt the management team were approachable, open, honest and effective in their roles. People and staff were confident about raising any issues or concerns with them.
- All the staff spoken to were positive about the running of the service. Staff comments included, "The new manager brought in a lot of new things it has definitely improved things", "The service has definitely improved in the last six months" and "Its better with the new manager, care plans and the risk assessments have improved, and we do lots of audits now. The manager is very fair"
- People, relatives and staff all felt the management of the service were visible and approachable. A person told us, "The manager is very nice and will always talk to me." A relative said, "The manager is

approachable, I don't have any issues but if I did I could go the manager and am confident she would take action." Another relative told us, "The staff are very good at keeping us involved, they will always contact us if [persons] health changes or ask for our views on things."

- The management team and staff were committed to developing positive relationships with people and staff, to ensure that people felt valued and supported whilst they were living and working within the service.
- Staff understood the provider's vision for the service and they told us they worked well as a team to deliver support that met the needs of individual 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

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. This was discussed with the manager who was able to demonstrate this would be followed when required.
- The previous performance rating was prominently displayed in the reception area and the last inspection report was made accessible to people and visitors.

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

- The manager encouraged open communication amongst everyone who lived at, worked in, and visited the service. At the entrance of the home there was a comments box for visitors and relatives and they were encouraged to provide feedback on their visit. On viewing the four most recent comments left in the box, all of these were very positive about the service.
- The manager consulted people and relatives in a range of ways; these included one-to-one discussions with people and relatives if appropriate and resident and relative meetings.
- The management team were planning on giving quality assurance surveys to people, relatives and health and social care professionals in January 2020 to gain feedback on the service. The manager assured us that following any feedback received an action plan would be developed and actions would be carried out if required.

Continuous learning and improving care

- There was an emphasis on continuous improvement.
- Complaints, concerns, accidents, incidents and near misses were recorded and monitored. These were recorded by the manager and reviewed by the providers to allow continual oversight of the service. This helped to identify any themes and trends.
- The manager kept up to date with best practice through training and reading relevant circulations/publications and updates provided by trade and regulatory bodies.
- Staff performance was closely monitored by the manager. The manager and deputy managers worked closely with staff, completed spot checks and observed staff perform their daily tasks.
- All learning was shared with staff during staff meetings, handovers and supervision.

Working in partnership with others

- The service worked in collaboration with all relevant agencies, including health and social care professionals. The manager was clear about who and how they could access support from, should they require this. This helped to ensure there was joined-up care provision.
- Staff supported people to be part of the local community events and to access activities and support from external agencies. The service had links with other resources and organisations in the community to support people's preferences and meet their needs. This included, supporting people to follow their faiths.
- The service hosted in-house events such as Christmas and Halloween parties where relatives were invited

to attend.