Southend Care Limited

# Brook Meadows House

## Inspection report

Burr Hill Chase
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Tel: 01702212426

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18 January 2023

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22 February 2023

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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? | Requires Improvement |

# Summary of findings

## Overall summary

About the service
Brook Meadows House is a residential care home providing the regulated activity of accommodation and personal care for up to 61 people in one adapted building. The service provides support to older people living with dementia and complex health needs.

The building consists of the ground floor, providing care for up to 31 people living with dementia. The first floor accommodates up to 30 people who are in the rehabilitation phase after being discharged from hospital before returning home, or they are being assessed and waiting for suitable accommodation or long-term care. At the time of our inspection there were 46 people using the service.

People's experience of using this service and what we found
The registered manager and senior team audited various aspects of the home such as accidents and incidents, health and safety, infection control and care planning, however we found some of the concerns identified on the day of inspection had not been picked up by the registered manager's quality assurance processes. We have made a recommendation about the management and analysis of accident and incident information.

We observed, and people told us they received safe care from staff who knew them well. There was a safeguarding policy in place and the registered manager, and staff knew how to identify and report concerns. The service had enough staff to meet the needs of people using the service. Staff had been recruited safely and pre employment checks carried out.

Risks to people had been assessed and updated in people's care plans when their needs changed. Medicines were administered safely by trained members of staff. Staff had received an induction and training to enable them to meet people's needs. Supervisions, appraisals and competency assessments for staff were carried out. Staff felt supported by the senior team.

We observed staff wearing personal protective equipment (PPE) appropriately. Staff had access to PPE and there were effective infection control measures in place.

People's nutritional needs were met, and additional support was given as required. The food provided was fresh and nutritious. Staff were kind and caring and people and their relatives confirmed this. We observed staff responding to people's needs with dignity and respect. People and relatives knew who to speak to if they had any concerns or complaints to raise.

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. However, we have made a recommendation about the current mental capacity assessments in place as they had been ticked for multiple decisions rather than assessed for 1 specific decision at a time.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at the last inspection
This service was registered with us on 4 February 2022 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home 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.

Recommendations
We have made recommendations in relation to the management and analysis of accident and incident information and completing mental capacity assessments for people which are decision specific relating to 1 decision at a time.

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.

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|---|---|
| **Is the service safe?**<br>The service was safe.<br>Details are in our safe findings below. | **Good** |
| **Is the service effective?**<br>The service was effective.<br>Details are in our effective findings below. | **Good** |
| **Is the service caring?**<br>The service was caring.<br>Details are in our caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was responsive.<br>Details are in our responsive findings below. | **Good** |
| **Is the service well-led?**<br>The service was not always well-led.<br>Details are in our well-led findings below. | **Requires Improvement** |

# Brook Meadows 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 2 inspectors. An Expert by Experience carried out telephone calls to relatives of people using the service following the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Brook Meadows House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Brook Meadows House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 18 January 2023 and ended on 27 January 2023. We visited the care home on 18 January 2023.

What we did before the inspection
We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 5 people who used the service and 12 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, deputy manager, clinical lead and senior staff. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us. We received feedback from 3 professionals who visited the service regularly.

We reviewed a range of records. This included 5 people's care records and 4 people's medicine records. We looked at 5 staff files in relation to recruitment, and a variety of records relating to the management of the service, including audits and safety checks.

Following the inspection
We continued to seek clarification from the registered manager to validate evidence found. We looked at training, complaints and quality assurance records.

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.

Assessing risk, safety monitoring and management

- Risks to people had been assessed. However, information relating to people's moving and handling was not always available in people's care plans. This information was documented on a comprehensive handover form which was shared on every shift and contained information relating to people's moving and handling and equipment requirements.
- Staff had received appropriate training to enable them to use equipment confidently. One staff member said, "Manual handling training is carried out online and face to face to ensure we feel confident in our role."
- The registered manager told us they reviewed all accidents and incidents weekly and actions taken, however we found no systems in place for the analysis of accidents and incidents which would identify any trends, themes, patterns occurring within the service.

We recommend the provider seek advice and guidance from a reputable source about how the management of analysing accidents and incidents within the service can be further developed to identify trends and themes to prevent future reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and the CQC and had taken appropriate steps to investigate concerns raised.
- Staff had undertaken safeguarding training and knew how to identify and report any concerns. One member of staff said, "I would report my concerns to a team leader or go higher to senior management. We have posters in the staff room, the office and in the Hub. I would contact the local authority or CQC if I needed to."
- People told us they felt safe. One person said, "I feel safe here, I am happy with everything."
- Relatives told us they felt their loved ones were kept safe from harm. One relative said, "[Name] is safe and it's a great home." Another relative said, "[Name] is definitely safe, I have never noticed anything bad."

Staffing and recruitment

- Recruitment procedures were robust and appropriate checks were carried out including references and Disclosure and Barring Services (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helped the provider make safer recruitment decisions.
- The registered manager told us they were able to be flexible with the staffing around the home and utilise staff where dependency levels were greater at any one time.

● We received mixed feedback from people and their relatives around having enough staff. One person told us, "Staff do struggle a bit sometimes but there is usually enough staff around." One relative said, "I don't think there are enough, but it is probably meeting the ratio." Another relative said, "It's a settled group of staff, there were a lot of agency staff, but you see less now."
● Staff were observed answering people's call bells in a timely manner and nobody had to wait long for assistance.

Using medicines safely
● Staff had received training in safe medicine management and were assessed as competent before administering medicines.
● Where people were required to have their medicines administered to them covertly, the appropriate guidance and consents had been followed and obtained. Covert medicines are given in a disguised form usually in food or drink.
● The registered manager had a system in place to ensure regular checks of medicines were carried out. The deputy manager completed a monthly audit identifying any concerns and actions needing to be taken.
● We carried out checks of boxed medicines held on the medicines trollies and the amount in the boxes reconciled with the total amount recorded on the Medication Administration Records (MAR).

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 supporting people living at the service to minimise the spread of infection.
● 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 responding effectively to risks and signs of infection.
● 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.

Visiting in care homes
● The provider's approach to visiting was in line with government guidance and there was no restriction to visitors at the time of inspection. One person told us, "I can have visitors whenever I want."

Learning lessons when things go wrong
● Prior to our inspection the local authority had identified that not all accidents and incidents had been reported appropriately to the relevant safeguarding authority. We found the registered manager had learned from this and accidents and incidents were now reported when required.

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

- Pre-assessment documentation had been completed for people living on the ground floor prior to joining the service. The registered manager said, "I receive the enquiries, I would then make contact with the person and invite them or their representative to come and have a look round the home talk through their needs and initially make a decision if we are able to support the person. We then carry out a face to face assessment with the person or their representative."
- Information was provided by external professionals to support the assessment process for the first-floor units. A team leader told us, "We have a meeting to discuss admissions to the assessment units. We have a list of people and go through their care requirements to ensure we can meet their needs. On occasion the information we receive does not always reflect the person's level of care requirements on admission to us which can be a bit problematic at times. However, we use a multi-disciplinary approach to overcome any barriers."
- People staying on the assessment units, their length of stay ranged from a week to several months. People were encouraged to maintain their daily living skills and the assessment unit had a separate kitchen where people were supported to carry out daily tasks. For example, food preparation and making a drink.
- One person told us, "My independence has improved since being here, I now need less support and I am mostly independent. I am just waiting for accommodation."

Staff support: induction, training, skills and experience

- Staff received training relevant to their role. This included an induction and shadowing of more experienced staff until they felt confident. One member of staff said, "I had previous experience in caring for people. During my induction I shadowed an experienced member of staff for 3 shifts. The team leaders are always there for advice and support."
- New members of staff had been supported in completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received regular supervision and told us they felt valued and supported. One member of staff said, "I find it a useful two-way conversation." Another said, "I mentioned I would like some training and it had been arranged for me following my supervision."

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

- People were supported to eat a balanced diet and to stay hydrated. We saw drinks of choice being offered, hot and cold food options available and alternative food choices offered if people did not like what was on

the menu. One person said, "The food is great, if I don't like something on the menu, they [kitchen staff] will make me something different."
● Relatives were generally complimentary about the food at the service. One relative said, "The food is cooked fresh at the home and [name] is happy with the quality and the quantity." Another relative said, "The food always looks good. They [carers] give [name] what they want. They always offer [name] drinks."
● Staff told us, "Some people may have different dietary requirements, have trouble swallowing and need to be assisted which can take a while but you cannot rush someone. Or a person may ask for something different, in which case we would let the kitchen know and they would make something else for the person."
● The clinical lead told us, "I am planning to walk round with the chef to meet all of the people using the service and aim to introduce a quality questionnaire to obtain people's views. This feedback will be used to listen to what we are doing well or not so well, the chef and the kitchen team will know where improvements need to be made."
● We found the mealtime experience for people differed on the ground floor to the first floor. On both floors the dining tables were not laid. On the ground floor where people were living with dementia the mealtime experience for people appeared more socially engaging, appropriate music playing and staff interacting well with people.
● On the first floor people were seated waiting for their meals to be served in the dining area. Staff were queuing in the kitchen whilst waiting for meals to be dished up and taken to people's bedrooms. It did at times become very noisy and distracting as conversations had about what meal choices people were having were quite loud. There appeared to be less attention paid to the people in the dining area and due to the noise levels made it difficult for people to engage socially and fully enjoy the experience.
● Following the inspection the registered manager told us they were introducing mealtime observations. These will be undertaken by the chef, registered manager and the deputy manager to ensure people's mealtime experience improves. New menus were in the process of being completed, equipment had been ordered and, all dining tables will be laid 15 minutes prior to mealtimes on delivery of the new equipment.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The service worked effectively with other professionals. For example, when people's needs changed, they made referrals to health and social care professionals to ensure people received the support they needed.
● The service had created a room on the first floor (the hub centre) where professionals were able to base themselves and work from. This also enabled professional support and guidance to the service on a daily basis. For example, if a member of staff had concerns regarding a person's mobility, they told us they were able to speak to an occupational therapist present in the building which provided reassurances to staff.
● People's care plans contained information regarding their physical health. Daily handovers took place 3 times a day which supported the sharing of information about people and their health and care needs.

Adapting service, design, decoration to meet people's needs
● The environment was accessible to people using the service including the garden. Although we found on the ground floor supporting people living with dementia it lacked dementia friendly signage which may help people move independently from one area to another.
● People's rooms were in the process of being personalised. We saw on the ground floor a person's bedroom door had been personalised and the deputy manager told us this would eventually be completed for everyone downstairs if they wished, the aim was for people to be able to identify their personal and private space.
● Feedback from people's relatives was the care home felt very clinical, it did not feel like a care home and there was no relative lounge area to sit and have a coffee with your loved one, lacking a homely feel.
● The registered manager told us, "We have a project in progress, whereby people from a local scheme will

be coming into the home to paint murals on the unit walls for decoration. we are looking to make improvements to signage and wayfinding on the ground floor which includes personalising people's bedroom doors."

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. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in MCA and understood the importance of gaining consent from people. One staff member said, "I always ask people what they would like, offer people a choice of what they would like to wear, offer meal choices."
- The service had applied for DoLS applications in line with best practice. Mental capacity and best interest assessments had been completed for people who lacked capacity to make decisions about their care and treatment. However, we found multiple decisions ticked for people on 1 form, rather than 1 specific decision assessed and discussed at any one time.

We recommend the provider seek advice and guidance from a reputable source about use of the most current and up to date MCA forms, and ensure decision specific MCA's are completed for people who lack capacity to make certain decisions about their care and treatment.

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

- People were happy and relaxed in the company of staff. People told us staff treated them well and they felt respected. One person told us, "All staff are respectful to me and treat me as an individual, they are kind and caring."
- Relatives told us, "The care staff are very kind, they make a fuss of [name]." And, "They [staff] know [names] likes, dislikes and treat [name] as an individual and understand when things need to change."
- Staff spoke positively about their roles and the people they cared for. One member of staff told us, "I make sure I see every person, they all know me. I am here to look after people, I love my job."
- The registered manager told us, "We do not discriminate, we work with a diverse staffing group and support a diverse range of people."
- People's care plans included details of people's preferences and choices. Where a person's representative held Lasting Power of Attorney or Power of Attorney for a person this was documented as them being the decision maker for their health and welfare. However, we received mixed feedback from relatives about their involvement in their loved one's care plan. Comments included, "I haven't been involved in [names] care plan since they have been in the home." And, "We have discussed [names] care plan and the home are managing it."
- People's care plans had a communication form where staff updated relatives with information regarding changes to their loved one's care and support needs. Relatives told us, "Communication from staff is hit and miss. We are not always told what happens when it happens, but I find out eventually they may just be busy." Another relative told us, "Atmosphere is quite nice and welcoming, and they always try to keep us up to date."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. We observed staff knocking on the door before entering people's rooms and asking a person if they wanted to wear a clothes protector before having their meal.
- Staff understood how to promote people's privacy and dignity. One staff member told us, "I encourage people to do as much as they are able to and support them. I always knock on their door, introduce myself, make sure I have everything to hand, I keep people covered with a towel, ensure their door is closed and talk to them to put them at ease."
- People and their relatives told us they felt their loved ones were treated with dignity and respect. One person told us, "I am independent mostly, staff support me when I need it and respect when I want to be left alone." One relative said, "They show [name] dignity and respect."
- The service promoted people's ability to remain independent at mealtimes by serving finger foods which

enabled people to eat independently and at their own pace. People's care plans confirmed this was their preferred way of eating, and we observed people eating really well with finger foods.

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

- People's care plans were person centred. They considered aspects of people's care, including preferred name, health, mobility, personal care and nutrition and hydration. One person's care plan stated, "I will often call for help or use word [name of word]. This may mean I need assistance to the toilet, or something to eat."
- Staff understood about using a person-centred approach when supporting people. Staff comments included, "I ensure the people who use our services are at the centre of everything I do. I display kindness to them and respond to their needs." And "I look at the person as a whole, speak to them, spend time with them, learn their ways and what they are comfortable with, and understand every day may be different."

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.

- The service identified people's information and communication needs by assessing them and recording in their care plans for staff to be aware of how to support each individual.
- The registered manager told us, "At times we support people from different ethnic backgrounds." An example was given of a person where they have access to a translator if required to overcome any language barrier. "Documents can be made available to people in large print or easy read format in particular around foods and menus. We also provide welcome packs, and our complaints procedure all in large print."

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

- We saw some visitors during the inspection and were informed by people and relatives they were able to visit their loved ones anytime.
- People were engaged in various activities, either independently or with the activity lead. We saw an activity board displayed with information about what activities were taking place around the home. We saw hand massages taking place, music playing, and people were singing along. People had access to their own electronic devices to stay in contact with others. As part of the activity programme a hairdresser visited the home weekly.
- One person told us, "There is always something going on. [Name of staff member] is in charge and they are very good. Something to do most days. I enjoy the quizzes which we have often."

● Relative feedback we received was mixed. One relative told us, "[Name] still enjoys dancing and they [staff] help them to dance when [name] can." Another relative told us, "[Name] enjoys watching television, they [staff] encourage [name] to attend and get involved in the activities in the home." And, "[Name] has never been involved. If [name] could sit in on an activity but not be involved, it would provide stimulation."

Improving care quality in response to complaints or concerns

● The registered manager had a system in place to record and respond to complaints, to ensure action was taken to address people's or relative's concerns in line with their complaints procedures.

● People and relatives told us they knew how to make a complaint, however we received mixed feedback from relatives in relation to the service's response to complaints.

● One relative told us, "I know the manager. Communication was an issue; I had a meeting with a senior and the social worker around communication and it has improved since." Another relative told us, "It's been really good so far, they keep us informed. [Name] seems happy. I can't think of anything bad to say." And, "I know who the management are, I have spoken to [name] about certain things which need to happen regularly. We are still in the same situation where it doesn't happen."

End of life care and support

● The service was not currently supporting anyone at the end of their life at the time of this inspection. However, people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in their care plans and these included the persons lasting power of attorney responsible for health and welfare decisions.

● The senior staff had received end of life training, people's end of life wishes were discussed either at assessment stage or on admission. One of the team leaders we spoke with told us, "I have received end of life training, if a person or relative wishes to discuss with us, we complete a peace plan with the persons wishes documented. The palliative care team really support us, and the GP would carry out regular visits."

● We saw 1 persons advanced care plan completed, this included the persons preferred place of passing and future medical intervention.

Requires Improvement

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager had an ongoing service improvement plan for improving systems and processes to improve the quality of the service. However, whilst there was no impact on people, we found minor concerns in relation to mental capacity assessments, relative involvement and accident and incident analysis, which the registered manager and providers quality assurance processes had not picked up.
- Arrangements were not always in place for gathering people's and others views about the quality of the service provided. Relatives told us, "I have not had an invitation to any relative meetings. We filled out a questionnaire when [name] moved in but nothing since." And "There are meetings arranged and then they are cancelled but not rearranged."
- The registered manager recognised communication needed improving between the service and people's relatives. Following the inspection, the registered manager told us they were introducing monthly telephone calls to relatives which would be documented, this was to obtain feedback and answer any queries or concerns, enabling a more open dialogue.
- Staff were complimentary about the registered manager, and senior team and told us they felt supported. Comments included, "It is a good place to work, I feel supported, the managers are always there for us. We work as a team and support each other." And, "I feel supported, the team are positive and upbeat. I work with a good team."
- Staff told us they were kept updated of any changes through staff meetings, handovers and supervisions. One member of staff told us, "There is usually a good few staff who attend. From the house keepers, the kitchen and care staff, we all have a discussion and raise any issues with each department."
- Relatives and people's feedback were generally positive about the management of the of the service. One person told us, "I know who the registered manager is, they walk round, I can talk to them at any time." Relatives comments included, "The home is well managed. It is running smoothly now." And, "I know the manager, I have met them and spoken to them. [Name] is approachable."

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 registered manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

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

outcomes for people

● There was a positive culture at the service. The home felt relaxed and had a calm atmosphere. We saw people and staff had good relationships whilst interacting together. One person told us, "The staff are very good, you only have to ask, and it is done. I have an appointment to attend, I only mentioned about a haircut once and [name] booked it for me straight away."

● Staff understood the importance of providing good quality care to people. One staff member said, ""I have a passion to provide person centred care to people, empowering people from all different diverse backgrounds."

Working in partnership with others

● The service worked in partnership with many external professionals such as the local authority, occupational therapists, physiotherapists, district nurses and GP's. This was to ensure people received the right care, treatment and support individual to them.

● We received positive feedback from visiting professionals. Comments included, "We have a good working relationship, there are enough staff and staff know what they are doing." And, "From what I have seen staff have always answered call bells in a timely manner when I have been with people and seemed very accommodating when asked for assistance. Staff have been polite and supportive with handovers to what a person needs."

● The registered manager was passionate about improving links with the local community. The service was already involved with a local school and a 'making it work' team, whereby the service had provided employment to vulnerable adults.