

CareTech Community Services Limited

CareTech Community Services Limited - 7 Russell Hill

Inspection report

Russell Villa
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Date of inspection visit:
23 August 2019
29 August 2019

Date of publication:
09 December 2019

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

CareTech Community Services Limited- 7 Russell Hill is a residential care home providing accommodation and personal care to adults with learning disabilities and autism.

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

The service was a large house, bigger than most domestic style properties. It was registered for the support of up to 11 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The provider strove to ensure people participated in activities they enjoyed, that improved their wellbeing and helped them to stay in touch with their families despite some considerable difficulties. Staff produced, detailed and holistic plans of people's care and worked hard to devise creative ways of communicating with people. There was a clear complaints procedure and the registered manager ensured these were responded to appropriately. The registered manager took reasonable action to determine people's end of life care needs.

The provider took thoughtful action to maintain people's privacy and dignity, often in difficult circumstances. Staff ensured people's equality and diversity was respected and promoted. The provider was creative in ensuring people were involved in decisions about their care and empowered them to share their experiences of using the service and living with their conditions to others. The provider worked hard to encourage people to develop their independent living skills.

The provider ensured people were protected from the risk of abuse and risks to people's health and safety were assessed and mitigated. There were enough staff available to provide people with personalised care. Pre-employment checks were conducted with candidates to ensure they were safe to work with people. People's medicines were managed safely and the provider acted reasonably to protect people from the risk of infection. Accidents and incidents were investigated and staff learned from these.

People's needs were assessed before they moved into the home and care was delivered in line with current standards and professional advice. The premises were appropriately designed and decorated to meet

people's needs. The provider ensured people's health and nutritional needs were met and they had access to healthcare services.

The provider ensured morale was high among staff took action to engage and involve people and staff in the running of the service. The registered manager understood and acted appropriately in accordance with their responsibility to be open and honest. The registered manager and care workers understood and fulfilled their roles. The provider assessed the quality of the service and took appropriate action to improve the quality of care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 3 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally 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 ●

CareTech Community Services Limited - 7 Russell Hill

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 conducted by a single inspector.

Service and service type

CareTech Community Services Limited- 7 Russell Hill is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 23 August 2019 and ended on 24 October 2019.

What we did before inspection

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

During the inspection-

We spoke with two people who used the service about their experience of the care provided. We spoke with six members of staff consisting of the registered manager and five care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality monitoring documents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies and procedures. We spoke with three relatives of people using the service and one professional who regularly visited the service.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- The provider conducted specific, personalised risk assessments and devised innovative ways of managing these with people. Records showed individualised risk management guidelines were in place for particular risks that people were prone to as a result of their specific conditions and behaviours. Both the registered manager and care staff had observed people's behaviours and noted their individual triggers for these. We identified examples where the registered manager and care staff had spoken to people about how they could work together to manage triggers to their behaviours and had developed some innovative ways of managing these.
- The registered manager and care workers were thoughtful and proactive when considering the risks to people's care. They gave us examples of subtle behaviours they had observed as well as their thoughts about how these could manifest. Staff took pre-emptive action to discuss potential risks before they could manifest.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from abuse. People and their relatives told us they felt safe with care workers and they trusted them. One person told us "I feel safe here."
- Care workers demonstrated a good understanding about how to recognise signs of abuse and what they were supposed to do to help prevent abuse. They confirmed they had received annual safeguarding training and records confirmed this. One care worker told us "We work really closely with people and observe their behaviour. I would know if something was wrong and would definitely report this."
- The provider had a clear safeguarding policy and procedure in place, which confirmed the care workers understanding of the procedure they were supposed to follow in the event of concerns.

Staffing and recruitment

- The provider ensured they had sufficient numbers of suitable staff in place to meet people's needs. We observed people had one-to-one care or more and care workers had time to give people personalised and attentive care. People, their relatives and care workers confirmed there were enough staff to provide people with the care they needed.
- The provider conducted appropriate pre-employment checks before staff started working at the home. We reviewed four staff files and requested further information as part of our review. We saw evidence of at least two references, a full employment history, criminal record checks which were repeated every two years as well as staff member's right to work in the UK.

Using medicines safely

- Medicines were managed safely. Clear records were kept of the administration and management of

medicines. Records demonstrated that people were correctly given their medicines and they had clear medicines care plans in place. Protocols were in place for 'as required' medicines.

- Care staff had a good understanding about their responsibilities to safely administer people's medicines and they had received annual training in order to do so.
- The provider had a clear medicines administration policy that supported safe practice. We saw this was up to date and included details of staff responsibilities.

Preventing and controlling infection

- The provider took appropriate action to protect people from the risk of infection. Care staff wore Personal Protective Equipment (PPE) such as gloves and aprons where needed and had separate colour coded equipment for different areas of the home.
- The provider maintained a high level of cleanliness within the home. We observed the home was clean and tidy throughout our inspection and staff were regularly cleaning different areas of the home. Infection control was monitored and audited daily by a member of staff who took responsibility for this.

Learning lessons when things go wrong

- The provider learned lessons when things went wrong. Accidents and incidents were recorded on specific forms along with the actions taken in response to these. Lessons were learned through discussions with care workers and specific risk assessments were put in place to manage future risks.
- The registered manager and care workers had a detailed knowledge about incidents that had occurred in the past. One care worker gave us an example of an incident that had occurred more than two years ago and told us what they had learned as a result of this.

Is the service effective?

Our findings

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

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

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

- The provider assessed people's needs and choices and conducted appropriate preparations before people moved into the home. People visited the home to meet staff members along with other people using the service and if they were satisfied, they visited for a weekend. If this visit went well, people visited for a trial period of one week to decide whether they wanted to move in. The registered manager told us the process often took about three months to ensure staff fully understood people's needs and their interactions with other people before they moved in. Preliminary care plans were devised after a full handover from the previous place of care as well as conversations with family members and this was developed on an ongoing basis.
- The provider ensured people's care was delivered in line with up to date standards and legislation. Policies and procedures were in place in numerous areas, including safeguarding and medicines administration, among others, and these were updated annually to ensure they reflected up to date legislation. The provider ensured staff training was up to date to reflect current practice and where specialist advice was required, they sought advice from registered healthcare professionals. We saw people's records included contact details for mental health specialists and hospital specialists in relation to their specific health conditions.

Staff support: induction, training, skills and experience

- The provider ensured staff were provided with the support they needed to perform their jobs well. Care staff were given an induction that followed the principles of the Care Certificate and care workers told us they found this useful. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. New care workers were supported to pass their induction with the assistance of a 'learning champion' who was available to answer any questions about the service and provide support.
- Care workers were provided with ongoing face to face training in specific subjects relating to people's health conditions among other matters and we saw evidence of this. Care workers were encouraged to undertake advanced training in areas such as autism and were to specialise in a subject and take ownership of staff development in this area. The home had a safeguarding lead and a dignity lead among others who led discussions in team meetings. Care workers were also required to do six monthly 'policy knowledge checks' to ensure they were familiar with all policies and procedures that were in operation within the home.
- Care workers received ongoing support through two monthly supervisions and annual appraisals of their performance. Records indicated that they were asked specific questions in relation to their performance and any requirements they had and these were met. The provider ensured care workers were supported with

their own needs, including mental health support where this was requested.

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

- People were given appropriate support with their nutritional needs. People had clear care plans in place which stipulated whether they had any specific nutritional requirements as well as their likes and dislikes in relation to food.
- People were supported to maintain a diet they enjoyed. Care workers conducted weekly online purchases with people and took people outside to purchase further ingredients for meals. Care workers supported people to be involved in the preparation of their meals as far as they were able and knew people's likes and dislikes in relation to food as well as their nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with healthcare professionals and social workers to support people and maintain their health. People had access to professionals such as dentists, mental health specialists and hospital teams in relation to their specific health conditions.
- The provider had access to video enabled clinical support, 24 hours a day, for non-emergency situations, where they required medical advice. The aim of the service was to provide early intervention and prevent unnecessary admissions.

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

- The premises and environment were designed and adapted to meet people's needs. Corridors were wide enough for easy wheelchair access, but at the time of our inspection nobody using the service was using a wheelchair. The home was pleasantly decorated and people had made their own pictures to decorate the home.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives and to have access to healthcare services in line with their needs. People and their relatives confirmed that care staff ensured they attended hospital appointments and we saw records to confirm this. People had separate health files which included full details of their medical conditions and specific care plans in relation to each of their medical needs. We spoke to care staff and they understood people's conditions as well as the signs and triggers for these.
- The provider encouraged people to live healthier lives. One person was encouraged to exercise and to eat a healthier diet. Since moving into the service they had lost weight and had increased their level of activity.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the provider was meeting the requirements of the MCA and authorisations were in place to deprive people of their liberty where these were required.

- Most people using the service had relatives who were legally authorised to make decisions on their behalf and the provider had paperwork to attest to this. One person using the service did not have a legally authorised representative, but did have a family member who was regularly consulted in relation to their care. They also had a DoLS in place for their own safety, which had been legally authorised by the local authority.
- Care staff understood the importance of obtaining people's consent before providing them with any support. We observed care workers asking people for their permission before they supported them. Care workers confirmed they had received training in consent and the MCA and records confirmed this.

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

Respecting and promoting people's privacy, dignity and independence

- The provider prioritised people's privacy and dignity whilst also prioritising their wishes. For example, one person enjoyed taking baths for extended periods of time, with the bathroom door open. Care workers ensured the person's wishes were fulfilled, whilst maintaining their dignity, by encouraging them to use a bathroom that was within a separate wing of the home, away from other people's bedrooms and ensuring they were not disturbed by other people using the service. We were warned about the person's preferences during our inspection and were requested not to disturb them. Another person had experienced a difficult situation that effected their care. Their social worker told us "These have been unusual and exceptional circumstances, and [the] team has ensured that [the person's] dignity has been maintained throughout these difficulties."
- The provider advocated on behalf of people to ensure they received consistently dignified care. We identified one person who was unable to access funds to continue leading a good quality of life. The provider therefore gave this person financial assistance to undertake activities whilst continuing to work with other agencies to resolve the situation.
- The provider went to great lengths to encourage people to develop their independent living skills. People were encouraged to do as much as they could for themselves in all areas of their lives. This included conducting housekeeping tasks, eating and drinking independently and performing their own personal care among other matters. We reviewed the file of one person who required assistance in every aspect of their lives when they moved into the service. At the time of our inspection the person had developed in their ability to eat and drink independently, manage their own personal care and get dressed among other matters. Staff had worked closely with the person to increase their confidence and ability to conduct tasks independently.

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

- The provider used creative ways to involve people in making decisions about their care. One person's health was at risk if they drank too much liquid. The provider therefore worked with them to create a clock watching system whereby the person could work with the care worker to calculate how much they had drunk and when and whether it would be safe for them to take their next drink. As a result, this person had not had an incident regarding their fluid intake for over a year.
- People were empowered to share their experiences of their condition and using the service. Two people had been supported to attend an event that was run by the local authority and had been supported to speak in front of a large audience. The shared experience had brought both people together and allowed them to increase in confidence.

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

- People were treated exceptionally well and given considerate support. People and their relatives gave positive feedback about the care provided. One person told us "I'm happy here" and another person said "Staff are very helpful." Relatives were also complimentary about the level of care. Their comments included "They are doing a brilliant job. I am absolutely thrilled with them" and "They are kind and caring. Everyone's happy." We observed care workers were constantly engaged in conversation or conducting activities with people. We heard them encouraging people and asking questions throughout our inspection. For example, we observed one care worker encouraging a person whilst they were drawing and we saw this person's artwork had been displayed within the home.
- People's equality and diversity was respected and promoted where possible. The registered manager and care workers asked people which occasions and religious festivals they wanted to celebrate. These were not always specifically aligned with a religion and staff did not make assumptions about people's preferences. The types of occasions people liked to celebrate were Christmas, Halloween, Diwali and their birthdays among others. One care worker told us "We ask people what they would like to celebrate. We don't assume anything. Just because one person follows a religion, doesn't mean they follow all the rules or they don't want to celebrate other festivals."

Is the service responsive?

Our findings

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

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

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

- The provider went to considerable lengths to help people to avoid social isolation, take part in activities they enjoyed and to stay in touch with their families. For example, the registered manager had advocated on behalf of one person who wished to be reconnected with their relative to be granted the funds to have their relative flown to see them. The visit had increased the person's wellbeing and brought happiness to their relative. The provider had arranged for another relative to be driven over 100 miles in order to see another person using the service, which had brought happiness to the person using the service and their relative.
- People were encouraged to develop their confidence by participating in activities they enjoyed and their achievements were celebrated. People attended outdoor activities such as bowling, bike riding, going to the gym or a sensory day centre as well as indoor activities which included using their sensory room. One person was initially resistant to attending activities outside the home as they were fearful of encountering members of the public. Care workers gave us examples of how they reassured this person in order to attend activities on a daily basis, which improved their wellbeing.
- The provider celebrated people's unique achievements as well as staff achievements through presenting them with framed certificates, displaying these and celebrating the occasion with a party. One person using the service had been celebrated for their artwork and another person was celebrated due to their participation in the service's newsletter. People were also involved in presenting certificates of achievement to staff for the work they did and presented these at an in-house presentation ceremony. We saw certificates and pictures of events were displayed within the home and this demonstrated their pride for their work. One person told us "I got a certificate for my cycling. It felt very nice to get this. I've put it on my wall. We had a party when I got my certificate. They made roast chicken and we had drinks."

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

- The provider produced detailed, personalised care plans which reflected people's individual needs. This included any specific risks to their health and safety which could emanate in any area of their life as well as their nutritional needs, social or emotional needs or their sexuality. People's care plans contained specific advice in relation to each area of their lives and care staff had a good understanding of this. For example, some people using the service had complex sexualised thoughts and behaviours. We found their care plans contained clear information about the history of these, any possible risks as well as clear advice for care workers.
- Care workers had a detailed knowledge about the history and current presentation of people's needs. We found care staff were inquisitive about people's behaviours and undertook careful observations to determine their needs. For example, one care worker noticed that one person was uncomfortable with

certain noises when outside. They arranged for the provider to purchase a music player for the person to wear when outside the home, for their own comfort. Since wearing the device, the person had become more enthusiastic about leaving the home which had increased their wellbeing.

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 were encouraged and supported to develop their communication skills. Where people could not communicate verbally, we saw they had care plans in place which included detailed information about how they expressed themselves. One person using the service had considerable difficulty in expressing their needs. Care staff had received training in 'Enabling communication through sensory, intensive interaction and engagement' and 'augmentative and alternative communication'. They had used the techniques obtained through this training to work with the person to develop their Makaton signing skills, but had also learned to understand the person's unique signs. One care worker gave us examples of signs the person had developed to express their emotions.
- The provider ensured the AIS was complied with. We found the provider had produced numerous documents in an easy read format to assist people to understand these. This included the complaints policy as well as their care documentation.

Improving care quality in response to complaints or concerns

- The provider supported people and their relatives to make complaints and they took appropriate action in response to these. People and their relatives told us they did not have any complaints about the service, but would feel comfortable speaking to the registered manager about any concerns they had.
- We reviewed the provider's complaint records and saw one complaint had been received in 2019. We saw detailed of communications with the complainant about how they could work together in the future to meet their needs as requested. Communications indicated that the complainant was grateful for the response and suggestions made.

End of life care and support

- The provider took appropriate action to explore and document people's needs in case they were required to provide end of life care. At the time of our inspection, nobody was in receipt of end of life care. However, they had asked questions about people's spiritual needs and their requirements and would use these to inform their actions in the case of a sudden death. The provider had invited representatives from St Christopher's hospice to speak to relatives about their work and how they supported people at the end of their life. The registered manager confirmed they were still waiting for responses to questions from some relatives and they were working to identify people's needs in a sensitive manner.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- The provider promoted a positive culture that empowered people and staff and achieved good outcomes for them. People and staff were supported to aim high and develop their skills further. People were supported to develop their independent living skills and to access activities. Staff worked with people to identify triggers for behavioural issues and to develop strategies for managing these safely.
- Staff were empowered to take ownership of the running of the service, to develop their skills in different areas as well as to meet their own personal goals. Staff were given advanced training in different modules and were celebrated for their achievements. The registered manager told us "People have said you can't do this or [a person using the service] can't do that, but we always ask why. I have never been given a good reason why we can't do more."
- People were supported to improve their lives through achieving specific goals. We identified examples of people who had dramatically improved their independent living skills and were participating in activities they were unable to attend when living at previous services. Relatives told us their family members' behaviour had changed since living at the service. One relative told us their family member was "More relaxed than [they] have ever been before." We noted an example of one person whose behaviour had resulted in a dramatic decrease in incidents of challenging behaviours since settling into the service and their relative confirmed this.

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 understood their responsibilities to be open about and honest when things went wrong. The registered manager ensured notifications of significant events were reported to the CQC as required.
- The provider ensured investigations into complaints, accidents and incidents and safeguarding matters were conducted and that these were reported to the relevant bodies as required. We reviewed the providers records in relation to these and found matters were being investigated and reported in line with their responsibilities.

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

- The registered manager and other staff were clear about their roles and understood their responsibilities. The registered manager empowered staff by delegating responsibilities in various areas of the service, but ensured they had the training, skills and support to conduct these, whilst ensuring they met their

obligations. The registered manager was also clear about regulatory requirements and her aims for the service.

- Care workers and other staff had a good understanding about the requirements of their roles and what they wanted and were expected to achieve. They gave us good examples about their roles and one care worker told us "Our job is to help people live their best lives."

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

- The provider ensured people, staff and their relatives were fully engaged in the running of the service. The provider conducted two types of staff meetings every two months. They conducted a 'staff forum' meeting in which developments within the service were discussed and also conducted a 'client update' meeting in which staff members provided updates about people's development, their needs and any issues. People were present at these meetings and were involved in updating all staff about their needs where they were able to do so.

- The provider conducted a 'parents forum' in order for family members to receive updates as well as 'client meetings' which were held every two months and led by people using the service. Client meetings were recorded by staff who supported people and topics of discussion included activities, food and other areas. Attendees of the most recent parents forum included two former mayors and the provider's Chief Executive Officer who spoke with parents and staff to obtain their feedback directly. Staff assisted people to attend the meeting where they had difficulty in attending alone. For example, a member of staff picked up one relative and dropped them off home after the meeting.

- The provider engaged senior staff in the running of the home by introducing the 'care work' for a day initiative. This involved inviting senior leaders within the organisation to work with care workers in order to support people and gain a greater understanding of people's needs and the work taking place at the service. This created stronger links between senior management and care workers at the service.

- The provider also produced engaged and involved relatives and people using the service by conducting an annual survey of people's view and producing a monthly newsletter. People's relatives gave good feedback about the newsletter and one relative told us "It makes me feel like I haven't missed out on anything. It's really nice to see what [my family member] has been up to."

Continuous learning and improving care

- The provider monitored the quality of the service to improve the care provided. Various audits were undertaken in different aspects of the service. This included infection control, medicines management as well as a comprehensive care plan review to ensure all care records including risk assessments were up to date.

- The provider also undertook a comprehensive annual review of people's care as well as monthly 'key worker sessions' in which various aspects of people's care and their preferences in relation to their care were reviewed.

Working in partnership with others

- The provider worked in partnership with external professionals as well as staff from other homes in order to share learning. Care records included evidence of numerous communications with other healthcare professionals and we saw their advice was incorporated into people's care plans. We also saw evidence of 'client conferences' which were held with people using other services run by the provider in order to share learning and for people to share their views.