

HF Trust Limited

HF Trust - Phillippines Close

Inspection report

Phillippines Close
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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

HF Trust - Phillippines Close is a residential care home providing personal care to people living with a range of learning disabilities. Some people were also living with physical disabilities and/or autism. The service can support up to 16 people in two separate buildings, each of which have separate facilities and is set on a site which is shared with a day service, offices and supported living accommodation owned by the same provider. On the day of our inspection, there were six people living in one house and eight people in the other.

The service had been built and registered before Registering the Right Support (RRS) had been published. However, the provider had been developing the service 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 building design fitted into the residential area. 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

People received care and support in a safe, caring and homely environment by caring competent and experienced staff. People were relaxed and told us they were happy with the food and the activities provided. People had all their healthcare needs met and their independence was promoted. All feedback was positive from people and staff.

There were enough safely recruited and suitable staff to meet people's needs. People felt safe and all environmental and individual risks to people were managed. People were protected from abuse and avoidable harm. Medicines were managed safely and in line with good practice. Accidents and incidents were managed appropriately, lessons were learnt and used to make improvements.

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 treated with dignity and respect. Care was person centred, met people's needs and achieved good outcomes. No-one was receiving end of life care, but people's wishes were known or being explored. People and relatives could make a complaint if they needed to and were involved in their care.

The quality and safety of the service was ensured by the provider. There was a positive and caring culture of continuous learning. The manager had made improvements to the service since being in post and had been supported by the operations manager and provider to do so. Care workers told us it was a good place to work and they were supported. The provider supported people to get involved with campaigns to improve the lives of people living with a learning disability.

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.

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 24 January 2019) and there were multiple 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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

HF Trust - Phillippines Close

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 carried out by two inspectors.

Service and service type

HF Trust – Phillippines Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 in process of registering with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last 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. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with four members of staff including the operations manager and three care workers. The manager was not

available on the day of inspection therefore we spoke with the operations manager.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality survey results. We received feedback from one health and social care professional.

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

At our last inspection the provider had failed to ensure people were protected from abuse and improper treatment, that systems were operated effectively to investigate, and action taken as soon as they are alerted to alleged abuse. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems and policies were in place to protect people from abuse and avoidable harm. The manager worked in line with local safeguarding policies and procedures. At the last inspection safeguarding concerns had not always been reported and acted on. At this inspection all allegations of abuse were reported to the local authority and to the Care Quality Commission (CQC). These were effectively investigated, and appropriate action was taken by the provider to ensure people were protected from any further harm.
- Staff including agency staff had received training in safeguarding people and were confident the manager would listen and act upon any concerns raised. Staff understood their responsibilities to safeguard people and were aware of the signs of abuse. Staff knew who to inform if they witnessed or had an allegation of abuse reported to them.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely, and people received their medicines as prescribed. There were appropriate systems in place to order, store, administer and dispose of medicines safely. Since the last inspection people's medicines were now kept in a lockable cupboard in their bedrooms. The operations manager told us this had reduced medicine errors as there was less distraction for staff.
- Since the last inspection guidelines were in place for all 'as required' medicines such as pain relief and 'homely remedies' which ensured staff knew when people needed these medicines.

- Regular checks and audits were completed by the manager and provider to ensure people received their medicines safely. At the last inspection medicines had not always been stored at the right temperature. At this inspection regular checks were completed to ensure that medicines were stored at the right temperatures.
- Staff administering medicines had their competency checked regularly to ensure medicines were managed safely. New staff had training and their competencies checked before they could give medicines. Good practice guidance was available to staff.

Assessing risk, safety monitoring and management

- People told us they felt safe. Risk assessments were in place to provide guidance to staff about how to reduce the risks to people. Individual risks to people were identified, assessed and managed safely, for example around managing one person's stoma care. A stoma is an opening in the abdomen to enable faeces to be diverted out of a person's body and collected in a bag. There was clear guidance for staff to follow to reduce the associated risks of stoma care such as developing sore skin.
- At the last inspection there was a lack of risk assessment for one person with behaviour that challenged. At this inspection people had positive behaviour support plans which informed staff of any risks.
- Environmental risk assessments were in place to ensure the environment was safe. Equipment checks were used to ensure equipment remained well maintained, safe to use and clean. All the necessary health and safety checks were completed, for example around fire, water temperatures, fridge and freezer temperatures. All the required health and safety certificates were in place, for example around gas and electrical safety.
- Fire safety was managed. Fire risk assessments showed that actions identified had been completed. Fire drills had been held and people had personalised emergency evacuation plans to provide guidance on the support people needed in these circumstances.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. People's required staffing levels for their dependency needs had been assessed and kept under regular review. The provider used an electronic system to ensure all commissioned hours were provided. Rotas evidenced enough staff were deployed to meet people's needs. People were supported by a consistent staff team, there was some use of agency staff and when needed regular agency staff were used.
- People told us they received care when they needed it. For example, one person told us, "At night I call out if I need anything and staff come."
- Safe recruitment systems were in place and staff were recruited safely. All the appropriate pre-employment checks were completed by the manager to protect people from the employment of unsuitable staff. Disclosure and Barring Service (DBS) background checks were in place for all staff. DBS checks help employers to make safer recruitment decisions.

Preventing and controlling infection

- The service was clean. The manager and provider ensured infection control checks and audits were completed.
- Staff had received training in food hygiene and infection control. Information about how to prevent the spread of infection was present in the service. Personal protective equipment was available and used by staff.

Learning lessons when things go wrong

- Accidents and incidents were recorded, monitored and action taken to prevent a reoccurrence. Staff could describe the process for reporting incidents and accidents. Individual needs had been identified and acted

on. For example, one person had fallen when supported to use the toilet. Their care plan was reviewed, and they were now supported by two staff when receiving personal care to prevent a reoccurrence.

- The provider had good oversight of accidents and incidents through the operations manager. The operations manager was alerted for every incident and accident and ensured appropriate action had been taken. This now included incidents of behaviour that challenged.

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 now 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

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).

At our last inspection the provider had failed to act in line with the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- Staff were aware of the principles of the MCA and clear guidance was provided to them within people's care records. Care records promoted people's rights and documented consent. For example, consent had been sought for taking photographs of people and for specific health checks. The manager was clear when people's relatives could consent as they had a Lasting Power of Attorney (LPA) in place. An LPA is a legal document that lets the person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.
- Where people were deprived of their liberty the manager worked with the local authority to seek authorisation for this. No conditions were set with the authorised DoLS. Decision specific mental capacity assessments were completed, and a best interest process followed in relation to decisions about people's care and treatment.
- At the last inspection there was a lack of recording of decisions made in people's best interest. At this inspection there was clear guidance in people's care records relating to how to support people to make

decisions. Where decisions were made in people's best interest a clear process had been followed. This considered the various options available, benefits, disadvantages and risks and what was important to the person.

- Staff understood people's verbal communication, body language, gestures and behaviours to establish whether consent to care was given and their day to day choices. People were provided with easy read information about MCA.

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

- People's needs were fully assessed and included the expected outcomes from their planned care, so staff could support them effectively. For example, people were supported to learn new skills to develop their independence around their daily living.
- Best practice guidance and well-known assessment tools were used to plan people's care. For instance, around positive behaviour support which takes a least restrictive approach to supporting people with behaviour that challenges. This helps support workers to identify the cause of the behaviour to help the person effectively. For instance, the person maybe communicating they were upset or in pain.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. This included for example, people's needs in relation to their sexuality, culture and religious practices. Staff completed training in equality and diversity.

Staff support: induction, training, skills and experience

- Staff had an appropriate induction to the service; their role and people's needs which included a combination of training and working alongside experienced staff. New staff had an assessment of their skills to identify any support or training they needed. Any identified needs from this were used to produce a personal development plan. Competency checks were completed with new staff around people's finance and medicines to ensure people were supported by competent staff.
- Staff, including agency staff, had received appropriate training and regular updates to support people. Service specific training was provided to support people's individual needs. For example, the administration of rescue medicine for epilepsy and signing awareness training. There was a system in place so that when staff required a training update, this was arranged.
- Staff were competent, knowledgeable and skilled in their roles and could answer any questions we asked about meeting people's needs. Staff felt supported by the manager and received regular supervision, competency checks and performance reviews.

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

- People's nutrition and hydration needs were fully assessed. No-one living at the service had any specialist dietary needs. One person was at risk of choking. There were guidelines how to support the person and assessments for this. Where chosen people cooked with staff support and the kitchen was open planned to promote people's involvement. Information was provided to people around simple recipes, healthy eating and food hygiene.
- Some staff were concerned people's preferences were not met as people were not always involved with menu planning and shopping. This was because there had been more shopping done on-line recently. We spoke to the operations manager about this who informed us people can be involved with either on-line or supermarket shopping as they chose to be, and some people did go shopping with staff. Staff spoke to people with another person to build the menu. There were menu plans in the dining areas to inform people. People could choose where they ate and who with.
- People told us the food was good and they were asked to make choices. One person said, "Staff offer stuff all the time and get it for me, I don't like to make things myself. Drinks and fruit were always available for people. One staff told us, "There is a very good variety of food here. Residents can ask for different things

and we will do it for them."

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

- People were supported to maintain good health and were referred to appropriate health and social care professionals as required. The manager and staff worked closely with other health professionals and agencies to ensure people's needs were met. For example, with specialist nurses and occupational therapists. People were supported to attend health appointments and detailed records were maintained for these appointments, for example with their GP, dentist and chiropodist.
- People's healthcare needs were well managed. For example, information was shared about one person's needs around their specific illness with the day centre. Hospital passports were in place. These are documents to help provide important information when a person is admitted to hospital. For example, how the person wished to communicate and any allergies they had.

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

- The provider ensured people's needs were met by the service's facilities which were accessible and comfortable and met people's needs. For example, everyone had their own en-suite bathroom but could access a larger assisted bathroom if they needed. There were communal areas in the service where people could watch television, engage in activities or socialise with other people. There was access to outdoor spaces and sensory gardens.
- People's rooms were personalised, and people told us they were happy with their bedrooms. People had their own belongings and equipment such as televisions and music systems, so they could spend time alone if they wanted to with their chosen activity. We saw that people's rooms reflected their personal interests and preferences and met their needs.
- People had access to two vehicles they could use, although there was also use of public transport.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy with their care and support. One person told us, "The staff are really good, they help me because I can't manage by myself, the staff are kind."
- Staff were patient and caring with people and showed compassion. We viewed positive, friendly and respectful interactions throughout the inspection. For example, people regularly approached staff to ask for something, staff understood their needs and reassured them. One person was concerned they would not have some money for a library book later in the week and staff reassured them they would.
- People's emotional needs and wellbeing was planned for and reviewed in their care records. People's needs around equality and diversity were identified and met, for example, around their religious beliefs.

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

- Staff showed a good understanding of people's needs and preferences. One staff told us, "Every resident here likes to do certain things and we are aware of what that is." People were engaged in their care and the service, and staff supported people to express their views. People and relatives were asked about their views on their care in care plan reviews.
- Information was also gathered informally through day to day conversations and formally through meetings. House meetings were held where people were involved with planning, for example what food they wanted for a barbeque and choosing colours to decorate a room.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, listened to people and respected their choices. Staff upheld people's dignity when providing personal care for example by shutting doors.
- People's confidentiality was supported and information about people was held securely.
- People were encouraged to maintain their independence where possible. For example, one person was involved with checking the temperature their medicines were stored at. Other people were supported to do their own laundry. People had recorded goals of things they wanted to achieve to increase their independence. For example, making their own hot drink.

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.

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.

At our last inspection we recommended the provider sought advice and guidance from a reputable source regarding providing information to people in a way they understand, and which complies with the accessible information standard. The provider had made improvements.

- People's communication needs were known and understood by staff. People's care plans included details which helped new and unfamiliar staff learn about how people expressed their needs. Clear guidance was given to staff how to best support people to communicate their needs. For example, by not using leading questions. People had 'communication passports'. These were documents to help ensure all aspects of people's communication needs were met. For example, around their vision and hearing along with how they communicate and understand information. Some people had limited verbal communication. Staff knew these people well and could understand their needs from their body language, signs and gestures.
- Information was shared with people and where relevant, available to people in formats which met their communication needs. For example, visual aids and pictures were used around the service about the planned events, activities and menus. People had easy read pictorial support plans where required. One person had a 'chat book' to help staff to start a conversation with them.

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

- People's care was person centred. Care plans included detailed information about people's preferences and what was important to them, their life history and how best to support them to meet all their needs. For example, one person was supported to manage a subscription to a national wildlife magazine in line with their interests. People's care was regularly reviewed and updated in their care plans to reflect their changing needs.
- At the last inspection people's care plans did not include clear guidance for staff on how to support people with any behaviour that challenged. At this inspection people had positive behaviour support plans for staff to follow which included people's triggers and proactive strategies to manage their behaviour that challenged. The providers behaviour support team supported the staff team to support people in the least restrictive way possible. This had resulted in effective outcomes for people. For example, through identifying

triggers and better planning the team had been able to prevent incidents of behaviour that challenged between two people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them, for example family could visit at any time. People were encouraged to keep in touch with their loved ones. For example, one person's care plan detailed how they were supported to telephone their sister. The service actively promoted people developing friendships and relationships with their house mates and outside of their home by introducing them to clubs.
- People were enabled to participate in various social and leisure activities within and outside of their home to meet their individual needs and interests. People either choose to go to a day centre or decided what they wanted to do within the community or the service. For example, one person went to the day centre on site for pottery and music classes, to college to develop their IT skills and various social clubs within the community.
- People told us they enjoyed their activities. For example, one person told us they liked doing jigsaw puzzles and another person told us they had enjoyed playing bingo at the day centre. People were supported to achieve their goals. For example, one person had been to watch various sporting events they liked. Another person had planned to watch a London musical.
- In line with 'registering the right support' people were part of their communities, they used local facilities and accessed community health and leisure facilities. People chose where they went and what they did.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place for people, relatives and visitors. One complaint had been made since the last inspection and had been dealt with appropriately.
- Easy read Information was available for people to support them to make a complaint. People were supported to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up. Advocacy services were promoted on notice boards within the service.

End of life care and support

- The service was not supporting people at the end of their life. People's wishes and arrangements for their end of life care were considered in their care plans. This meant staff had the necessary guidance they would need to support people in line with their wishes if a person became unwell or died unexpectedly.

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; Continuous learning and improving care

At our last inspection the provider had failed to ensure there were effective systems in place to assess, monitor and improve the quality and safety of the service; and to maintain accurate and complete records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection records around people's care, medicines and safety checks were not accurate and up to date. At this inspection records were up to date, accurate and complete.
- At the last inspection quality audits were not always completed or had failed to identify and/or act on required improvements. At this inspection quality assurance systems, such as audits, checks, and daily monitoring were used effectively to monitor all aspects of the service. The manager completed regular audits on the service for example, health and safety, care plans, safeguarding and compliance with MCA and DoLS. These audits were checked by the operations manager. Actions were identified as a result and used to make improvements. There was a service development action plan which was kept under regular review and shared with the team through meetings.
- The governance framework had ensured the delivery of high quality and safe care. Risks had been identified and mitigated. The manager reported on any performance issues regularly to the operations manager. The operations manager in turn reported to the provider to ensure they had good oversight of the quality of the service. There was a clear drive on improvement by the manager and operations managers and this was supported by the provider investing in the resources needed to ensure improvements could be made. For example, further training and support for staff around positive behaviour support.
- The operations manager and the providers quality and compliance team were a regular presence in the service. They completed audits and monitored feedback to ensure any improvements needed were made. The service had received a recent monitoring review with local authority commissioners and had addressed the actions identified.
- Action was taken from surveys and feedback to make improvements. For example, the operations manager had identified from surveys that communication could be improved and had acted by introducing a monthly newsletter to inform relatives of any changes within the service.

- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their ratings at the service and it was on the provider's website.

At our last inspection the provider had failed to notify us of all allegations of abuse. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The manager and provider clearly understood their role and responsibilities and had met all their regulatory requirements. All incidents reported were monitored for outcomes and lessons learnt.

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

- There was a visibly caring, person-centred culture in the service. The operations manager demonstrated a strong commitment to ensuring they provided person centred and high-quality care and was responsive to feedback during our inspection. Feedback from people and staff was positive and highlighted good care for people. For example, one agency staff said, 'From every home I work with, this is the best. The way they take care of the residents is really good.'

- Feedback about the manager and operations manager was positive and care workers said they were supportive and approachable. One staff said, "They are approachable, I haven't had any concerns. I will go to them and they will be concerned, they will listen and help if they can. I love it here, it's a good place to work."

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 law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The manager and provider understood their responsibilities in respect of this and had informed the relevant people of any incidents or accidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and those important to them were engaged with the service. Regular meetings were held with people regarding the day to day running of the service and with individuals to review their care. Annual quality surveys were completed with relatives and health care professionals to gain their feedback. These showed positive feedback for the provider. For example, all respondents strongly agreed that the service worked in partnership with them to achieve the best life possible for people.

- Staff told us they had staff meetings where they could raise any concerns or ideas. The staff and management team worked in partnership with other agencies to ensure people's needs were met in a timely way. For example, health and social care professionals and service commissioners.

- The manager had improved their links with the local community through working with the local school to

support their public events. For example, people and staff had run stalls at school fairs.

- The service was involved with the provider's campaign, 'Walk in our shoes' which called on politicians to spend time with people living with a learning disability, and hear what life is like for them. The local MP had met with people and spent time understanding the issues that concern them. For example, the need for increased training for learning disability nurses. This also led to a question being raised in parliament about how they ensure people living with a learning disability can vote.