

Royal Mencap Society

# West Cornwall Support Services

## Inspection report

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

West Cornwall Support Services is a supported living service which supports people with learning disabilities and autistic people. The service supports people living in 15 different settings in Cornwall. Some settings were houses in multiple occupation where people had their own bedrooms with shared cooking, lounge and bathroom facilities. The other settings consisted of flats and houses where each person's accommodation was self-contained.

At the time of our inspection 44 people were being supported by the service, 21 of whom received support with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

#### Right Support:

People were protected from abuse and staff understood how to report safeguarding concerns to the local authority. Risks had been identified and appropriately mitigated. Staff knew how to keep people safe while promoting independence.

Medicines were managed safely, and staff understood current infection control guidance.

The service supported people to become more independent and gain new skills. People had taken on responsibilities within their homes and were supported to access work placements.

The service appropriately supported people to raise concerns about their environment with housing providers.

Staff empowered people and respected their decisions. Staff were able to communicate effectively with people who were able to change their minds in relation to planned events.

#### Right Care:

People's capacity to make decisions had been appropriately assessed. Where individuals lacked capacity and there were restrictions to their freedoms, these issues had been reported to the local authority for authorisation by the Court of Protection.

People's care plans were accurate and informative. They provided staff with enough guidance to enable them to meet people's individual needs. There were systems in place to ensure people's needs and preferences were fully understood to enable successful transitions.

People got on well with their support staff and were confident requesting help when needed. Staff encouraged and supported people to become more independent and enabled people to engage with a

variety of activities and interests. People were supported to maintain relationships important to them and to meet with friends and relatives regularly.

#### Right Culture:

Relatives were complimentary of the care and support people received and people were happy spending time with their staff.

Staff had been safely recruited and staffing levels were sufficient to meet people's needs. Specific staffing challenges in 2 of the 15 setting meant agency staff were being regularly used. There was a recruitment programme underway and additional support had been given to the team in one setting to help address and resolve issues between members of the staff.

Quality assurance systems were effective. Staff told us they were well supported and able to access guidance and advice when needed.

The registered manager was appropriately supported by a team of managers whose individual roles and responsibilities were well understood by staff and relatives.

The service learned when things went wrong. Changes had been made to systems and procedures following incidents to prevent similar events reoccurring.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for the service was Good (published 9 January 2019). At this inspection the rating remained good.

#### 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.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# West Cornwall Support Services

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. 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

This service provides care and support to people living in 15 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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.

There was a registered manager in post at the time of the inspection.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we intended to visit a number of

settings and needed to gain consent before visiting.

Inspection activity started on 1 June and ended on 9 June 2023. We visited the service's office and specific settings on 1 and 6 June 2023.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection as part of the planning process. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We visited 5 settings and met with 10 people who the service supported, 13 staff and the registered manager. We also spoke by telephone with 10 people's relatives.

We looked at records relating to people's care and the management of the service. This included 4 care plans and associated risk assessments, medicine administration records (MARs) and staff recruitment and training records.

We also reviewed information about the management of the service and quality assurance audits. This information was reviewed in detail after the site visit. We also sought written feedback from 5 health and social care professionals.

# 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 good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People's care plans included sufficient guidance to enable staff to identify and manage known risk. This included risks in relation to the environment, people's specific support need and medical conditions. Staff were confident they had access to enough information to enable them to keep people safe.
- Staff had received training on how to support people when upset and anxious. They described how specific techniques were used to support people's needs and said, "We all have good knowledge of the protocols and know what to do". Care records showed and staff confirmed that physical restraint techniques were not used.
- Personal emergency evacuation plans (PEEPs) had been developed for each person detailing the support and assistance they would require in the event of an emergency evacuation. Evacuation drills had been done to test emergency plans and fire safety audits had also been completed.
- One person's risk assessment documentation had been reviewed and updated recently in response to an incident that had occurred. These risk assessments now gave all staff sufficiently detailed guidance to enable them to meet the person's specific support needs.
- Where manual handling equipment was needed, the provider had systems in place to ensure this equipment was regularly checked and serviced to ensure it was safe to use.

### Using medicines safely

- People were supported to access their medicines safely and as prescribed. Medicines were stored safely in people's own rooms and staff encouraged and supported people to take charge of their own medicines. Relatives told us, "They follow the doctor's guidelines, and give [the medicine] at the right time" and "[My relative] takes their epilepsy tablets independently with supervision".
- Where staff managed people's medications, medicine administration records had been accurately completed and creams dated on opening.
- Where people had been prescribed medicines for use 'As required' there were protocols in place detailing the situations in which these medicines should be used. When 'As required' medicines were used records were maintained of why they were used and their effectiveness.
- Medicines audits had been completed in all settings and any discrepancies identified had been investigated and appropriately resolved.

### Systems and processes to safeguard people from the risk of abuse

- People were comfortable in their own homes. In each of the settings visited staff were attentive, kind and caring. People told us "[The staff] are looking after me" and relatives were complimentary of the care and support staff provided.

- Staff had a detailed understanding of local safeguarding procedures and knew how to externally report safety concerns. Staff were confident people were safe and that any concerns they reported to management would be acted upon. Staff comments included, "People are safe" and "I would say the people we support are safe. We do our best to keep them safe while allowing them to live".
- There were appropriate procedures in place to support people with their money and ensure they were protected from financial abuse. Where staff made purchases on people's behalf, receipts were maintained for all expenditures.
- Staff supported people to access the internet and social media applications safely and as independently as possible.

#### Staffing and recruitment

- People's relatives were confident there were sufficient staff available to meet people's needs. Their comments included, "[My relative] has the same carers as far as possible and has a good relationship with staff. Some have been there a long time and there is a core group of staff [My relative] likes" and "On the whole yes staffing is fine. I have no particular concerns, [My relative] continues to do their activities. There are no recurring issues or cancellations".
- The service had enough staff to meet people's support needs and most settings were appropriately staffed. The service overall vacancy rate was below 10 %. Staff told us, "We seem to have enough staff", "[The setting manager] seems to have sorted the rota so we have the right staff at the right time" and "Staffing levels are pretty good at the moment".
- In 2 settings the service was experiencing significant challenges with recruiting and retaining staff. In these settings, agency staff were used to ensure people's needs were met. Rotas confirmed safe staffing levels had been consistently achieved and the relevant setting manager's told us, "I will categorically say that we have not under supplied. We have always had enough staff". Staff from these settings said, "At the moment we have quite a lot of agency staff" and "We are coping re staffing, we have a few shortfalls so we have agreed a way forward so all the shifts are covered".
- The registered manager had a good understanding of the background and different causes of the staffing challenges in each of these settings. Plans had been developed to address and resolve both situations and a targeted recruitment programme had been developed.
- The providers recruitment practices were safe. All required checks, including Disclosure and Barring service checks had been completed to ensure prospective staff were suitable for employment in the care sector.
- There had been a significant number of staff disciplinary investigations as a result of a breakdown of relationships in the staff team at 1 setting. Each concern raised had been fully investigated and addressed. Additional support, guidance and mediation had been arranged to help diffuse and resolve these issues. Although limited progress had been made the provider continued to engage positively with the staff team to prevent issues impacting on the quality of support people received.

#### Learning lessons when things go wrong; Preventing and controlling infection

- The provider had systems in place to ensure learning was identified from any accident or incident that occurred. All accidents and incidents had been documented, investigated by managers and where possible changes were made to systems to prevent similar events reoccurring.
- We were assured that the provider had systems in place to protect people from infection control risks. Staff understood how to manage infection control risks and current guidance was being followed.
- The provider recognised the adverse impact of the restrictions associated with the COVID19 pandemic on people's wellbeing. People were supported to remain in regular contact with their relatives and friends and visiting was actively encouraged. Relatives' comments included, "[My relative] visits us once or twice a week" and "[My relative] comes home for one night a week and a carer picks [them] up next morning so we keep in

contact". Staff said, [People's relatives] come here a lot, one set of [relatives] were here just before you arrived".

# 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 our last inspection this key question was rated good. At this inspection this key question has remained 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The registered manager and the managers of all of the settings visited had a good understanding of the MCA and best interest decision making processes.
- Where freedoms were restricted and people lacked capacity to consent to these restrictions these issues had been appropriately reported to the local authority. Applications had been made to the Court of Protection for the authorisation of these restrictions and the service had acted in attendance with subsequent orders. One setting manager told us, "All the DoLS orders have expired. I have told the council and they are in the process of addressing this."
- The provider had worked with relatives, appointees and staff to ensure any decisions and choices made by the service were in people's best interest. There were appropriate systems in place to document these decision-making processes. One person's relative told us, "They considered [My relatives] rights versus [their] best interest with me".
- Staff understood the importance of enabling people to make as many decisions as possible for themselves and consistently supported people to make choices about how time was spent. When necessary, staff offered encouragement before seeking consent to provide support.

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

- The provider had systems in place to ensure people's needs were assessed and fully understood before the service agreed to provide support. The provider aimed, wherever possible, for staff to work with people in their previous homes and for people to visit their new homes as part of any transition process. This helped ensure successful transitions as people's needs and expectations were fully understood.
- The provider had become concerned that people's changing needs meant some settings were no longer

suitable for the people living there. Alternate accommodation in the local community had been identified and the registered manager was working collaboratively with relatives and commissioners to support people to move to more suitable accommodation.

- People held their own tenancy agreements. The service supported people to raise and where necessary challenge housing providers to ensure people's accommodation was suitably maintained. People had decorated their rooms in accordance with their individual preferences and staff told us they had supported people to paint and redecorate their homes.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge necessary to meet people's needs and support their independence. Records showed training had been regularly updated and staff told us, "I have to say the induction and the modular training they provide are some of the best I have seen", "My training is all up to date" and "There is loads of training, it is on line and you can opt into additional courses".
- People's relatives were complimentary of the staff team who they were confident had the skills necessary to meet people's needs. They told us, "[The staff] are well trained and give exceptional care" and "They provide a good service".
- There were robust induction training procedures in place to ensure all new staff had the skills needed to support people. One recently recruited staff member commented, "The training was really good, I really enjoyed it. Then I was shadowing and learning about the different individuals I would be working with. It was really good". Staff new to the care sector were supported to complete the care certificate during their probationary period. This package of learning has been designed to ensure new staff have a good understanding of current best practice.
- Staff consistently told us they were well supported by their managers who were approachable and on hand when needed. Staff comments included, "I do see the manager regularly" and "[The setting manager] is always saying if you need anything just ring me". The frequency of formal staff supervision processes varied between different settings based on staff needs and the complexity of the individuals they supported.

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

- People told us, "I help out with making dinner". Records showed people were supported to prepare hot and cold drinks when they wished and had been involved in menu planning and meal preparation.
- Relatives were confident staff understood choking risks and supported people safely at mealtimes. Their comments included, "[My relative] does their own meals", "[My relative] shops weekly to choose meals, with guidance [from staff]" and "[My relative] is at risk of choking. Staff are very good and aware [of this risk]".

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

- People had been supported to access health care services when needed and advice received was acted upon. Staff worked collaboratively with health care professionals to enable people to access regular health check-ups and appointments as needed.
- There were plans in place to ensure people's support needs were met in the event that admission to hospital was necessary. Relatives told us, "[My relative] was in hospital earlier this year and the carers stayed with [them]" and "At the moment [My relative] has to go to hospital for weekly blood tests. Staff have put in the time and care to encourage [my relative] to go."
- Feedback from health professionals included, "Overall there appears the willingness to accept support from our service and improvements have been made in people's lives".

# 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 our last inspection we rated this key question good. At this inspection the rating has remained 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 spoke positively of their staff and were comfortable and confident seeking support when needed. People's comments included, "The staff are nice people" and "The staff are nice". People chose to spend time chatting, joking and laughing with their staff and requested assistance without hesitation.
- People's relatives consistently praised the care with which support was provided. They told us, "I am very happy with [my relatives] care", "Everyone I've heard speaking to [my relative] treat them with respect and kindness. The staff are really sensitive and respectful" and "The staff I know are lovely. [My relative] loves them all. I would know if [my relative] wasn't happy".
- Staff were kind, patient and respected people's achievements, interests and skills. Staff spoke warmly of the people they supported and took pleasure in describing their achievements. Staff told us, "I think people are well looked after, we try to do the best we can for them" and "[My manager] is pretty hot on allowing people their freedom which is a good thing".

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

- People were in control of their own lives and decided what to do and when to do it. Relatives' said, "[My relative] makes their own choices with encouragement", "[My relative] is empowered to be independent" and "I think they are good at supporting independence. [My relative] goes out with a carer into the community. They give [my relative] choice and self-determination".
- Staff recognised that differences in people's communication and sensory needs could restrict staff members ability to perceive the world as individuals did.
- Staff were empathetic and knew how to act to ensure people were able to prepare for events and were not taken by surprise.
- People were able to change their minds and to declined planned activities or care interventions. Staff told us, "[Person's name] is able to refuses things, pushes them away. We respect the decision".

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy and dignity were respected at all times. When people chose to spend time on their own these decisions were respected.
- People were able to control when staff accessed their private spaces.
- People were supported to gain independent living skills and to do as much for themselves as possible. Staff supported people to plan activities and menus. People had taken on responsibility for specific tasks and chores within their homes.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. 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 needs were met and staff understood people's individual likes and preferences. Care plans provided new staff with sufficient guidance to enable them to support people effectively. Staff told us, "The care plans are all right, everything is in place", "The support plans are up to date" and "The care plans are up to date" and "The care plans change with people as they change. The parents are involved as much as possible in the care planning".
- Relatives and staff had been involved appropriately in reviewing and updating people's care plans. Relatives told us, "I have the opportunity to look at his care plans and confirm my agreement" and "We attend reviews and can make adjustments [to the care plan]".
- Appropriate records had been maintained of the care and support people received each day. These demonstrated people's needs had been met and that people were able to exercise control and make decisions.

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.

- People and their support staff were able to communicate effectively together in all of the settings visited. Staff used individualised approaches to meet people's specific needs and were able to explain and describe the meanings of specific gestures and phrases people used regularly. One person's relative told us, "[My relative] struggles to communicate when they are not well. The carers know [My relative] well and can identify if they are not their usual self".
- Staff used tools and communication aides effectively to support people's decision making. Staff comments included, "I just know what [Person's name] is saying", "We try a mixture of things with [person's name] as their hearing is an issue, we use a combination of picture symbols and Makaton" and "[Person's name] loves steam engines. We draw a little track and that helps him understand how long to the next home visit".

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 told us, "I normally go out for my 1:1 support time for coffee and cake, things like that". Care records showed people lived active and varied lives based on their individual interests.
- People regularly participated in; a range of sports including surfing, voluntary work placement, engaged in various craft activities and attended local gigs and other community events. Staff told us "People go out most days, whenever we can", "I go boating with [person name], we went on Tuesday. They are loving it" and "The house is empty most of the time during the day as we are out doing things. It is a busy house".
- Relatives confirmed people lived active lives and regularly participated in a range of activities and community events. Their comments included, "[My relative] is part of the community, they] know everyone" and "[My relative] really enjoys going out with other people in the house and sitting in the lounge socialising".
- Availability of drivers sometimes restricted people to activities accessible from their homes. The provider was aware of this issue and was actively attempting to recruit additional drivers.
- The service had supported people to plan holidays and on trips to important family gatherings. Relatives said, "Staff actively try and support [my relative] to have contact with family. [My relative] has been included in occasions outside of Cornwall, and carers have been happy to stay with [my relative]", "Staff are helping to sort out a visit to [the person's] dad in Northumberland for his birthday" and "[My relative] loves wrestling and staff have booked for her to go and watch a competition. [My relative] is going to a 70s night, and has a weeks holiday booked that [My relative] has chosen".

#### Improving care quality in response to complaints or concerns

- Relatives were confident any complaints or concerns they reported would be addressed and resolved. Their comments included, "We get a few issues and they are usually resolved quickly" and "We have met the setting manager, she is very approachable. We can feedback to care staff also, we don't feel unable to raise any issues we may have. The house is quite open to any suggestions".
- The provider had systems in place to ensure any and all complaints received were recorded, investigated and resolved. Records showed action had been taken and changes made to systems and procedures in response to complaints received.
- The service had regularly received compliments from involved professionals and relatives. Systems for recording details of compliments received were less robust.

# 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 has remained 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

- The provider had introduced additional internal quality assurance procedures into their systems for making notifications to the commissions. These processes had taken additional time and meant that information was no longer being shared with the commission 'without delay'. Following feedback, the provider reviewed these new processes to ensure similar delays did not reoccur.
- The service is required to have a registered manager and there was a registered manager in post. The registered manager was responsible for overseeing the performance of all 15 settings and was supported by a team of 7 setting managers and 2 assistant setting managers. The role and responsibilities of each manager were clearly defined and understood by staff and relatives. Professionals told us, "The registered manager has been very approachable and receptive to concerns we have raised."
- Managers visited each setting regularly and were available to provide support and advice whenever required. Staff told us, "I had a lovely mentor, who was there if I needed [them]", "All the managers seem caring" and "If I have a question I don't hesitate to ask. [The setting manager] is really approachable and easy to talk to. They are quite willing to share knowledge which is nice".
- There was an effective on call system in place to provide support and advice to staff outside of office hours. Team meetings were held frequently and staff said, "We have a monthly team meeting to talk about anything that has changed".
- The services quality assurance systems were robust and designed to drive improvement in performance. Each setting manager completed regular audits and monthly performance reports were shared with the registered manager. Digital tools were used appropriately to monitor records, staff training needs and ensure all incidents were reviewed and audited. The registered manager also completed regular spot checks to monitor the performance of individual settings and there were peer review procedures in place to monitor performance and share best practice between the providers registered services.
- The provider used digital tools for care planning and recording of the support people received. Staff were able to access this information using a secure application on their mobile phones. This enabled staff to complete care records while supporting people in the community. Internet connectivity, the quality of computers available in some settings and access permissions for agency staff meant there were occasions when paper-based records were used. The registered manager was supporting setting managers and staff to ensure information documented on paper was uploaded to the providers digital systems.

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

- Relatives recognised the service was focused on supporting people's wellbeing and independence. They told us, "I get the feeling it's a happy environment. They do the best they can given funding constraints. We feel lucky [our relative] is there" and "[My relative] is happy and considers it as his home. They are always keen to return there".
- Staff were dedicated and committed to enabling people to develop new skills and gain independence. Staff enjoyed their roles and their comments included, "It is one of the nicest places I have been, it does not feel institutional, it is very much supporting people in their home".
- People's relatives were particularly complimentary of the support the service had provided throughout the COVID19 pandemic. Their comments included, "The care during covid was exceptional. I couldn't expect any better care for my [relative]".
- In all 5 settings we visited, people were comfortable in their own homes and appropriately supported by attentive staff. Although there were staff areas in some of the settings, communal spaces were decorated in a homely style and information for staff was contained within their dedicated areas.
- The provider operated a staff recognition scheme to celebrate the contributions of individuals or small groups of staff. Peers and managers were able to put forward individuals for recognition and the hard work of numerous individuals had recently been recognised.

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

- Relatives were confident feedback they provided was acted upon and there were appropriate systems in place to gather information about the service's current performance.
- People were protected from all forms of discrimination and supported to access a range of community groups and work placements.
- The provider and managers valued the staff team. Requests for flexible working arrangements had been looked on favourably and staff told us they had been well supported during periods of illness. One staff member was on a phased return to work programme and was supernumerary on the day of the inspection to support their wellbeing and reintegration to the staff team.

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

- Managers and staff communicated effectively with people's relatives and the requirements of the duty of candour were well understood. Staff told us, "Communication with the families works well" and "I call [person's name's] mum once every couple of weeks to let her know what has been happening. I am in regular contact with all the relatives".
- Relatives said they were kept well informed when significant events occurred and that communication was effective. Their comments included, "If anything really important [happens] they contact me. I feel I can contact them and they ring me back promptly", "I can always talk to [the setting manager] and [they] ring me" and "I know the senior people and feel comfortable contacting them".
- All staff, setting managers and the service's registered manager were open and honest throughout the inspection process. Requested information was provided promptly and appropriate support provided to facilitate home visits.

Working in partnership with others

- The service worked with health care professionals to ensure people's needs were met. Support was provided to enable people to attend planned and any emergency appointments.