CareQuality Commission

Southdown Housing Association Limited

Lennox Court

Inspection report

1-6 Lennox Court
Mitre Close
Chichester
PO19 3DG

Tel: 01243779183
Website: www.southdown.org

Date of inspection visit:
04 October 2021

Date of publication:
02 November 2021

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?	Requires Improvement ●

Summary of findings

About the service
Lennox Court is a supported living service providing personal care and support to six people living with a learning disability. The premises consist of six self-contained flats. There is an office which also serves as a room for staff who sleep-in at night.

People's experience of using this service and what we found
The provider's systems were not consistently effective in providing the registered manager with clear oversight of risks. This meant they could not be assured all risks to people were effectively and consistently managed.

There were enough staff to care for people safely and people were receiving their medicines when they needed them. Staff understood the importance of monitoring incidents and accidents and there were robust systems to safeguard people from abuse. Staff followed safe procedures for prevention and control of infection.

Risks to people were assessed and managed in a way which balanced their safety and right to lead a non-restricted life. There were enough well-trained staff to ensure people were always supported safely. There was a relaxed, friendly and homely atmosphere at the service. Staff ensured people's needs were consistently met and assessed to enable improvements and progress in their lives.

There were effective systems for communication both at the service, and with other agencies to ensure people received the care they needed. Staff were proactive in ensuring people could access health care services and supported them to live healthier lives.

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. We observed staff had positive, sincere relationships with the people they supported.

Support plans were comprehensive and reflected people's views, wishes and aspirations. People were supported to communicate with their relatives and the managers when they were not happy or wanted to change their support.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support,

right care, right culture.
Right support:
• Model of care and setting maximises people's choice, control and independence. People were supported to live as independently as possible at a service which encouraged and inspired people to live full lives. People's properties were respected by staff as private dwellings which enabled them to have dignity and privacy whilst receiving support. Staff supported people to make choices and to remain connected with their family, friends and the local community.
Right care:
• Care is person-centred and promotes people's dignity, privacy and human rights. People were supported to lead full and active lives and to take part in activities that were meaningful to them.
Staff knew people well and we observed people treated with kindness, respect, and involved them in making decisions.
Right culture:
• Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Staff described a positive culture where learning was encouraged.

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

This service was registered with us on 25 November 2019 and this is the first inspection. Previously this was one of many supported living sites the provider had registered under one supported living location. The provider has now registered each site as a separate location.

Why we inspected
This was the first planned inspection for this service.

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 responsive.

Details are in our responsive findings below.

Good 🟢

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 🟠

Lennox Court

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 one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, 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.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since they registered. We sought feedback from Healthwatch, the local authority and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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
People's communication styles meant they relied on staff who knew them well to understand them. It was difficult to obtain people's views regarding the quality of care they received, so we spent time with people and observed their support; this helped us understand the experience of people who used the service. We spoke with four support workers, the registered manager and operations manager. We reviewed a range of records. This included two people's care records, one person's admission record and two people's medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. One relative provided feedback about their experience of the care provided.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● People were safe and protected from harm.
● The provider had procedures in place to safeguard people from the risk of abuse. Staff had completed training in safeguarding adults from abuse. They could recognise the signs of abuse and knew how to report any concerns of abuse.
● We observed people were comfortable with staff and had time to talk with them. Some people were unable to communicate verbally. We observed people's body language and interactions, and these indicated people felt safe and comfortable with the staff supporting them. We observed staff being supportive with their conversations and then checking people's understanding.

Assessing risk, safety monitoring and management
● Risks to people were consistently assessed, monitored and managed to support them to stay safe.
● Some people had risks associated with specific health needs. Risks assessments were clear and detailed and provided staff with guidance on how to support people safely. For example, some people were identified as being at higher risk of falls due to their medical condition. Moving and handling assessments contained clear guidance on how to support people safely. Suitable equipment such as hoists and wheelchairs were available for staff to use and each sling was for one person's use only. This ensured appropriate infection control measures were followed for the use of slings.
● People were supported to make choices and to take positive risks that supported their independence as much as possible. For example, one staff member told us how they had supported a person to start horse riding. They described how much the person had enjoyed the experience and acknowledged the importance of giving people opportunities to try new things and challenges.
● People's finances were kept safe. People had appointees to manage their money where needed, including the Financial Adult Safeguarding Team (FAST). Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure, and people's money was audited daily.

Staffing and recruitment
● There were enough suitable staff to care for people safely. A relative said, "There are always enough staff on shifts whenever I have been present."
● Staff told us staffing levels were consistently maintained. Staff said they could take time to talk with people, which our observations supported.
● Systems for recruitment were safe. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks and supplying suitable references. This meant people were protected from the risk of being supported by staff who were not suitable to work with them.

Using medicines safely

● People were receiving their medicines safely and as prescribed.

● Staff were clear about their responsibilities in relation to medicines and records were consistent and accurate. Only staff who had been trained and were assessed as competent were able to administer medicines to people.

● Some people were prescribed PRN (as needed) medicines. There was clear guidance for staff in when to administer PRN medicines. This meant people had access to their prescribed medicines when they were needed.

● There were safe systems for ordering, storing and disposing of medicines.

Preventing and controlling infection

● People, staff and visitors were protected from the risks of cross infection as the provider had implemented robust infection prevention and control practices (IPC). Staff supported people to maintain their flats in a clean and hygienic way. Where applicable, people were provided with pictorial information about COVID-19 as well as staff encouragement and support to understand the importance of following IPC practices to promote their own safety.

● Staff received IPC training and told us they were supplied with sufficient personal protective equipment (PPE) such as disposable aprons, gloves and anti-bacterial hand gel to prevent the spread of infections. PPE stations were situated throughout the premises to ensure satisfactory access to vital items.

● The provider's infection prevention and control policy was up to date and arrangements were in place for people, staff and visitors to be tested for COVID-19.

Learning lessons when things go wrong

● The registered manager regularly monitored accidents and incidents for any themes or trends. Records kept were of good quality and senior managers reviewed these to ensure preventative measures had been taken in response to any emerging themes or patterns.

● For example, over the period of lock down due to COVID-19, GP appointments occurred over the telephone. This led to communication problems. In order to improve communication with primary health care professionals the registered manager purchased a service smart phone. The device allows staff to have video calls with GPs and other practitioners and can directly involve people in their own health appointments. This has enabled resulted in better outcomes for people.

Good ●

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to have enough to eat and drink and were encouraged to make healthy food choices. Records lacked detail on monitoring people's hydration needs and we have written about this in the well-led section of this report.
● Staff spent time with people to plan their menu choices and supported them to shop for, and cook, their own meals. One staff member said, "[Person] has a trolley connected to the front of their wheelchair. I pass the items if they are out of reach and [person] puts it in trolley. [Person] puts them on the conveyor belt and pays for their own shopping. Having independence is so important and I know it means everything to [person] to keep that independence."
● Staff understood how to monitor and manage risks associated with nutrition.
● For example, one staff member said, "[Person] is at risk of choking, so this is risk assessed and we follow speech and language therapist (SALT) guidance. as [person] needs softer food. The guidance includes how it should be." The person's care records stated their food must have no lumps and this is what the staff member described. They advised the person needed to eat sitting upright and staff should ensure extra time was given during mealtimes. Advice from the SALT team was included in their assessment with clear guidelines. Staff were able to explain signs of choking such as coughing, change of facial colour and general discomfort. They were aware of what to do if choking occurred and this included giving emergency first aid.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs and choices were assessed in a holistic and person-centred way.
● Assessments were comprehensive and considered people's diverse needs, their views and aspirations.
● Support plans included positive behaviour support techniques, with a strong emphasis on giving people choice and control and encouraging involvement. Staff had received training in these evidence-based techniques and understood the importance of this approach. During the inspection we observed staff were following support plans and supporting people to make choices.
● Staff used evidence-based guidance tools to help them assess people's needs. For example, a Malnutrition Universal Screening Tool (MUST) was used to assess risks of malnutrition and supported the development of support plans. A Disability Distress Assessment Tool (DisDat) was used to help staff identify when people who had communication needs were experiencing pain. This provided staff with clear guidance about patterns of behaviour that could identify when a person was experiencing pain.

Staff support: induction, training, skills and experience
● Staff were supported with the training and skills they needed for their roles.
● Training was relevant to the needs of people and included, 'Great Interactions'. This covers basic

communication skills and Makaton signs. Makaton uses speech with signs and symbols to help people communicate. In addition, 10 facilitation skills are introduced which further aid communication, for example, positioning, creativity and touch.

● The registered manager said, "It's how to promote interactions with people. Because you can't get to know somebody without knowing how to interact with them. You can gauge somebody by the facial expression, how they are feeling, whether they want to be left alone. The reflective part is just as important, what went well, or didn't go well and what you could do better next time." Staff commented how this had helped them in their relationships with people they were supporting.

● Staff confirmed they attended one-to-one supervision meetings monthly where they discussed their role, training, development needs and issues relating to their work. Staff told us these meetings were useful and they felt able to discuss any issues openly.

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 access the health care services they needed. Staff worked effectively across organisations to ensure people's care was appropriate for their needs. A relative said, "[Person] has complex health needs and I am always impressed that the staff pick this up quickly and respond in the appropriate way. They spot these changes even though they may not always be obvious to people that don't know [person] well."

● People had regular health care checks and individual health care plans. Hospital passports provided up to date information about people's needs. This meant information was available for hospital staff about people's individual needs including, for example, their communication needs.

● The registered manager used IBIS for people with complex health issues. South East Coast Ambulance Service (SECAmb) Intelligence Based Information System (IBIS) is used to link the Ambulance Service with wider Health & Social Care professionals, so that together they can provide the right care at the right time in the right place. This had avoided hospital admissions which people were known to struggle with.

● Staff told us they provided verbal and written handovers to their colleagues. Documentation included detailed updates about people's health and emotional well being which meant care workers were able to provide continuity of care.

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. 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.

● Consent was sought from people in line with the MCA. Staff understood their responsibilities with regard to the MCA. They had received training and understood the importance of checking with people before providing care and support. We observed staff were talking with people and asking for their consent. Staff were familiar with people's methods of communication and could interpret sign and body language to understand people's wishes.

● Mental capacity assessments were completed for people who lacked capacity to make specific decisions. A relative said, "We have always been kept involved in any decisions regarding [person] when they haven't

been able to make that decision." Where appropriate, decisions were made in people's best interests and had been recorded.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
● Staff showed a caring approach to people. A relative said, "I would describe them as amazing to be honest! The care and support they offer is fantastic. They are empathetic, encouraging, supportive, empowering, understanding and everything else that being a carer entails. I always tell everyone that we are so lucky to have [person] at Lennox Court, because [person] has the best life possible."
● Observations showed people were supported by staff who were attentive to their needs, patient and compassionate. Staff gave people positive reinforcement when they engaged with them. Interactions between people and staff were good and positive relationships had been developed. One member of staff told us, "Working closely with people you get a clear indication of what they like and do not like. [Person] for example, I work closely with, if she doesn't like a certain food, she would push it away. You gauge what they respond to and not respond too. She loves interaction on the floor. Laughs, smiles, reaches out to touch you. After a while she pushes you away which means she is finished with that activity."
● Staff completed equality and diversity training as part of their induction and continued training. The needs of people from diverse backgrounds had been taken into account to ensure people did not experience any form of discrimination and this information was included in support plans.
● Support plans detailed people's cultural and religious preferences. People were supported to practice their faith should they choose to do so. The registered manager said, "Before the pandemic, [person] went to church every Sunday. During the pandemic (when churches were closed, but online) staff have watched the Sunday service on television with [person]."
● Pictorial images were displayed, including photos of which staff were working and what was happening in the service on the day. This helped people in their understanding of who was working, when they were working and what was for that day. This helped support people's well being.

Supporting people to express their views and be involved in making decisions about their care
● People were encouraged to express their views as much as they were able. A relative said, "My husband and I are always kept up to date with planning and reviewing of ongoing care." People were provided with opportunities to talk with staff including their keyworkers. A keyworker is a staff member who helps a person achieve their goals, helps create opportunities such as with activities and may advocate on behalf of the person with their support plan. To ensure all staff were aware of people's views and opinions, these were recorded in people's support plans, together with the things that were important to them.
● The service encouraged people where possible to make choices about aspects of their care.
● Staff supported people to make decisions and understood when to involve families or outside agencies such as independent advocacy to support individuals in the decision-making process.

Respecting and promoting people's privacy, dignity and independence

● People's privacy and dignity were considered and upheld by staff. One staff member said, "If they are feeling sick, we have to consider they may not want to be around others, and they may want to be in their flat. So, we always check this. Always close the door, use the sign, knock on flats before entering."

● Staff told us how they supported people to do as much for themselves as they were able to. They told us about ways they protected people's dignity during care tasks for example by using towels to cover private areas. A relative said, "I cannot rave about them (staff) enough. [Person] has a fantastic life there. They always encourage independence and give [person] choices. This is always evident in how happy and relaxed [person] is there."

● People were supported to have choice and control in their lives. Support plans reflected people's needs and wishes and focused on developing their independence. One staff member said, "For one person they have a plate guard; this enables the person to eat on their own, without a staff member putting their food back on their plate. Another person uses a bespoke spoon, this enables them to put their food in their own mouth, without it falling off the spoon and requiring staff to help. This promotes them being more independent and this is good and essential for them."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People were receiving a personalised service that was responsive to their needs and preferences. A relative said, "I love to see how they interact with all of the people. Definitely a person centred approach."
● Each person had a 'My Plan' specifically designed around their needs, goals and aspirations. These were reviewed regularly by people and staff. A staff member said, "Care provided is centred around the individual and we treat them individually." A relative said, "I believe staff have a very good relationship with [person] as well as the other people. This is shown in the way they respond to the staff. I've observed them interacting and including people with everyday tasks."
● Records included personalised information about people's needs, how they liked their structures and routines, likes and dislikes. This enabled staff to support people in the way they wished. For example, one person enjoyed gardening. Their plan included supporting the person hand over hand to complete their gardening tasks.
● The 'My Plan' review documents produced were in a pictorial, used objects of reference and were in easy to read format to help people understand. Object of reference are objects that can be used to represent a person, activity or place, and will have particular meaning for the person.

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.
● Staff communicated with people in ways they preferred. Some people used Makaton sign language and we observed staff interacting with them. There were pictorial signs and guidance throughout the service and easy read documents to support people with information.
● Some people were using pictorial planners so they knew when they would be doing activities.
● Each person had a communication care plan, which gave practical information in a personalised way about how to support people who could not easily speak for themselves.

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 proactively supported to pursue their hobbies and interests. A relative said, "I think everything around the home is person centred. This was put to the test a bit during the pandemic as [person] really thrives with outside activities and shopping etc, but I think [person] coped well with the resources that were available within the home during this time." People were encouraged to use local

community facilities. We observed staff supporting people throughout the day with activities of their choice.

● Staff supported people to maintain contact with people who were important to them. Some people were able to use technology themselves to connect with family and friends as independently as possible. Where people needed more support, staff provided this.

● The registered manager told us, they fully support the 'Stay Up Late' campaign, which has meant staff will be asked to extend their working day on occasions to enable people to stay at an evening activity for as late as they choose. The registered manager said, "We do that with the theatre, this year [person] went to a festival at Shoreham with a staff member who worked flexibly around that."

● There were no restrictions about when people could have their relatives or friends visit.

Improving care quality in response to complaints or concerns

● Systems were in place to record any complaints or concerns. A relative said, "I have always been able to discuss any issues with [person's] key worker and manager and feel these are responded to in the appropriate manor. I have always found that [registered manager] and the staff follow the correct protocols for all issues." At the time of the inspection, there were no complaints.

● The complaints process was on display within the service. There was an easy read version available for those who needed it.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

● Systems and processes for quality monitoring had failed to identify shortfalls in practices related to the monitoring of hydration and the use of listening devices. Additional information was required to guide staff. These issues had not been identified and addressed by the registered manager or provider as part of their quality monitoring.

● For example, five people had been assessed as dependent on staff for their hydration and without staff support would be at risk from dehydration. Support plans informed staff, people should have their fluid monitored using a fluid chart but did not include what each person's recommended amount of fluid should be, to remain safe. It lacked details of how the fluid monitoring charts were going to be checked and monitored to ensure people were hydrated. They lacked guidance for staff on what to do in the event of fluid being declined and what signs to look out for of possible dehydration.

●The NHS recommend adults to have between 1600-1800mls of fluid a day. This is known as the recommended daily allowance (RDA). The fluid intake records of people who required support to drink showed people often consumed less than 1000mls of fluids a day. Processes were not in place to identify or act promptly when people failed to achieve their RDA.

● Due to staff's knowledge of people, the registered manager gave assurances when fluid was declined people were offered jelly, and other options which would increase the person's fluid intake such as extra milk on cereal. We checked one persons' food intake chart, and this collaborated with what the registered manager told us. The registered manager agreed she was relying on staff doing this, without any formal instruction or guidance. This left people at potential risk of dehydration and other related health conditions.

● Three people had listening devices used at night in the communal areas for staff to monitor their epilepsy for seizure activity. Although best interest meetings and decisions had been made for their use, support plans relating to them lacked clarity. For example, the devices were being used in the same communal area shared by people who lived there. They were visually all the same and were kept close together when in use. It was unclear whose device belonged to who. This meant there could be a delay responding to a seizure. The support plan did not include how people's privacy and dignity would be maintained during their use.

The registered manager took immediate action to ensure the safety, and dignity of people identified as at risk was protected. After the inspection the registered manager shared an updated hydration support plan and device management plan as an example of what they informed us was now in place for each person. This provided staff with better guidance on how to keep people safe and hydrated. The device management

plans improved people's privacy and dignity.

● Quality assurance systems reviewed the quality of the service provided. There was an audit schedule for aspects of care such as medicines, activities, support plans, finance checks, accident and incidents, health and safety, and infection control. Where issues were found, a clear action plan was implemented to make improvements. For example, some care records were reduced in length to make it easier for staff to absorb the information.

● The registered manager was aware of their legal responsibilities in respect of documentation and the need to report significant events. Notifications had been submitted to CQC in a timely and transparent way. Through the completion of the provider information return (PIR) the registered manager demonstrated a good overview of the service and how it continued to meet the required standards.

● There were clear and effective governance arrangements. Staff understood their roles and responsibilities and the registered manager understood and met their legal responsibilities including the duty of candour. They explained they monitored the service by regularly working on shift alongside staff members.

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

● The leadership and culture supported person-centred care and good outcomes for people. A relative said, "It's 100%. I always rave about the service and [person's] care. I think their happiness and confidence speaks volumes."

● Staff were consistent in their praise for the way the service was managed.

● Staff explained their understanding of the vision and values of the service. Comments included, "To ensure its person centred. We are caring and promoting their independence and giving them equality. Trying to get them to enjoy and go out and be part of their community like we would do."

● Overall, staff said their focus was to ensure the care provided was of high quality and people and their relatives were happy. We observed these values demonstrated in practice by staff during the provision of care and support to people.

● Team spirit throughout was good and staff were committed to their work with their colleagues. Some staff commented morale at times was a little low due to COVID-19. Staff said, "Sometimes it can get low, but we are a good team. Sometimes it's a lot pressure, because of COVID. Everyone was scared. We are coming through the other side of that."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

● Relatives were asked for feedback annually through a survey. The operations manager told us, 'Families are usually sent a satisfaction survey each year. However, there was no survey in 2020 due to COVID-19. The 2021 survey will be sent in the next few weeks.' The provider shared previous satisfaction surveys prior to COVID-19, results of which were positive. The survey completed by relatives included their views on the knowledge and skills of staff, support around health and well being, respect shown by staff and how staff responded to concerns.

● Staff said they felt valued and listened to. Staff felt they received support from their colleagues and there was an open, transparent atmosphere. Staff were aware of the whistle blowing policy and knew how to raise a complaint or concern.

● Staff meetings were held monthly. This ensured staff had the opportunity to discuss any changes to the running of the service and to give feedback on the care that people received. Discussion points were mainly around training, shifts, daily recording, people's health, people's activities and COVID-19 updates.

● Staff described a positive and open culture where they felt able to express their views. One staff member said, "They are really, really good (team and management). We are bouncing ideas from each other. If I make

a suggestion, I think I'll take that to the team meeting, we then all discuss it." Staff told us they were able to discuss practice and received constructive feedback to help them to improve.

People were asked about their accommodation, support, decision making and activities. Feedback was positive and demonstrated people were being empowered to lead independent lives.

Working in partnership with others

● Staff worked in partnership with other agencies.

● Staff gave examples of how they worked collaboratively with other services to support people's needs. Records confirmed a proactive approach to partnership working. Health action plans showed referrals had been made to health and social care professionals including speech and language therapists, psychologists, the community learning disability team and behaviour support team. Support plans included advice from other professionals and records showed how information was shared appropriately to promote understanding of people's individual needs.

● Staff recognised the importance of enabling people to maintain their local links and sign posted them to groups and activities that may be of interest to them.