

# Autism East Midlands South Lodge

## Inspection report

South Lodge  
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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

South Lodge is a residential care home providing personal care to six people at the time of the inspection. Each person has their own self-contained apartment within the building, and there are also shared communal lounge, dining and kitchen areas. The service can support up to six people.

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

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

### Right Support

The service supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

People were supported by staff to pursue their interests and to achieve their aspirations and goals.

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms.

Staff supported people to take part in activities and pursue their interests in their local area and to maintain contact with their family and friends.

Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision-making.

People were supported to communicate their needs and wishes, with staff using a diverse range of non-verbal communication. This helped ensure people could play a full part in planning their support and care.

### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity and promoted equality and diversity in their support for people. They understood and responded to people's individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

#### Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People received good quality care, support and treatment because trained staff could meet their needs and wishes.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

This service was registered with us on 2 July 2020 and this is the first inspection.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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 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.

# South Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

This inspection took place on 26 and 28 April 2022. The first day of our inspection was carried out by one inspector and a specialist advisor, who was a learning disability nurse. The second day of our inspection was carried out by one inspector.

#### Service and service type

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

#### Notice of inspection

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

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, the local clinical commissioning group and Healthwatch about 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

We communicated with three people who used the service and three relatives about their experience of the care provided. Not everyone living at the service was able to talk with us, and used different ways of communicating, including body language and signs.

We spoke with 10 members of staff including the registered manager and provider's deputy director and safeguarding lead.

We reviewed a range of records. This included four people's care records and six 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.

# 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 protected from the risk of abuse. Relatives felt confident to raise concerns to the registered manager. One person said they felt safe living at South Lodge and would tell staff if they didn't.
- People demonstrated they felt safe in the presence of staff. When one person became distressed, staff responded in a calm, reassuring and consistent way. The person's distressed communication stopped, as the situation that caused them anxiety had been alleviated by staff who knew them well.
- Staff understood how to recognise and report concerns or abuse. Staff received training in safeguarding and felt confident to raise concerns, both within their organisation and to external health and social care professionals.
- The registered manager reported any allegations of abuse to the local authority safeguarding team and notified CQC about this. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Assessing risk, safety monitoring and management

- People's needs were assessed, and any risks associated with their health conditions documented. These were reviewed regularly and updated when required. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe.
- Risks associated with the service environment were assessed and mitigated. The provider had a system in place for regular checks on all aspects of the environment. This included checks on fire safety systems and the removal of any hazards in the service that posed a risk to people.
- The environment in people's own flats was designed with them to ensure their physical safety and well-being, and also taking into account each person's sensory needs. This meant each person's flat was specifically designed to be a safe environment for them, where they could feel calm and happy.
- We saw that each person could make their own choices about whether to spend time in their own flat, or in the communal areas of the building. For example, one person came out of their flat to check who else was in the shared living areas. When they saw who else was there, they made a decision to go back to their flat. Staff explained that the person occasionally liked to use the shared lounge, but would always check if it was busy or noisy, because they did not like this. Staff explained that, although they were aware of the risks associated with a noisy environment, the person also knew this, so were able to assess the risk themselves and take appropriate action to stay safe.
- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP) with up to date information about people's support needs. This meant staff and emergency services would quickly know how to support people safely.

### Staffing and recruitment

- There were enough staff to keep people safe, both within the home, and when people were out during the day. Relatives and staff felt there were enough staff available to meet people's needs and provide 1-1 support when this was needed.
- On the day of our inspection there were enough staff to support people at the service. We also reviewed a sample of the provider's rotas, and established there were enough staff on each shift to meet people's needs.
- Staff told us the provider undertook pre-employment checks to help ensure prospective staff were suitable to care for people. Additional evidence from the provider confirmed this. The provider ensured staff were of good character and were fit to carry out their work.

### Using medicines safely

- People received their prescribed medicines safely. Staff told us, and evidence showed that medicines were documented, administered and disposed of in accordance with current guidance and legislation.
- People received their 'as and when' (PRN) medication when they needed it. There was guidance in place for people's PRN medicine which told staff when this medication was needed.
- Staff received training about managing medicines safely and had their competency assessed. This included training for PRN medicines that people might need when they went out.
- People were supported by staff and health professionals to reduce the need for any unnecessary medicines.

### Preventing and controlling infection

- The service was clean and well maintained.
- We were assured that the provider was preventing visitors from catching and spreading infections. We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was using PPE effectively and safely. We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting Care Homes

- There were no restrictions on people welcoming visitors to their home and provider was following currently published visiting guidance by the Department of Health and Social Care.

### Learning lessons when things go wrong

- The service had systems and processes to monitor and assess accidents and incidents.
- Accidents and incidents were documented and analysed regularly to assess trends and patterns. This had helped the service to reduce incidents and make improvements to the care provided to people who used the service.
- Where the registered manager or provider's investigation identified care needed to improve, staff were told what was expected of them, and people's care plans were updated to reduce the risk of further incidents.

# Is the service effective?

## Our findings

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

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

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

- People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. For example, staff followed the principles of the STOMP project (stopping over medication of people), which is national guidance to help reduce over-medication of people with a learning disability, autism, or both. This had resulted in people having some medication reduced where this was appropriate, to ensure they could live a good quality life.
- Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans. Staff also had access to current information about a range of health conditions to ensure they were providing the right care.
- Staff completed functional assessments for people who needed them and took the time to understand people's behaviours.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have. For example, mental health needs, communication tools, positive behaviour support, human rights and restrictive interventions.
- Staff could describe how their training and personal development related to the people they supported. Staff also described how their induction helped them to prepare for working with people at South Lodge. Staff induction included shadowing experienced staff and getting to know each person's routines, communication needs and preferred ways of support. New staff also had a mentor; a more experienced staff member to support them with training and learning how each person liked to be supported.
- Staff described how they also did regular refresher training to make sure their skills and knowledge were up to date. Staff told us they had regular supervision, where they could get feedback on their performance and discuss training needs. Staff also said they had checks on their skills to ensure they provided consistently good care. Records we looked at supported this.

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

- People were supported and encouraged to have a varied diet that gave them enough to eat and drink. People told us the quality and variety of the food was good. People told us and records showed there was a varied menu, with options available for people with specific dietary requirements or preferences.
- Meal planning was done with people, and staff used pictures to help people make choices about food and

drinks. Where people expressed views about wanting different options, or different times for their meals, their preferences were met.

- People could choose to prepare and eat their meals and snacks in their own flats, or in the main kitchen/dining area at South Lodge. There were times when people chose to eat together. For example, four people said they wanted to make pizza together. Staff supported them to do this, and people enjoyed trying different toppings for their pizzas.
- Staff assessed people's food and fluid needs and developed appropriate care plans. The service followed the advice of medical professionals to ensure people received a balanced diet, and dietary supplements where this was recommended. One person, since moving to South Lodge, had put on weight. Previously they had been at risk of not having enough food to keep them at a healthy weight. Staff felt the person felt more relaxed and comfortable at mealtimes because they now had their own kitchen and dining area in their flat.

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

- The provider ensured the environment was suitable for people's needs. People were encouraged to make choices about decorating their own flats. Before moving to South Lodge, each person was involved in planning the decoration and furnishings for their flat to ensure they felt safe and comfortable there.
- One staff member said, "The building is better (than the previous service people lived at). It's not as busy or noisy. Each person has their own space, dignity and privacy. They also have space away from other people's behaviour which previously triggered distress or anxiety." A relative said, "They love to have their belongings where they can see them so the flat is ideal – they can personalize their own space."
- Bathing and shower facilities were designed to be fully accessible for everyone, and each person had their preferred choice of bath, shower, or both in their own flats. This meant people were able to make choices about their personal care and promoted independence in bathing and showering.
- Each person's flat was also designed with them to ensure their environment met their sensory needs. For example, one person liked to be able to see most of their belongings, whilst another person preferred a more minimal living environment. Staff felt that, with each person having their own flat, there was less risk of conflict, and people felt safe and happy because they had more control over their own environment.

#### 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 by staff to access healthcare services when required, including annual health checks. People told us they were able to see their doctor, dentist or optician whenever they needed to. Records we looked at confirmed this.
- People had health passports which were used by health and social care professionals to support them in the way they needed. The health passports included information about people's physical needs, as well as their sensory and communication needs.
- Staff we spoke with were familiar with people's health needs, as detailed in care records. Care plans stated what people's needs were and detailed what staff should do to help people maintain their health.
- Staff shared information with each other during the day about people's daily care. Staff also kept notes regarding health concerns for people and action taken. This enabled staff to monitor people's health and ensure they accessed health and social care services when required.

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

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

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and relatives said staff gained permission before offering personal care. Throughout the inspection, we heard staff ask people for their consent when offering care and support and encouraging people to make their own decisions about their daily lives. Staff understood the principles of the MCA, including how to support people to make their own decisions, and how to proceed if the person lacked capacity for a particular decision.
- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people. Conditions associated with people's DoLS authorisations were met and reviewed regularly to ensure they met the principles of the MCA.

# 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

- Relatives felt the staff supported their family members to make choices, listened to them, and respected their choices. Relatives also spoke positively about the caring approach staff had. One relative said, "Staff do accept that they [family member] sometimes repeat things; they just accept that this is how they are, and they're seeking reassurance and communicating. Staff are very patient and good at communicating with them." Another relative said, "They do look after [family member] and treat them very well. They respect how they want to live their life and what makes them happy."
- People looked clean, well presented and at ease in the presence of the staff who supported them. We observed a number of positive interactions throughout the inspection. It was apparent staff knew people well and how best to support and communicate with them. Staff members showed warmth and respect when interacting with people. Staff were also calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- The provider had a range of policies and training in place, which staff were required to understand and demonstrate when providing personal and nursing care to people. By setting out the standards expected of staff, the provider could then check whether staff were supporting people well, respecting their rights and helping them to live the lives they wanted.

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

- People were supported to express their views about their care and daily lives and make their own decisions as far as possible. Staff involved people, their relatives and health and social care professionals to develop personalised care plans that accurately reflected people's needs and preferences. For example, one person was supported by staff to use person-centred social stories to help them understand and make decisions about how they wanted their flat decorated. Their flat was decorated according to their personal style, using the information they shared about likes and dislikes in the social stories.
- People were given time to listen, process information and respond to staff. Staff supported people to express their views using their preferred method of communication.
- Staff clearly understood people well, using appropriate language and making use of each person's likes, dislikes and needs to provide care to each person. For example, one person communicated clearly in their own non-verbal style. Staff had created a communication passport with the person, showing them demonstrating their individual signs and body language. All staff we spoke with were familiar with this passport.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. We saw staff ensured people's

privacy and dignity were respected. For example, staff knocked on people's doors before entering and waited for each person's response. We saw staff closing doors to ensure personal care was done in private. Staff had a good understanding of dignity in care and had training in this.

- People's confidential personal information was stored securely, and the staff team were clear about who should have access to this.
- People were asked how they wished to be addressed. For example, whether they preferred staff to use their first names or another name they preferred. People's preferences for this were recorded in care plans so all staff knew how to address people the way they wanted.
- Staff ensured that any conversations about people's care were done discreetly. Staff understood when it was appropriate to share information about people's care.

# 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

- Care plans were personalised and contained information about people's likes and dislikes, hobbies and favourite places and activities. One person told us about their interest and hobbies and was very clear that they felt supported to do the things that made them happy. Staff showed us evidence of the person being supported to take part in bellringing with a local church group. The person felt welcomed and encouraged to take part in this and told us they really enjoyed it.
- Relatives spoke positively about people's support being tailored to their needs and wishes. One relative said, "Staff are good at supporting [family member] with their particular needs. I think staff are more able to support their particular autism needs at South Lodge. They seem happy when we see them. They are much calmer than they used to be." The same relative said, "Detailed knowledge of routine is really important – if something changes, however small, they will be anxious and distressed. However, staff are really good at supporting them with their routines and reducing anxiety." They described the positive impact this had as the person was then more able to enjoy doing different things both in the house and out and about.
- Each person had a support plan which identified target goals and aspirations and supported them to achieve greater confidence and independence. Staff routinely sought opportunities for leisure activities and widening of people's social circles.

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 had the opportunity to try new experiences, develop new skills and gain more independence. Staff described how they would plan and risk assess any new opportunity with people, and then review how people felt about new experiences. This meant people felt safe and supported to try new things and could then choose whether they wanted to do them again in future.
- One relative said, "The staff are so good. They're [family member] getting superb support doing the things they like to do." Another relative said, "Staff are very considerate of people's needs and treat them very individually. It's reassuring that staff do spend time doing things with people, rather than just staff sitting there or being in the room not interacting. Staff are proactive."
- People were supported to practice their faith if this was important to them. Staff spoke with people and relatives about any needs associated with faith or culture.
- Although activities outside the home had been impacted by the coronavirus pandemic, staff had tried to ensure that people continued to do things that were meaningful and enjoyable to them. Staff acknowledged this had been difficult, and lockdown had put people at risk of losing aspects of their independence. However, staff said they tried to ensure each person still had lots of opportunities throughout each day to do things they enjoyed. Records we looked at supported this.

### 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.

- The service followed the principles of the AIS. People's communication needs were explored as part of the care planning and review process, during which staff looked at how to support people to have access to information in formats they could understand. For example, using large print, or the use of clear verbal information, supported by signs or symbols. Staff were trained in using a range of different communication methods and had the support of the provider's speech and language therapists to ensure all communication met people's individual needs.
- People's communication needs were clearly identified in their care plans; this helped staff understand how best to communicate with each person. People's communication care plans included information on individual abilities and needs and the staff support required, for example, speaking clearly and slowly and providing simple instructions one at a time, using Makaton signs to support communication, or using social stories.
- The provider also used technology and communication software to help staff create quick resources when needed for people. We saw a number of examples of how different communication techniques had been used to help people understand information about their care and support, as well as used for everyday communication about what was happening during the day.

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

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. None of the people we met with had any complaints about the service, but they knew how to complain and felt confident any issues would be addressed. The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- The provider had a policy and process for managing complaints, which was displayed clearly in the home. This was available in a range of formats to make it accessible to people.
- Records showed that the service dealt with complaints and concerns appropriately and took the opportunity to learn lessons and make changes.

### End of life care and support

- People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives. People and relatives were supported to discuss and plan for their end of life care as and when they felt it was appropriate to do this, and staff knew how to support people and their relatives in the way they wanted.
- The provider had policies and procedures in place to meet people's wishes for end of life care and staff had completed training to ensure they could meet people's needs at the end of their life. Staff also worked with external health and social care professionals to ensure that, where someone was receiving end of life care, this was done in a holistic and compassionate way.

# 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives had mixed views on the communication with the service. For example, one relative spoke positively about how staff regularly contacted them and responded quickly to any phone calls or emails. Another relative did not have the same experience, and said that at times, it was difficult to get through on the phone, or to get a timely response to emails. They said if this could be addressed, "Everything will be 100%."
- Relatives said when there were restrictions on visiting, they were supported to maintain contact with their family members, but that they felt reviews of people's care did not happen as often as it had done in the past. Relatives said they hoped that, with the lifting of visiting restrictions and the use of technology, they hoped to be more involved in reviewing people's care with them.
- Staff encouraged people to be involved in the development of the service. Staff showed us that they did this using appropriate communication methods for each person. This ensured that everyone had the opportunity to share their ideas to make the service a better place for them to live.

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

- People's needs and wishes came first, and staff both told us this and demonstrated it in the way they supported people.
- The provider, registered manager and the staff team worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Staff felt respected and supported by senior staff which supported a positive and improvement-driven culture. One staff member said, "We've got a good team here, and we're proud of how we've supported people to achieve a good quality of life."
- The management team promoted equality and diversity in all aspects of the running of the service. Staff who needed additional support to help them provide high quality care got this, particularly respecting their diverse learning needs. Staff spoke positively about the support they got to carry out their roles and told us they felt part of a big team all working together to improve people's lives. Staff also spoke about the opportunities they had to develop their skills through training and development.
- Staff felt able to speak up about any concerns they may have regarding people's care without fear of what might happen as a result.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.

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

- The service was well-led. The provider and registered manager undertook regular audits of all aspects of the service to review the quality of care. These were effective in identifying areas where improvements were needed. This included checking that people's health was maintained, as well as ensuring the environment was safe for people to live in. This meant Staff delivered good quality support consistently.

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed.

- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. Senior staff understood and demonstrated compliance with regulatory and legislative requirements.

Continuous learning and improving care; Working in partnership with others

- The provider kept up to date with national policy and best practice to inform improvements to the service.

- The provider invested sufficiently in the service, embracing change and delivering improvements.

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

- The registered manager was open with the inspection team about where improvements had been made, and where there was still further work to do.

- Staff and the registered manager were confident to recognise when they needed to refer people to external health and social care professionals. This meant people got the right support in a timely manner when needed.

- The provider had recently invested in an accommodation "pod" for staff doing the night-time sleep-in shift. This was to ensure the night staff had secure facilities to have a good night's sleep and be well rested for the next day's work. Staff told us they were really looking forward to the benefits this would bring for them and people's care.