

Networking Care Partnerships (South West) Limited

1-4 Windsor Drive

Inspection report

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Dawlish
Devon
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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

1 – 4 Windsor Drive is a residential care home providing personal care for up to 12 people with learning disabilities such as autism, and physical disabilities. At the time of this inspection there were nine people living at the service. Accommodation is provided in four linked semi-detached bungalows situated on the outskirts of Dawlish within easy walking distance of local amenities.

The service was registered prior to the guidance 'Registering the Right Support' was published. However, the service has been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service is registered for the support of up to 12 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the design of the bungalows which gave the impression of a four small bungalows on a residential housing development with no outward signs that it was a care home. There was a strong focus on treating each person as an individual, and supporting people to participate in their local community.

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

Since the last inspection many changes and improvements had been made in all areas of the service. A new registered manager was appointed who has supported and inspired the staff team to bring about positive changes. Staff told us they felt valued and they were enthusiastic and proud of their achievements. Comments from staff included, "There is more continuity with staff members and a passion for what they do because they are valued within their role. The standard of the care is brilliant as the people here now genuinely care". A relative told us, "We as [person's] family are really happy to see the improvements which make [person's] life so much more enjoyable.

People were supported by an exceptionally caring staff team. The staff team demonstrated passion and determination to help people overcome barriers and lead more active and fulfilling lives. In the past year people had been supported to achieve positive changes in their lives, such as overcoming agoraphobia, obtaining pets, and making plans to achieve their hopes and dreams in the near future. A person who used computer technology to enable them to communicate told us, "I am excited about (living) here and I like all staff member(s)".

People were safe. There were sufficient staff with the skills and knowledge to give people the support they needed, at the right times. Care had been taken when recruiting new staff to ensure they were entirely

suitable for the job. The number of permanently employed staff had increased, and the level of agency staff had decreased. This meant people received support from a consistent staff team they knew and trusted.

Measures were taken to minimise risks to people's safety. Risks to people's health and safety were assessed and staff knew how to support people to remain healthy and safe. Medicines were stored and administered safely. Staff understood how to keep people safe from infection. The accommodation and equipment were well maintained, checked and serviced.

Staff understood the support each person needed. Care plans had been improved in the last year to provide greater detail about all aspects of the support each person needed. Staff understood each person's individual style of communication and they were working to improve this through projects, training and communication 'Champions'.

Staff had worked with a range of professionals to improve peoples' health and comfort. Peoples' social needs were met through a better understanding of the things people enjoyed doing. Staff supported people to go out, participate in clubs and activities, and keep in touch with friends and family. People were encouraged to retain and gain independence, for example by involvement in meal planning, shopping and meal preparation where possible.

The service was well-led. There were checks and measures in place to ensure all aspects of the service were running smoothly. The provider, registered manager and staff team reviewed the service regularly and consulted with people who used the service, friends and family to consider any improvements needed.

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.

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

Rating at last inspection. The last rating for this service was requires improvement (published 19 December 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

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 ●

1-4 Windsor Drive

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

1-4 Windsor Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we looked at the information we had received about the service since the last inspection. This includes notifications and information from other agencies and professionals.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with the registered manager, the regional operations manager, the provider's head of quality assurance and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with four members of staff and a visiting professional. We met and observed staff interaction with all of the people living there, although one person did not want to speak with us. Most of the people living at 1-4 Windsor Drive had limited verbal communication. People were able to understand our questions and responded in their own individual way.

We looked around the bungalows. We looked at records relating to the service including staff recruitment files, rotas, medicine administration, care plans and daily records, audits and monitoring reports.

After the inspection –

We continued to seek further information from the provider and registered manager about the service. The registered sent us a range of information about the service including training data and quality assurance records. One person who used the service sent us an e mail.

We spoke with one relative on the telephone and one professional who had a knowledge of the service. We also received e mails from three relatives, seven care staff, and one health professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection we found that records relating to risk assessments were not always consistent, or up-to-date. At this inspection we found improvements had been made to all care plan documents, including risk assessments.
- Where people were at risk of illness, records showed the risks were monitored regularly and appropriate actions taken. For example, where people were at risk of weight loss they were weighed regularly. The service had taken advice from relevant health professionals to ensure people maintained a healthy weight.
- Where people were at risk of chest infections, care plans contained detailed information on warning signs, and what actions staff must take if they had any concerns.
- If people were at risk of choking, care plans contained detailed information on the level of risk and actions to be taken to minimise the risk. Staff had received training on choking risks, and some staff had also attended training on thickening agents. Staff were knowledgeable about people's risks and were able to explain peoples' individual risks and the care they needed.
- One person received their nutrition and fluids through a tube directly into their stomach (known as Percutaneous Endoscopic Gastrostomy or PEG). There were detailed step-by-step instructions for staff on each step of the procedures to be followed, including photographs. Every member of staff had received training from a specialist nurse and they were not allowed by the provider to support the person with this procedure unless they were trained and assessed as competent.
- Where risks had changed, care plans had been updated and staff were asked to sign the updates to show they had read and understood the changes. Risks were highlighted in red to ensure staff were alerted to these.
- Risks relating to the environment were assessed, and actions taken to ensure the environment remained safe. On the day of our inspection a maintenance person carried out repairs to radiator covers to ensure these were safely covered to reduce the risk of burns. Equipment such as hoists, and fire safety equipment were regularly serviced and checked.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because the provider had a range of systems in place to minimise the risk. Staff received training and regular updates on abuse. Policies and procedures were in place and staff knew where to find these. Staff were confident they could identify signs of abuse and knew how to report their concerns. They were confident the management team would listen to their concerns and take appropriate actions if necessary. They also knew how to report their concerns to relevant external agencies.
- The registered manager and staff team had worked closely with the local authority safeguarding team where incidents had occurred. The registered manager told us the safeguarding team had been very

supportive and had helped them improve their processes to minimise the risk of further incidents occurring.

- Systems to protect people from the risk of financial abuse have been strengthened in the last year. Where people had agreed to staff assisting them with the purchase of personal items such as clothing, toiletries or outings, storage of cash held on their behalf had been improved. Access to this money had been restricted to senior members of the management team only. Good recording systems were in place and regular audits carried out on balances held.
- A member of staff told us about improvements that had been made since the last inspection, "Staff knowledge has improved, especially around safeguarding. [Registered manager] is really hot on this. Staff are now recording properly. Checks are carried out to make sure incidents are now properly recorded".
- The Nominated Individual told us there was a strong emphasis on diversion rather than restraint. The provider had recently reviewed all methods of restraint across the organisation. They were committed to reducing or eliminating the use of excessive medication. They had also reviewed their distressed behaviours policy.

Staffing and recruitment

- Around the time of the last inspection the service experienced a high staff turnover. A new registered manager was recruited. Actions were taken to ensure new staff were recruited, staff turnover was reduced, and staff morale improved. At the time of this inspection this had been achieved. Vacancy levels had significantly decreased, and the number of agency staff used had also decreased meaning a more consistent staff team. Staff were passionate about their jobs and told us about their high level of commitment and job satisfaction. Comments from staff included, "I am really proud to work at Windsor Drive".
- Care was taken to ensure applicants were entirely suitable for the post. Systems to recruit staff remained robust and ensured staff employment history, values and competency were assessed before offering them a job. Checks and references were obtained before new staff began working with people and this was confirmed by staff we spoke with.
- There were enough staff employed to meet people's needs at all times of the day and night. Staff told us the rotas had been changed and improved in the last year to ensure people had support from staff when they needed it. Staff told us staff morale had improved resulting in lower sickness levels. Staff were willing to cover shifts at short notice if colleagues were unexpectedly off for any reason. Comments included, "It's a lot better than when I first started" and "It's a very lovely place to work. The people here are so nice". A health professional who visited the service regularly told us, "Staff turnover is much better now. They use less agency staff now".

Using medicines safely

- Medicines were stored and administered safely. The registered manager had recently attended training provided by the Care Quality Commission. Following this training they had amended and updated their medicines policy to ensure all medication systems followed current best practice. They had also ensured staff had been given guidance from reputable sources on a range of topics relating to medicine administration.
- All staff had received training on safe administration of medicines and their competency was checked.
- Care plans contained information about each medicine prescribed. Where people had been prescribed medicines to be administered on an 'as required' basis, care plans explained clearly how and when these should be administered.
- Records of medicines administered had been signed by staff and witnessed by a second member of staff. There were no unexplained gaps. The amounts of each medicine remaining was checked each day to ensure the correct amounts had been administered.

Preventing and controlling infection

- The service was clean and free of odour.
- Care staff had received training on infection control and knew how to protect people from the risk of infection. Care staff were supplied with personal protective equipment (PPE) such as gloves and aprons to reduce the risk of cross infection.
- Staff were given information on managing infection control. Staff also knew where to find this information if they needed it.

Learning lessons when things go wrong

- Where mistakes had been made there was a positive ethos in place. Mistakes were investigated and discussed with the staff team. The management team and staff worked together to agreed actions to be taken to prevent recurrence.
- Since the last inspection the service had notified us about some medication errors. The registered manager and staff looked at the reasons why these had occurred and how these could be prevented. They took measures including retraining staff where necessary, assigned a second member of staff to witness administration, and improved the checks and audits on medication procedures. A member of staff told us, "Medicines systems are now much improved. New systems have been trialled. Before there were no systems in place. No audits. These are all in place now".
- Where people were at risk of constipation in the past, records had not always been maintained which meant the signs of constipation may have been missed. The registered manager and staff worked together to improve their recording systems using nationally recognised guidance. Care plans clearly explained how to recognise the signs of constipation, when staff should use prescribed medication and when they should seek medical attention.

Is the service effective?

Our findings

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

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

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

- People's needs had been carefully assessed and care plans provided detailed information to staff on how the person wanted to be supported. Care plans had been significantly improved since the last inspection to provide greater detail and consistency in all areas of the plans.
- Care plans were reviewed regularly to make sure they accurately reflected the person's needs and wishes. Care plans contained evidence of promoting choice in all areas of daily activities. We observed staff offering people choice about the things they wanted to do.
- People received care and support that fully met their needs and was in line with current good practice.

Staff support: induction, training, skills and experience

- Staff were well trained. New staff received induction training at the start of their employment to ensure they had the basic skills and knowledge to meet people's needs safely and effectively. A member of staff who had recently been employed told us their induction had been thorough.
- Staff received regular training and updates on topics relevant to their jobs. The provider employed specialist training staff who provided most of the training to staff. Some training was also provided by external specialists. Topics covered health and safety topics, and topics relevant to people's health and safety needs, for example moving and handling, fire safety, infection control and safeguarding. A member of staff told us they had also received training on PEG feeding, epilepsy and communication. The provider had systems in place to make sure staff attended all training they had identified as essential. Staff were not allowed to work if they did not attend essential training sessions.
- The Nominated Individual told us there was a "big push on person-centred care". Induction and ongoing training covered this topic, along with positive behaviour support. There was also a strong emphasis on supporting people who may experience distress or anger to prevent negative behaviours escalating.
- The Nominated Individual also told us they wanted to make sure all staff who had contact with people who used the service had the right skills and understood people's needs. They told us all ancillary staff, for example, maintenance staff, undertook the same training as the care staff.
- Staff were supported to gain qualifications relevant to their jobs. Staff told us about qualifications they had achieved or planned to achieve in the near future.
- Staff received regular supervision. The registered manager had systems in place to plan future supervision sessions and record when these had taken place.
- Staff were well supported. Comments from staff included, "We can always contact [registered manager] for advice or support. Staff have confidence in her" and "[Registered manager] is brilliant - she will listen. Sorts things out straight away. She will drop everything and help out". Staff also praised all the management team for their care and support.

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

- People were supported to eat a nutritious range of meals to suit their preferences and dietary needs.
- People were supported to make choices about the food they wanted to eat. They were shown photographs of meals to help them choose. Daily notes provided evidence of the choices people had been offered and the foods they had chosen. People were supported to shop for the ingredients, and to prepare meals as far as they were able.

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

- People lived in accommodation that suited their needs. There was level access into and around each bungalow. Equipment was provided where necessary to help people move around safely.
- People had been supported to decorate their bedrooms according to their tastes and interests.

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

- The registered manager and staff understood each person's individual health needs. They recognised the signs of illness and sought health care treatment and advice promptly when needed. For example, a person with a range of health needs including diabetes, epilepsy and dysphasia had recently been in hospital after showing signs of illness. The person had returned home but the registered manager had remained concerned that underlying symptoms had not been diagnosed or treated. They had involved health professionals including the person's GP, learning disability specialist nurse and physiotherapist who had agreed to carry out a range of tests. Evidence of actions taken and communication with professionals was prominently placed in care plans to ensure staff had up-to-date information on treatment and health needs.

- A health professional told us, "[Registered manager] is a fantastic advocate for the people she and her team supports. She's proactive in reducing health inequalities for her service users and ensuring individuals are able to access the health care they need".
- Care plans contained detailed information on each person's oral health needs and how they should be supported by staff. People received regular dental check-ups and treatment.

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.

- Staff had received training and guidance on MCA and DoLS. Staff understood the importance of supporting people to make choices about their daily lives. Where people had been unable to make important choices, records contained evidence to show that staff had followed best interest procedures to agree appropriate actions with professionals, relatives and representatives on behalf of the person.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity. Supporting people to express their views and be involved in making decisions about their care

- The staff team demonstrated passion and determination to help people overcome barriers and lead more active and fulfilling lives. Staff had participated in a range of projects that helped them improve their understanding of people's needs, and to enable them to give more effective support. Staff had identified the topics they were interested in and became 'champions' in that subject.
- Staff realised that people's rights to lead a full and active life with full participation in the community may not always have been fully respected or upheld in the past. For example, people had not been offered the chance to vote in elections in the past. Staff had arranged for a person employed by the government to visit to explain how to support people with disabilities to vote. Staff were enthusiastic and wanted to make sure people got their voices heard. A person indicated to us they were very excited about voting for the first time in the forthcoming election.
- Staff understood the importance of upholding people's equality and diversity rights. Some staff had chosen to become 'champions' on this topic. The staff team had drawn up their own equality and diversity pledge. People and staff had recently considered ways of promoting equality and diversity, for example by talking about different countries and regions, and having cooking sessions making regional foods.
- Staff knew each person well and understood the things that mattered to them. There was a 'can-do' attitude, and staff were enthusiastic in wanting to bring about positive changes and improvements to people's lives. Staff told us they had engaged in a lot of reflective work in the last year to look at what had worked well, and any changes needed to improve the way they supported people.
- A person told us they had a boyfriend and they hoped to get married in the coming year. Staff understood how important this relationship was to them and were determined to help the person overcome the many barriers they faced in achieving their hopes and dreams for the future. Staff had arranged meetings with families and professionals involved in their care to agree how the couple can be supported, agree where they will live, and their accommodation needs. The person told us about their plans and how excited they were about their future.
- Staff understood how important pets were to some people. Since the last inspection staff had supported a person with limited movement to choose a pet they wanted and one that was suited to their needs. The person had chosen a tortoise which staff could place on their lap. The person proudly showed us their tortoise and we heard how much this meant to them. Staff had helped the person choose and purchase a special tank for the tortoise and helped them care for their pet. The person told us, "[Staff] helped me get my pet here at Windsor Drive". Their relative told us, "We as [person's] family are really happy to see the improvements which make [person's] life so much more enjoyable."

- Staff looked at ways of offering positive support to a person who had not left their bedroom for five years. Staff were determined to help the person overcome their fears and help them regain a fulfilling and happy life. Staff had worked with the person, their family and professionals to ensure the person had the right support. Staff found the person loved fish and helped the person choose and purchase a fish tank and fish. This was placed in the lounge of their bungalow. A fish pond had also been created in the garden. This had encouraged the person to leave their bedroom. Staff had recently supported the person to go out to a nearby supermarket car park and they had shared photographs with their family. The photos showed the person smiling and clearly enjoying the experience. A relative told us how much this meant to the family to see the person going out again, saying, "I just cannot believe it. This is great. They have even got him drawing" (an activity the person enjoyed in the past). They went on to say "They seem to put in more than 100%. They try, they really try. I am well pleased!"
- One person had not slept in a bed for a long time, and instead had chosen to sleep in a chair. Staff recognised this may have affected the person's health and well-being. They took a range of measures to help the person regain a comfortable night's sleep. They worked with the person's GP, a physiotherapist, occupational therapist, massage therapist and a Parkinson's specialist nurse. They had obtained a bed suited to the person's needs, and along with other measures including a change of medication the person had returned to sleeping comfortably and happily in a bed. The person's massage therapist reported a significant improvement in the person's muscles following this change.
- We observed people smiling and happy and clearly enjoying interaction with staff. The staff team were cheerful, caring, and full of fun. People loved the gentle banter and enjoyed being with the staff. A person who used computer technology to enable them to communicate told us, "I am excited about (living) here and I like all staff member(s)". They also said, "I like everything". When we spoke with the person they also indicated their happiness with big smiles and positive responses to our questions about the support they received.
- During our inspection a person experienced an seizure. A member of staff had recognised the warning signs and sat with them, holding their hand, comforting and reassuring them until they had recovered. The staff member demonstrated warmth, caring and understanding.
- Staff told us they felt the organisation now cared about each of them as individuals. This had in turn resulted in them feeling empowered and passionate about giving good care to people who used the service. Comments from staff included, "There is more continuity with staff members and a passion for what they do because they are valued within their role. The standard of the care is brilliant as the people here now genuinely care" and "I have seen lots of changes for the better and appropriate delegation from the management team. This has had a positive impact on the entire team and makes them feel valued. Since this has happened the team have gelled better which has resulted in better care and more opportunities for both service users and staff".

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's dignity. Three staff had been appointed as 'Dignity Champions'. They had undertaken a number of measures to promote privacy and dignity, for example on the staff notice board there was a list with the '10 Dignity Do's. They were in the process of making badges for the staff to promote dignity. A member of staff told us their aim was to, "Stand up and challenge disrespectful behaviour, act as good role models by treating other people with respect, particularly those who are less able to stand up for themselves, speak up about dignity to improve the way that services are organised and delivered. To influence and inform colleagues, to listen to and understand the views and experiences of individuals".
- Staff promoted people's privacy and independence in various ways. For example, during our visit people were given their own letters to open. Staff offered people discrete support to open and read their letters if they wanted this.

- Staff explained how they supported people to retain as much independence as possible, for example by encouraging people to participate in making their own meals and paying for shopping.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has improved to 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

- At the last inspection we found care plans were not comprehensive in describing people's needs. At this inspection we found care plans had been improved and provided detailed information about every aspect of each person's needs. Staff told us they used a 'care plan tracker' system to make sure care plans were constantly updated and the information remained relevant.
- At the last inspection we found there was a lack of activities, and we noted at times the television was left on, but people were not watching it. We also found there was a lack of space for shared activities, and the garden was not well used. At this inspection we found significant improvements had been made. A large room had been altered to provide enough space for a range of activities to suit individuals, small or large groups. We saw people participating in group activities in this room.
- Major changes had been made to the garden to create an area people could access easily and enjoy a range of outdoor interests and activities. Staff and people living in the home held fundraising activities to raise money for the project. They used local organisations to help them create the new garden area. They held a party for friends and family to celebrate the opening of the new garden. A member of staff proudly told us, "The sensory garden, which we did a sponsored wheelchair walk for, has been built. It has given all service users the access to use the garden. Many of the service users are thrilled with it and enjoy using it".
- Where people liked to watch television during the day this was reflected in their care plans, along with information about how they chose the programmes they wanted to watch. There was also evidence to show how people agreed between them which programmes they wanted to watch together.
- People received personalised care from staff who understood their needs and wishes. A relative told us, "I have every confidence in the home's ability to look after [person's name] and the other residents, all of whom have considerable needs".

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 told us about a communication project some of the staff and people living in the home were involved in. Some staff had chosen to be appointed 'Communication Champions' and were very enthusiastic about improving communication methods. One member of staff told us they were learning sign language and planned to share their learning with the rest of the staff team. A member of staff told us, "There is a drive of quality and good communication. This has been fantastic."

- A person who used computer technology to enable them to communicate told us how much they were looking forward to being involved in the communication project.
- Care plans explained each person's communication methods. Staff told us, as part of the communication project, they were about to draw up a 'communication passport' for each person which can be taken with them, for example to hospital, to ensure other people and professionals understand fully how to communicate with them.
- The provider had consulted with staff when drawing up new documents. They had shown staff examples of easy read versions and asked staff views on these. The Nominated individual told us this had helped staff feel valued and helped them understand the importance of sharing information with people.

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

- People, staff and relatives told us how people's social needs were being met, and the major improvements in the last year. Comments included, "Service users are going out on a regular basis. Some service users are choosing and helping staff to plan what activity that would like to do for the day" and "The service users are going out a lot more in the community now, this could be from a walk to the shops to a number of organised activities such as hydrotherapy".
- A member of staff told us they were involved in a project known as PAP (person-centred activities project). They told us, "Service users are spending a lot of time out of the house and choosing what they would like to do which is the main goal of PAP, having personalised activities for all service users".
- The service had a minibus they used to take people out each day. Staff told us they also tried to use public transport where possible. We heard about the wide range of places people had been in recent months including a farm activity, clubs, day centres, churches, walks and hydrotherapy.
- One person loved reading books. They had a bookcase in the lounge with some of their favourite books. Staff had recently supported the person to join the local library and the person enjoyed going to the library to change their books.
- During our visit people gathered in a room that had recently been refurbished and altered to provide a shared activity space. Staff supported people to make colourful painted Christmas cards. There was a lot of fun and banter and people clearly enjoyed the experience. One person brought their favourite soft toys with them and staff helped the person dress the toys in protective aprons. The person was reassured the toys were joining in the fun.
- Staff checked to make sure people continued to enjoy activities they had regularly attended. For example, staff were unsure if a person still enjoyed attending a day centre. They planned to go with the person to the day centre to find out if they were really enjoying it there. If not, they planned to help the person choose alternative activities they may prefer.
- Staff welcomed families and friends and supported people to keep in touch, for example by taking people to visit family. A relative told us about significant recent improvements in communication with staff, and support for their loved-one. A new key worker had been appointed who had contacted them to arrange to meet with them. The key worker wanted to find out more about the person and their history. The relative told us, "It was great. We had a lovely conversation. [Person's name] was happy. It was amazing". They had shared ideas and suggestions for positive changes. They went on to say, "I was thrilled to pieces about it." Other relatives also told us they were always made welcome.

Improving care quality in response to complaints or concerns

- People knew how to raise a complaint. A person who communicated using computer technology told us they were confident they could raise a complaint and their concerns would be listened to and acted upon. They had been given a copy of the complaints' procedure. They told us they would make a complaint to the registered manager using email if they needed to.

- Where possible, people were given information about the complaints procedure in a format suited to their individual needs. Relatives also knew how to raise a complaint on their behalf.

End of life care and support

- There were no people close to the end of their life at the time of this inspection. However, two people had died earlier this year. We heard how staff supported them at the end of their lives to ensure they received the care they needed. Staff knew the things people enjoyed, and things that were important to them and ensured their final days were as happy as possible. For example, one person loved Elvis. They arranged for an Elvis impersonator to visit the person and sing some of the songs they loved. We saw photos of the person, clearly enjoying their visit.
- End of life support plans were in place for each person. Where people were unable to express their wishes, staff had used their knowledge of each person to identify things that were important to the person, and the care they would expect at the end of their lives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider, Networking Care Partnerships (South West) Limited is a subsidiary of Reability UK. The Nominated Individual told us that Reability UK took over the service approximately 22 months before this inspection. They realised improvements were needed and invested time and energy to bring about positive changes. Their quality assurance team had provided extra support and monitoring to the service. Monitoring and support was also provided by the regional operations manager, human resources team and training team.
- Around the time of the last inspection a new registered manager was appointed. In the last year they had worked closely with everyone involved in the service to bring about improvements in all areas. They had introduced a range of projects and inspired staff to become 'champions' in areas they were interested in. Staff felt supported, involved and valued. There was a 'no blame' culture when mistakes were made, and instead there was a determination to understand what went wrong, and what they needed to do to prevent incidents recurring.
- We heard overwhelming praise for the management team, especially for the registered manager. Comments from staff included, "There has been massive change with the management. New styles of management have been brought in. Some long-standing staff are still here, and they really have the passion for this type of work. We feel able now to make some positive changes. We have introduced lots of projects".
- A health professional told us "[Registered manager] really listens (to feedback) Staff are also now much more interested. [Registered manager's] influence has a knock-on effect with the staff. Staff appear confident and knowledgeable - this has improved".
- A relative told us, "In the last year or so they have made changes at Windsor Drive which are welcomed by us and [person's name]".
- The Nominated Individual told us they met with all registered managers every two months. Where incidents had occurred in services these were shared with all managers, so they could learn from each other. They also shared examples of best practice.

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 and registered manager understood their responsibility to notify all relevant agencies, including the Care Quality Commission, when issues had arisen. The registered manager had sought advice when issues had occurred. There were effective governance processes in place to ensure that the provider was aware of all issues. They gave support and oversight to the service to ensure appropriate actions were

taken to prevent recurrence.

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

- There was a clear management structure and staff understood their roles and responsibilities. There was a registered manager, deputy manager and team leader who managed and supported the staff team.
- The provider and registered manager had introduced a range of measures to monitor all areas of the service and make improvements. Audits were carried out by the registered manager and these were shared with the provider. These included medicines audits and care plan audits. The provider's quality assurance team and the regional operations manager also carried out regular checks and audits to ensure good practice was being followed in all areas.

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

- People who used the service, relatives and staff were involved and consulted. A satisfaction survey had been carried out with people who used the service and the results had been collated and analysed. Where improvements were needed these were highlighted. The survey had considered each person's communication style and ensured each person was given the right support to make their views heard.
- Questionnaires had also been given to families and friends. Although the feedback was positive, they found that some relatives had not been kept informed or involved in some aspects of the service, for example meals or activities. Following this survey staff acted to improve involvement with friends and families to keep them informed about people's daily lives.
- People had keyworkers who met with them each month to review all aspects of their health and personal care needs. Care plans were reviewed, also with involvement with friends and family, and included the person's aims for the next month. The review meetings were also an opportunity for people to have their say about the service.
- Staff were consulted about the service through regular supervision sessions, team meetings and staff surveys. Recent minutes of team meetings showed a range of topics were covered including lessons learnt, equality and diversity, dignity champions, medication administration and sickness policy. A member of staff told us, "I was very interested in our last team meeting as we did work on values, strengths and weaknesses of staff members and how we could work more effectively as a productive healthy team".
- In the last year the service had strengthened links with the local community. People went out more, attended local clubs, churches, and visited shops and cafes.

Continuous learning and improving care

- The registered manager and staff team were supported and encouraged to learn and gain relevant qualifications. Staff told us they were supported to learn in ways that suited their individual learning styles.
- The registered manager kept their knowledge and skills updated through online newsletters and good practice updates from national organisations. They were a member of the British Institute of Learning Disabilities (BILD). They attended the Care Managers Network meetings and workshops and training sessions provided by local and national organisations. They held relevant qualifications.

Working in partnership with others

- The service sought advice and guidance from other professionals and agencies. They had worked closely with the local authority Quality and Improvement Team (QAIT), doctors, nurses and health specialists.