

Livability

Livability Brookside House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Livability Brookside House is a residential care home providing accommodation and personal care for up to 24 people living with physical disabilities, sensory impairment and learning disabilities. The service is run by Livability, a charitable organisation that provides care services nationally.

Brookside House accommodates up to 24 people in one adapted building. People live in their own apartments with private living and bathroom facilities. There is a large communal living and dining area.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 24 people. 20 people were using the service when we inspected. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area with access to local services and public transport. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People benefited from an exceptionally caring service. The management team and staff really cared for the people they were supporting. They advocated for the people living at Brookside House. We heard of many examples where people benefited from the caring and dedicated nature of staff.

Staff were committed to ensuring people's wishes at the end of their lives were respected and that people were able to die with dignity and amongst people who they knew and who knew them well.

People were valued and placed at the centre of the service. People were supported to be active in the running of the home.

Staff promoted people's privacy and dignity, enabling them to make choices and have as much control and independence as possible. They had gone the extra mile and used innovation and technology to do this.

The service sought to offer people new experiences, through a wide range of individual activities which were meaningful to them. Staff actively supported people to gain independence and learn life skills. People were encouraged to identify and follow pursuits that interested them.

The environment was warm and homely, and designed to promote the independence and quality of life of the people living there.

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.

Detailed care plans and risk assessments were in place for people using the service and were reviewed and updated regularly.

Staff were well trained, skilled and motivated to deliver a high-quality level of care. Staff had received training tailored to people's individual care needs.

People were supported to maintain good health and had access to healthcare services. Staff worked with a range of health professionals to ensure they knew people's care needs. Medicines were managed safely.

Staffing levels were enough to ensure that people's needs were met. Staff were safely recruited.

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 good (published 27 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Livability Brookside House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Livability Brookside House 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 spoke with ten people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, assistant manager, care workers, activities co-ordinator and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including quality assurance, complaints and training records were also reviewed.

After the inspection

We received feedback from four relatives via the 'Share Your Experience' function of the CQC website. We spoke with two of those relatives. We received feedback from two involved professionals. We continued to seek clarification from the provider to validate evidence found. We looked at training quality monitoring and activities records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service was managed in a way that protected people from abuse. One relative told us, "I know my sister is safe and well cared for here."
- Staff received training about safeguarding people from abuse and whistle-blowing and demonstrated a clear understanding of their responsibilities in this regard.
- Staff told us they would raise any concerns about people's safety and were confident that the management team would take action.
- People were encouraged to report any concerns they had through residents' meetings. Information on how to report concerns was on display throughout the home. The registered manager told us that people would, "tell us if something wasn't right."

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Care plans contained explanations of the control measures for staff to follow to keep people safe and reduce risk of incidents.
- People were supported to take positive risks to aid their independence. For example, people were encouraged and supported to go out in the local community independently.
- People were assessed individually on how to summon staff assistance. Where it had been assessed that a person due to limited movement in limbs, may not be able to use a call-bell, alternative options had been used, such as a large button which could be pressed by alternative body parts.
- People were fully involved in their risk management. Plans to minimise risks had been drawn up with their input and agreement.
- Relevant safety checks had been completed in relation to gas, fire, water and electrical safety. People's equipment was checked prior to use, well maintained and serviced regularly. Regular health and safety checks were completed on the building and environment.
- At the time of the inspection, the service was working to comply with a notice issued by London Fire Brigade in January 2019 where recommendations were made.

Staffing and recruitment

- There were enough numbers of staff to provide safe, consistent care that met the needs of the people living in the home. One person told us, "There were always staff around to help."
- The registered manager told us they worked to a ratio of one staff member to three people. In addition, domestic, cooking and activities staff were on duty and available to assist where required.
- Staffing levels were adjusted and increased if people wanted a staff member to attend external appointments or events with them.

- Staff continued to be recruited safely. Records confirmed that all pre-employment checks had been carried out including criminal records checks.

Using medicines safely

- Systems and processes were in place to ensure people received their medicines safely and as prescribed.
- When we last inspected, medicines were stored in a medicines trolley. This was subsequently changed, and medicines were stored in locked cabinets in people's bedrooms. The deputy manager told us that they found the use of a medicines trolley in communal areas undignified. People were supported to take their medicines in the privacy of their bedrooms.
- Medicines were clearly recorded within people's medication administration records and medicines stocks were checked daily.
- Staff were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure they had the suitable skills to carry out the task safely.

Preventing and controlling infection

- The environment was clean and well maintained.
- Staff had received training in infection control and had access to personal protective equipment such as alcohol hand gel, apron and gloves at access points throughout the home.
- A health professional told us that the home performed particularly well in preventing infections which resulted in low levels of hospital admissions and use of antibiotics.

Learning lessons when things go wrong

- All accidents and incidents were clearly recorded along with the action taken to reduce the risk of reoccurrence.
- There was a culture of continuous learning when things went wrong. This included ensuring clear actions were in place in response to minor issues through to more significant 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.

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

- Before people moved in, assessments were completed with them, their relatives and professionals to determine support needs and preferences for care.
- People's needs, and choices were continually reviewed to ensure they were receiving the right care and support.
- People's care and treatment was delivered in accordance with legislative requirements and good practice guidance. Processes were in place to ensure staff were kept updated regards good practice and any changes to legislation or guidance. This ensured consistently effective outcomes were achieved with people.

Staff support: induction, training, skills and experience

- People received care from staff who were trained in a variety of topics relevant for their role. Training records confirmed that staff had received training in subjects such as medicines, safeguarding adults, epilepsy, moving and handling and first aid. The management team maintained a matrix and set reminders for when staff were due training refreshers.
- People and relatives told us that they found staff knowledgeable and competent. A relative told us, "The staff are trained. They all seem professional and capable."
- The registered manager was proactive in arranging bespoke training for staff where they identified that a person would benefit. For example, staff had received training in dementia as they identified this was a need. A staff member told us, "I had regular training about looking after residents there with different abilities and needs."
- Staff told us, and records confirmed that they received a regular supervision, a yearly appraisal and were supported by the management team. A staff member told us, "Two monthly, I find it helpful mostly; any issues I could bring up [management] are supportive and the staff team are really nice."

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

- People's nutritional and hydration needs were met. We received positive feedback from people and relatives regarding the food choices on offer. Feedback included, "My lunch today was fab. It's my favourite", "If I wanted something else at meal times instead of what was on the menu, they would usually do this" and "The chef knows us well; what we like and don't like."
- People's skills and abilities in relation to food and drink preparation had been assessed and people were supported to maximise their independence in this area, such as being provided with adapted cutlery.
- Potential risks to people associated with their eating or drinking or weight had been identified, assessed and measures put in place to mitigate them. Feedback from a relative noted, "[Person] has lost weight through eating plan and exercise and is now a healthier weight."

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

- The home had received numerous compliments from healthcare professionals about the quality of care. A health professional told us, "They never work outside their remit. They are very quick to let us know of any concerns." People told us they had access to health services on a routine basis.
- Detailed records were kept of outcomes from health appointments, reviews and guidance.

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

- The service was adapted to meet people's specific needs. The entire building was wheelchair accessible with large corridors.
- The service had Wi-Fi (wireless connectivity) installed fitted allowing people with computers, smartphones, or other devices to connect to the internet or communicate with family and friends.

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 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.

- Nobody living at the home was subject to a DoLS authorisation. The registered manager told us that an application had been made for a person whose mental capacity had been assessed and they were awaiting the outcome. People were free to come and go from the home as they pleased and there were no restrictions on their freedom in this regard.
- Staff and the management had good knowledge of the MCA framework and encouraged people to make choices wherever possible.
- Care plans demonstrated that people had been consulted around their care preferences and where possible, people signed their care plans to indicate that they consented to their care.

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

- We received exceptionally positive feedback from people and relatives regarding the overall caring and compassionate nature of staff and the management team. One person told us, "The staff are kind and helpful. They have helped make this my home." Another person told us, "I get on well with the staff." Feedback from relatives included, "[Staff] have always been there for the people and us, their families." A health professional told us, "If you speak with the service users, they are always smiling and happy. Staff treat people like family."
- It was clear the staff and management team were extremely dedicated and passionate about people. Staff had developed warm relationships with people and their families. One staff member told us, "Listening to their needs is so important. To have empathy for their situation; more empathy the better trust so people open up and share more."
- We heard of many instances of where the overall caring and compassionate nature of the home excelled. One relative told us, "[Person] had some health issues that required them to go into hospital overnight. They went above and beyond in their care as the assistant manager not only accompanied [Person] to the hospital, but also stayed there overnight so they wouldn't be alone."
- We also heard of where staff had supported two people to get married. A relative told us, "[Registered Manager] phoned me and they got engaged and were getting married in six weeks. [Registered Manager] and staff did it all, got the church, vicar and arranged the reception in the home. On the day they got married, some staff came in on their day off to do hair etc. They made the day for them." They were also supported by staff to go on out on regular dates such as meals.
- We observed staff consistently treated people with a very kind and compassionate manner. We saw lots of laughter and individual caring banter between staff and people in the home. Staff frequently sat with people at mealtimes and other points in the day making for an inclusive and positive atmosphere.
- Staff were aware of people's cultural and religious needs and effectively supported people from a variety of backgrounds, and those with other beliefs. We observed the multi-cultural staff team worked in harmony to address the needs of people, creating a culture of respect for all. People were supported to practice their religious beliefs.

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

- During our inspection, we observed people consistently making choices about how they wanted to spend their time. The management team and staff demonstrated high levels of commitment and flexibility to meet people's wishes.
- Staff understood the different ways people wished to communicate and invested time to engage in

meaningful interactions. We observed staff consistently communicating with people in the way they preferred in line with their communication plans.

- People's views were sought about the things they would like to do and of decisions about the home. People were involved in the interview process when new staff were recruited, decisions about the environment and activities and daytrips. People chaired the monthly residents meeting. One person told us, "If I make a suggestion, I get to do it."
- Staff promoted the use of advocacy services. An advocate is a person who supports people who do not have family or friends to help them make decisions to ensure their rights are protected. A local advocacy organisation had been invited to a recent residents meeting to explain about their service and how people could benefit from the support of an advocate.

Respecting and promoting people's privacy, dignity and independence

- Promoting and maintaining people's independence was an integral part of the culture of the home. The registered manager told us their main emphasis was to get people out and about and participating in the community. A staff member told us, "We are always on the look out for things going on out there. For example, one of my colleagues found a dementia club which would suit one of our residents."
- People had been supported by staff to engage with public transport and travel independently. Staff supported people to engage with Transport for London (TfL) travel advisors to plan their journey in advance, book tickets and accompanied the person for their first journey. One person's travel experience had been featured in the provider's blog on accessible transport.
- On the day we inspected, another person had been supported by staff to travel on the tube for the first time to meet a celebrity after they won the opportunity in a competition run by the provider. We saw that they had enjoyed their trip immensely.
- Staff were very pro-active in helping people overcome barriers to independence. For one person, staff supported them to obtain a new bespoke wheelchair which resulted in them being able to mobilise independently in the home and in the community. Staff liaised with a charitable organisation to secure funding, liaised with medical professionals to get supporting evidence and trained staff in its use. Feedback from the person at the time was, "I am so grateful to everyone who has been so generous and so kind in giving me the greatest birthday present ever."
- The service introduced the use of voice activated devices. A voice activated device is a virtual assistant which responds to verbal commands from its user in the home in areas such as operating utilities or music. Staff supported people to understand and use its features. For one person this had had a very positive impact on their well-being. They were supported to buy and install an enabled light bulb and unit that can switch on and off their television. Because of the success of the initial use of the voice activated devices, the person was supported to use audiobooks and subscribe to a music streaming service of which they are an active user. A professional told us they were impressed with the creative use of voice activated devices to help support people.
- We observed respect for privacy and dignity was embedded in the culture at Brookside House. People were supported to take their medicines in privacy. People had their own private lounge areas where they could have confidential conversations with visitors and staff. Some people also had their own telephone landlines which further promoted the ethos of privacy and respect. A staff member told us, "We talk to people privately."
- The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

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 Good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People who used the service, relatives and professionals were highly complementary about the person-centred care provided. A person told us, "The staff and the manager really help me."
- A relative told us, "They have been really supportive of us. Last year, [Person] was poorly. We thought they would need to go into hospital. They arranged all night care and were able to keep [Person] at Brookside House."
- A health professional told us that the service had low levels of hospital admissions, low levels of infections and that people were generally healthy because they were so well looked after. They told us, "[People] have significantly better outcomes because of the staff."
- The service and staff displayed an extremely person-centred approach which was reflected in assessments and care plans and evidenced in the care and support people received. Care plans provided staff with comprehensive guidance around people's care needs and how staff should support people in a safe way whilst promoting learning and independence.
- Care plans detailed people's support needs in areas such as eating and drinking, daily routines, personal care, moving and handling, use of specialist equipment and hobbies and activities.
- One person's care plan noted that they experienced foot pain and were awaiting a podiatry appointment. As an interim measure, staff introduced a 15-minute foot massage nightly before bed to assist with circulation, pain and relaxation.
- Where people had medical conditions, detailed guidance was in place for staff to support the person to manage their condition, signs of ill-health and what staff should do to if they had any concerns. Care plans were updated regularly.

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

- People were supported to engage in a varied range of activities and past times, all designed to encourage social inclusion and independence. Feedback from people was very positive with many telling us this was the best aspect of living at Brookside House.
- Feedback included, "The best thing is the trips" and "I liked many of the activities in the home and the trips and outside visits." A relative told us, "The activities! Lots of things happen."
- Yoga sessions take place twice per week in the home which are well attended. We observed this during the inspection. People were encouraged to participate. Recent feedback from the Yoga instructor in relation to one person's participation in the class read as follows, '[Person] independently sang the sound all by herself. She took us all by surprise! We were all very proud of her and she seemed very pleased with herself. ... It was

lovely to hear her voice, and everybody was very encouraging and congratulated her on her participation."

- Staff knew people's interests and preferences and supported them to access community activities of their choice, which enriched the quality of their lives. For one person who was a football fan, staff researched a local wheelchair football club which was part of a national football league. The person started training and as a result their motor skills have improved due to the physical nature of the sport.
- For two other people who have an interest in singing, they have been supported to regularly attend singing groups in the community which has had a positive impact on their well-being.
- Feedback from one of these people was as follows, "Yes, we meet people and have a chat and usually after singing, we go to the café for a cuppa." Another person told us, "I go to singing club. I really love singing. The staff support us to go."
- Another person was supported by staff to return to swimming, something they have a lifelong interest in. After initially being supported from the provider's budget to go swimming, staff supported the person to apply for additional local authority funding which was approved. Because of swimming regularly, the person's health and well-being has improved and has helped with their weight management programme.
- Staff were passionate and resourceful about giving people opportunities which may not otherwise be accessible for them. Other activities people have been supported to attend regularly is Boccia. Boccia is a Paralympic sport derived from bowling. The activities co-ordinator told us of their plans to welcome people from the local community to play Boccia with people who use the service and organise a league.
- A relative told us they were invited to attend day trips to spend time with their loved one. They told us of attending a recent canal trip. They told us, "Last week they went on a canal trip and we were invited along which was nice."
- People's participation in trips and activities was comprehensively documented. Daily care records were detailed about what activities the person did that day and how that impacted on them. Staff maintained an oversight of people's participation in activities and external trips to ensure that people were offered regular opportunities to participate. The registered manager told us staff were vigilant in ensuring people did not fall under the radar.

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 ways in which people communicated was included in their care plans and included guidance for staff about how to communicate effectively with people.
- Staff had an excellent understanding of the ways that people communicated and had been trained in various communication methods, such as Makaton.
- Where possible, staff supported people to use assistive technology to communicate. For example, one person used an assisted device to communicate.
- Documents were available for people in large print and in picture format to aid accessibility. One person told us, "They print [singing notes] in larger print because I can't see very well. It's really nice they do that."

End of life care and support

- The service did not routinely provide end of life care, however management and staff adapted to people's changing needs and worked with the necessary health professionals. One professional described the end of life care as exceptional.
- A health professional told us, "The manager moved heaven and earth to get a patient in hospital move back to the home to fulfil their wish to pass away at Brookside House." Staff worked with various health professionals such as community nurses and the GP quickly to ensure processes were in place, so their

wishes could be met. They contacted the person's family who lived abroad to ensure they could make necessary travel arrangements which resulted in the person's close relative being there when they passed away.

- Staff organised the person's funeral that was held at the home. This gave people who knew the person an opportunity to celebrate their life and say goodbye. The funeral was also streamed online to the person's extended family abroad.
- Feedback from one of the involved health professionals stated, "[Staff] are all passionate with the care provided to the patient. Well done all. It was nice working with you as a team." Feedback from the person's relative stated, "I subsequently discovered that [Registered Manager] had organised members of her team to be with [Person] every hour when they were in hospital and then arranged for end of life, palliative care for [Person] at Brookside House. Angels, all of them!"

Improving care quality in response to complaints or concerns

- People and relatives were aware of the provider's complaint process. Complaints received were logged, investigated and responded to. Areas for improvement were identified and acted on.
- The registered manager told us they encouraged people to raise all concerns at any time. The home operated a 'Red Card' system which people could use to raise concerns. When a person was holding a red card, which was available at the reception area, staff knew they were concerned or upset about something and would support the person to discuss their concern in private. One person demonstrated the use of the 'Red Card' system to us on inspection and told us they found it effective.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The leadership of the home was exceptional. We found the registered manager and provider shared a clear vision and very strong values. They led by example and were passionately committed to providing exceptional individualised care and support to people. A staff member told us, "We try to be resident led."
- We received exceptionally positive feedback from all people and relatives we spoke with. The service was praised for the caring and dedicated nature of the staffing and management team and the support people received to pursue interests and activities.
- Relatives told us, "I am very pleased with the service, and feel the staff have always been there for [people] and their families" and "This is a happy and caring environment, where staff do their utmost to ensure that residents live as varied and fulfilling lives as possible, considering residents' desires and practical possibilities."
- People told us, "I like living at Brookside" and "I am quite happy at the moment." One person told us, "I love living here. It was always my dream to live at John Grooms (predecessor organisation). My wish came true!"
- Professionals praised the caring, responsive and innovative management and staff team. Feedback included, "The manager attends assistive technology conferences and brings innovative ideas back to the home" and "They are superb. I can't tell you how good it is to work with them."
- Staff told us they enjoyed working at the home and spoke positively of supporting people to have engaged and fulfilling lives. Feedback included, "We are just so passionate here!" and "[Deputy manager] is very proactive in telling us information. We are a tight team. [Registered Manager] operates an open-door policy. It's a family environment."
- During our inspection we found the atmosphere to be very homely and welcoming. There was a clear sense of belonging and community. There was a vibrant atmosphere with people coming and going throughout the day. Feedback received referred to a homely and family atmosphere. A professional told us, "Staff are kind and caring. They know the resident's really well and personalised care is offered. It's great to see staff joking with people and everyone is happy. It is a family environment. There is continuity of staff so that helps."
- The service supported people to overcome significant barriers and achieved positive outcomes in their lives. We heard of instances where staff and the management team assisted people to liaise with local authorities, commissioners and other service providers, which many times had a positive outcome for the person and their family, such as an increase in funded hours. This meant that the person could access additional activities and social engagement opportunities.

- Staff strived to empower people and promote inclusion in society. The ethos of the service was to support people to maintain and develop interests, which were important to them, and to ensure people led meaningful lives and developed a sense of purpose. One person had been supported by staff to make a complaint following poor customer service from a supermarket delivery employee. They received a response to their complaint with compensation vouchers.

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

- The registered manager and provider recognised the importance of involving people in developing the service, listening and acting on feedback. There were systems in place for gathering people's views and how the service could be improved which included feedback surveys and regular residents' meetings.
- The latest annual survey indicated that people were satisfied that they were supported to build friendships, access the community and felt comfortable raising concerns.
- Residents meetings were used to encourage people to raise suggestions regarding activities, fundraising events and day to day issues within the home. People were supported to chair the meeting and take responsibility for some of the actions resulting from the meetings. One person told us, "We have resident's meetings. I like going to them because if you don't go you don't know what's happening."
- Staff told us they were listened to and their suggestions for improvements were valued. Staff were encouraged and supported to explore new ways of working. For example, staff actively researched potential activities and community groups for people to attend.
- People and staff took on 'champion' responsibilities for areas of care that interested them, for example dignity and activities. Champions promoted best practice in their areas amongst other staff and people living at the home, ensuring people received a better-quality service that respected individual needs.
- People were empowered to take responsibilities in the running of the home such as chairing meetings, recruitment and representing the service at provider meetings. A person told us, "I try to get involved in as much as I can." For example, one person represented the home at meetings at head office. They also ensured the staff photograph board was updated daily so people and visitors knew who was on duty. A person told us, "I have been on the job interviews for new staff. It's nice to sit on the interviews." Another person told us they recently chose the colour scheme for their bedroom.
- People were encouraged, if appropriate, to attend staff training sessions, especially where the training was relevant to caring for a health condition they had. The registered manager told us people enjoyed being involved and making the training personal helped embed the learning and make the training "real" for staff.
- Staff worked in partnership with key organisations to support care provision, service development and joined-up care. A professional involved with the service told us that the management team attended training courses, attended seminars and assisted with initiatives or pilots. Their feedback was respected in this regard. They told us, "The home got involved in a pilot. They would point out things that would otherwise not have been thought of. They helped us a lot."
- Staff and people engaged with members of the community which included local businesses, neighbours, schools and community groups to assist with fundraising. Feedback from one community group who visited the home noted attending a "well planned activity."

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; Continuous learning and improving care

- People benefited from receiving a service that was continually seeking to improve. The registered provider, manager and staff demonstrated a commitment to continuously improving the quality of the service people received.
- A service improvement plan was in place which was reviewed and updated regularly. Where issues had been identified, an action plan was developed with clear timescales.

- The management team kept an overview of complaints, accidents and incidents. We saw these were reviewed to ensure correct action had been taken and to identify any lessons that could be learned.
- The registered managers kept up to date with current research and good practice, which they shared with staff to ensure that people were given the best possible care and support.
- Throughout the inspection we gave feedback to the management team and clarification was sought where necessary. They demonstrated a willingness to learn and reflect to improve the service people received as a result.

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

- People benefited from receiving a service that was exceptionally well organised and managed effectively.
- Staff had a good understanding of their roles within the service and knew what was expected of them. We received overwhelmingly positive feedback from all staff we spoke to about working for the service. Staff informed us there was an open culture within the service and the registered manager listened to them. Staff told us they felt part of a team. A staff member told us, "Managers are very supportive. The staff team is very good. We work as a team. People have fun here they love it here."
- We found there were well established and effective governance systems to support the service to continually improve. People's experience of care and support were at the core of these systems. There were systems of daily, weekly, monthly and annual quality assurance checks and audits in place. We saw evidence that where issues were found, action was taken promptly to ensure improvements were made.
- The management team were fully aware of their legal responsibilities, including appropriately notifying CQC of any important events.