

Hightown Housing Association Limited

Wendover Road

Inspection report

87 Wendover Road
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Wendover Road is a residential care home providing accommodation and personal care to four adults at the time of the inspection. The service can support up to a maximum of four people at any one time. There were nine staff employed by the service.

Wendover Road supports people living with a learning disability or autism. This includes both younger and older adults, and people with physical disabilities. The service is part of the Hightown Housing Association Limited group, who operate 14 registered locations in England.

The care home accommodated people within the single floor house, and each person had their own very large bedroom. There were communal shower, bath and toilet facilities. The entire premises were wheelchair accessible with wide doorways and corridors. There was a communal kitchen, lounge room and dining room. There was a large garden at the rear of the care home. The service had a minibus for transporting people from the care home into the community. There was also a dedicated staff office.

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.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. 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 were protected from abuse, neglect and discrimination. Risk assessments were carried out in a timely manner for people's personal care. The risk assessments were thorough and up-to-date and contained relevant information to ensure risks were mitigated as far as possible. Premises risks were assessed and managed. There were enough staff deployed. The house was clean and tidy. Medicines were safely managed.

People's likes, preferences and dislikes were considered and used in their everyday care. Staff had a good knowledge of people's needs. People received enough food and drinks to prevent malnutrition and dehydration. People's care was joined up with local and community-based health and social care professionals. The service was compliant with the Mental Capacity Act (and associated provisions) and people were legally deprived of their liberty. There was a pleasant refurbishment of the property and this was planned to continue. Staff had the necessary knowledge, skills and experience to support people who

lived at Wendover Road.

The service was caring, and the staff are kind and compassionate. People's rights were respected, and their dignity and privacy was maintained. Where possible, people's independence was maintained and promoted. Parents/relatives were involved in people's care planning and reviews. There was positive feedback on file about the care provided.

Support plans were person-centred, detailed and contemporaneous. The daily notes were very good and contained information about people's daily behaviour and emotional status. The service ensured that information was provided in a way that people could understand it. There was a satisfactory complaints mechanism and no complaints had been received.

There was a good underlying set of principles about the care provided to people of Wendover Road. Staff were happy at the service and there was a positive workplace environment. There was an appropriate series of audits and other quality assurance processes to monitor and report on the quality and safety of care. Appropriate actions were taken when issues were identified. The registered manager and assistant manager were knowledgeable, skilled and experienced and able to lead the service well. There was good linked up working within the organisation and local community. Management and team meetings were used to share lessons learned, knowledge and updates within the organisation. We made a recommendation about the provider sharing feedback effectively with the location.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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 24 June 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?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wendover Road

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 completed by one inspector.

Service and service type

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

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

Notice of inspection

The 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, fire brigade, environmental health and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

People who used the service were not able to share their views of the support they received. To establish the quality of care provided to people, we observed the support they received and their interaction with staff members. We spoke with five members of staff including the registered manager, assistant manager, two care workers and a registered manager from another care home who attended the inspection. We also contacted staff, people's relatives and health and social care professionals in writing. Their feedback has been considered as part of our inspection.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at staff training and supervision documents. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at premises' documents and quality assurance records. We received written feedback from staff and community based health and social care professionals.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected against abuse, neglect and discrimination.
- There was a safeguarding policy and flow chart which explained to all staff how they could report any allegations of abuse or neglect. This was prominently displayed in the staff office to refer to if necessary.
- Staff received training in safeguarding adults at risk. This included during induction and on a regular basis. The staff completed regular training about safeguarding on an ongoing basis.
- The management team completed additional training in safeguarding people. They met with other managers and talked about scenarios related to protection of adults at risk.

Assessing risk, safety monitoring and management

- Risks to people, staff and others were assessed, recorded and mitigated to ensure people's safety.
- Risks from the premises were assessed. These included fire safety and Legionella. We saw that appropriate checks were completed to ensure the systems and processes for fire safety were in place. People had "personalised emergency evacuation plans" in place. Staff were trained in fire safety.
- Each person had a series of risk assessments in place. These were personalised. For example, one person was at risk of choking. The risk assessment explained how staff could mitigate the risks with the person's food and drink.
- Other risks assessed included moving and handling, accessing the community, travelling on the minibus and management of finance. Risk assessments were reviewed every six to twelve months or where new risks were identified.
- Behaviours that challenge were assessed separately and strategies to prevent and manage these behaviours were listed and followed by staff.

Staffing and recruitment

- Sufficient staff were deployed to safely to ensure people's support and care was safe.
- There were three staff vacancies at the care home at the time of the inspection. There were recruitment processes in place to try and fill the vacant posts. This included advertisements and screening of applicants by the provider's head office.
- All shifts at the care home were filled by a combination of permanent and bank workers. People's needs were always met in a safe way.
- Staffing was based on people's dependency levels. The service worked with the local authorities to ensure the correct funding and commissioning for people's needs. Some people required more intensive support, and this was appropriately provided in varying the number of staff.
- Staff supported people out into the community; people went to social events, shopping, college and to

visit others. There were enough staff to support people into the local community on a regular basis. Sometimes this included the registered manager or the assistant manager.

- Recruitment checks were undertaken to ensure that only fit and proper persons supported people who lived at the service.

Using medicines safely

- Medicines were safely managed.
- All care workers were trained in the administration of medicines. This included theoretical and practical training. The management team checked the competency of staff to ensure they follow safe processes.
- People had medicines profiles which listed side effects, people's medicines, and protocols for 'as required' medicines.
- Support workers checked each other's administration records to ensure that all medicine was given as prescribed and signed for.
- Medicines chart audits were completed monthly to check the safety elements of medicines management. These showed the staff checked documentation requirements, that the medicines were stored correctly, that stock levels were maintained and that changes to medicines regimes were reflected in the charts.
- The service received updates from the regulator of equipment and medicines in England, so that they could check for any risks for people. They worked closely with their local pharmacy to keep up to date with information about medicines safety.

Preventing and controlling infection

- The care home was clean and tidy. There was a schedule for cleaning tasks and these were documented.
- There was a standard schedule of cleaning in place.
- The service had regular updates from the provider about preparedness for coronavirus. Hand gel and face masks were ordered to ensure contingency for any outbreak.
- There were appropriate handwashing facilities and personal protective equipment for staff.

Learning lessons when things go wrong

- There was a system in place for recording accidents and incidents.
- Incidents and accidents reported by staff contained detailed information about the event. This included an investigation, outcomes and the management team had signed these off.
- Lessons learned were recorded and these could be used to prompt discussions at team meetings.
- Action plans were put in place where necessary to prevent recurrence of any 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

- People's likes, dislikes and preferences were recorded and used in their support.
- Information was gained from people, their family and the assistant manager stated, "...getting to know the person." For people who had profound disabilities, observation of their likes and dislikes was reported as the best way to understand their choices.
- People's food, clothing and personal hygiene preferences were documented. We saw one person's care documentation stated, "Two outfits are shown to [the person] to give her a choice of what she would like to wear. However, staff need to be aware that [the person] does not choose her clothes or show any preferences as to what she would like to wear."
- Cultural preferences and social norms were recorded and respected by staff. For example, two people were dressed in their faith-based clothing where they were celebrating an event.
- There was a staff photo board that was used to demonstrate which care worker was working on shift. This enabled people to see which care workers were due to come on shift and could be used as a talking point with people.

Staff support; induction, training, skills and experience

- Staff had the necessary training, knowledge and skills to effectively support people.
- Staff completed mandatory induction training to introduce them to the provider's ways of working. New workers then commenced in the care home and they were 'shadowed' by an experienced care worker for two weeks.
- Staff completed regular e-learning in various topics. A training record was maintained by the management team and staff were reminded to complete any training that was due or overdue. Staff were trained in medicines management, fire safety, autism, learning disabilities, safeguarding and health and safety. Specialist training was provided for more complex healthcare conditions, such as people living with epilepsy. The training was service specific, based on people's individual needs.
- Staff had regular supervision sessions with the management team. During the supervision sessions, staff could speak about personal and professional matters. Discussion included the provider's aims and objectives and what the staff member's development plan should consist of.
- Staff were encouraged to complete additional studies in adult social care. Most of the staff had already successfully completed the advanced training.
- The registered manager and assistant manager had completed advanced level training in managing a social care service.

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

- People had enough food and drinks provided to ensure they were not at risk of malnutrition or dehydration,
- There was access to fresh fruit and vegetables and these were incorporated into the menu. People could indicate what food and drinks they liked, and staff could cater to any special or different requests. Staff also anticipated what people's meals and drinks should be.
- There was a pinboard staff could use with people to choose pictures of food that they wanted to have.
- Cultural and faith based foods were offered and prepared to ensure that people's preferences were catered to.
- Staff ensured that risks related to swallowing and choking were managed. For example, one person had their fluids thickened to prevent choking. There was excessive stock of the thickening power, and the management team was receptive of our feedback about overstocking medicinal products.
- There was access to community based dietitians and speech and language therapists as needed. People's weights were measured and recorded regularly to monitor for any weight loss or gain.
- The service was introducing a national tool for measuring people at risk of malnutrition. The assistant manager had already completed the training, and this was being rolled out to other staff.

Staff working with other agencies to provide consistent, effective and timely care

- The service had joined up working to ensure the best care for people.
- There was good partnership working with commissioning teams, clinical commissioning group, continuing healthcare teams, social workers and healthcare professionals.
- The service also regularly liaised with the community team for people with learning disabilities. This ensured the best possible outcomes for people for people's health.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to lead healthy lifestyles.
- People could access their GP surgery nearby to the care home. The staff accompanied people to their GP appointments to ensure there was specialist knowledge of people living with learning disabilities and autism during the assessment. The staff ensured that people had their annual GP review.
- There were people who had genuine anxiety about blood tests. The service worked with the district nurse in a joined up way to ensure that people had their blood tests taken. This also prevented sensory overload for the person going to a GP surgery or hospital which were noisy and crowded.
- People's oral hygiene was maintained and encouraged. Care plans and daily records confirmed that there was enough information about how to support people to maintain their oral hygiene effectively. Oral hygiene was also discussed with staff during their annual performance appraisals. People had access to a community dentist that specialised in caring for people with complex needs.
- Other healthcare professionals included community based opticians, psychologists, psychiatrists and learning disability and epilepsy specialist nurses. An aromatherapist visited the service and completed reflexology with people.

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

- The service had a very homely environment and was well-presented.
- There was a capital expenditure programme in place. The internal aspects of the building were decorated in a modern way, with good quality fixtures and fittings.
- People's bedrooms were decorated and furnished with their preferences in mind. These were very personalised, for example with paint colours, linen and pictures or trinkets. Two people's rooms had specialised sensory equipment which included tactile (touch) and lighting to stimulate them and provide entertainment.
- The management team explained that the provider planned to make a building extension to enlarge the

dining room, include a new communal bathroom and an additional two bedrooms. At the time of the inspection, planning permission from the local authority was taking place.

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.

- Restraint was not used in the care home. Lap belts were used in wheelchairs and day chairs. There were people with bedrails in place for their safety. Staff learned breakaway techniques to deal with specific incidents involving behaviours that challenges.
- People could not provide consent themselves. Therefore, best interest meetings were held and outcomes were made for people, using the least restrictive option.
- Mental capacity assessments were in place for people. These were date and time specific, and were for particular decisions, as required by the codes of practice.
- The service made applications to the local authority to restrict people of their liberty. The management team had good record keeping related to DoLS, renewals and authorisations.
- Deputies were appointed by the courts, to manage people's finances.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people received kind and compassionate care at Wendover Road.
- Some people spent a lot of time on the floor as part of their pattern of behaviour. We observed many meaningful interactions between staff and these people who used the service. This included bending down to speak with them, providing positive redirection and support and speaking with them calmly.
- From staff meeting minutes, there was evidence that a community based occupational therapist had provided complimentary feedback. They said, "The residents always present as well-cared for, are calm and happy at every visit, and that two of the care workers were professional and friendly in working with visiting professionals."
- Written feedback from a relative stated, "You are a wonderful family team, really appreciate all you do for [the person]. Thank you ever so much." Another relative stated about a particular staff member, "You are a fantastic person. I know you have a strong bond with [the person] and because of that I feel comfortable talking to you. Thank you for listening to me and for your kind support."
- A healthcare professional told us, "Wendover Road has always kept good communication with...the service, and will highlight areas of need where they think the team can assist. They always have the residents' best interest at the heart of what they do. The staff team are always committed to improve the service and attentive to clients' needs...management are responsive, and willing to take on changes when needed."
- Another healthcare professional commented on staff who accompanied a person to their appointment. The professional stated, "The carers who came with her on the two occasions appeared caring and the client appeared calm and happy, which indicated they knew her needs."

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

- People who lived at Wendover Road could not verbally express their views or be involved in planning their care. Instead, staff used information from relatives in the planning and review of care.
- Information from people's gestures and non-verbal expressions was used to inform support plans. For example, likes, preferences and dislikes were used to provide information to staff about how to best support the person.
- Staff had helped to trace one person's next of kin who they lost contact with at birth. The staff reached out to the relative, and they became involved in the person's life including social activities and their views in the care planning for the person.
- Information from parents was written into a communication book. For example, specific clothing was brought to the care home for one person. The parent wanted the person dressed in traditional clothing for a

community event. The staff ensured that the person's clothing was used for their cultural event.

- Information from outside sources was also used to inform care planning. For example, the nearby day centre that people attended helped provide information that was relevant about people's lifestyle.
- Each person had their own diary which was written into by the care home and outside sources. This provided two way communication that could be used to ensure a person's care was specific to their needs.
- Food tasting sessions were held with people to test whether a person liked particular meals. These findings from this were able to be used to provide evidence used to incorporate into the support plans.

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged and promoted. Support plans contained information about what people could do and what they required assistance with.
- For example, a person was able to hold a flannel during their personal care and the staff were able to use this in the provision of their bathing.
- Staff respected people's individual choices. For example, one person liked to sit in a particular chair. Staff understood this person favoured this chair and encouraged them to use the chair they liked.
- Three people chose to mobilise on the floor. They were not required to use wheelchairs and their freedom to move about on the floor was respected. This ensured that they were not reliant on staff for moving around the building and could maintain a sense of independence.
- People were neatly dressed and groomed. There was a changing table in the communal bathroom. People could, with staff assistance, pull themselves up to then changing table and this ensured their independence.
- People's beds were also low to the ground. This meant the people who mobilised on the floor could get themselves into and out of their beds.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care was person-centred and contained details that provide staff with the necessary information to provide the best support to people.
- Care plans were formulated which captured all the information about a person's preferences. For example, one person's care plan stated, "[The person] can communicate her likes and dislikes around her food choices although she does not appear to have any understanding of nutritional values of food. [The person's] choice is made by either eating something or refusing to eat to eat something made for her."
- People had allocated staff appointed as their key workers. Key workers were responsible for ensuring care plans remained up to date and reflected people's choices, needs and goals. Although there were key workers, all staff were required to know details about all people who used the service.
- People's behavioural needs were well assessed and documented so that staff knew how to support them effectively. For example, a person's care plan stated, "[The person] will bring items to you or will sit next to you if she wants to interact. [The person] appears to enjoy being with other people and is very sociable. [The person] shows this by seeking out staff to interact with her."
- A 'traffic light' system was used for managing behaviours that challenge. A colour-coded system was used which included different colours for different elements of behaviour. A positive behavioural support plan was formulated as a result. Strategies for one person included sensory lights, music, a back rub, and holding hands.

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.

- Care plans provided information about people's sensory impairments and communication required. These were very detailed and easy for staff to follow.
- For example, one person's care plan stated, "[The person] communicates through her facial expressions and by making contact with staff through clapping and laughing and making vocal noises..." We observed the person and their interaction with staff during the inspection. We saw staff used this method to communicate with the person effectively.
- Another person's care plan recorded, "[The person] understands basic, simple words as long as it is kept simple and clear, for example 'bathroom'. Staff need to be patient with [the person] and give her time and space to respond."

- Staff were trained in Makaton, a type of sign language used for people living with learning disabilities. One person could use some modified Makaton words. There were pictures placed up for staff to refresh their knowledge of Makaton signs.

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

- People had an active social life. They were provided with activities both in the care home and within the wider community.
- There was detailed information about people's social lives, including their preferences for community involvement, within support plans.
- People were encouraged into the community. There was evidence they were involved and accepted into their local area. People visited the day centre, an activity groups on Fridays which included arts and crafts, a local disco, sensory sessions and stories.
- There were also parties at different care homes run by the provider. People from Wendover Road could go to the parties at the other care homes.
- For people who did not like going into the community, their lives were also enriched with in house activities and programmes. This included games and puzzles, bowling, beauty sessions including hand massages, nail painting and hairdressing.
- Information about people's social lives was clearly recorded in the daily notes. We saw entries were detailed and person-centred. We noted that people liked musicals and that staff supported people to go to autism-friendly theatre productions.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure for people to follow if they wanted to make a formal complaint. There was easy-read signage, pictures and symbols on display to help people understand how they could raise a concern (if needed).
- Relatives we contacted expressed no concerns or complaints about the service.
- An advocate could be used if a person wanted to express a complaint.
- At the time of inspection, there were no complaints about the service.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- There was a positive culture for people and staff. We observed during the inspection that people and staff were happy, laughing and enjoying living and working at Wendover Road.
- One care worker stated, "I enjoy working at Wendover Road and supporting the people that live there. I feel supported by my fellow team mates, and management are always approachable and supportive when I need them."
- Another care worker stated, "I have worked at 87 Wendover Road for over 12 years. I strongly believe and see for myself the dedication of the company and of this scheme to the wellbeing of our service users. I find my job very rewarding, when even little things can bring a big smile on someone's face. I also feel I am well supported by my manager and our assistant manager."
- Staff we spoke with confirmed the positive workplace atmosphere. One staff member had worked for the provider for more than four years, stating they enjoyed their role. They told us they lived a distance away from the service, but liked to work at the service and stayed over.
- People had very good care outcomes. Many had lived at the Wendover Road for several years. For example, one person had lived at the care home for 19 years. Our observation was that people's lives were enhanced in a meaningful way by the service's staff, and the support they received.
- The management team were receptive to feedback and took all matters raised by professionals into consideration.

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

- There was a clear statement of purpose which set out the service's aims and objectives.
- The care home's vision was, "To enable people using our service to develop independence, autonomy and responsibility in their lives through individual support and housing that is suitable, accessible and of a high quality." This was clearly demonstrated by the way that Wendover Road was run and the support we observed people receive.
- There were no serious injuries leading up to the inspection that required the use of the duty of candour requirements.
- The assistant manager stated, "We have an open and honest relationship with family members."

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

- The management team were skilled, knowledgeable and experienced in their roles. They individually and collectively ensured that the service was well led.
- There were regular management team meetings held to discuss operational matters and review the quality and safety of support provided to people. Meeting minutes showed that transition plans were discussed for two people and incentives were being introduced for the recruitment of new staff.
- A schedule of checks, inspections and audits were used to measure the governance of the service and the quality of care offered to people. These were completed by care workers, the assistant manager and the registered manager. The frequency of the audits varied from weekly to quarterly. Checks included the building and premises, environmental hazards, infection control and care documentation.
- Content in the audits was detailed. This showed a good level of scrutiny of the practices within the care home and ensured people received a well-led service. A continuous improvement plan was used to capture any improvements required, who completed them, and the date completed.
- The provider also ensured that staff, relatives' and others' welfare, health and safety were maintained. This included checks of premises and equipment that may pose a risk of harm. There was an employee assistance service available, especially when a significant event for staff occurred.
- The management team were required to check people's care documentation was an accurate reflection of their care, up to date and whether any changes were required.
- Staff were upskilled in topics, for example end of life care, so they could share the information they had learned with other staff.

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

- People, relatives, staff and stakeholders were involved in the everyday operation of the service.
- Regular surveys were conducted to gather feedback about the performance of the care home and opinions about how it was governed.
- A stakeholder questionnaire had been sent out to the families of people using the service and professionals. However, the results for the service were not relayed to the registered manager. This was something the registered manager was going to discuss with the provider and at an upcoming manager's meeting.

We recommend the provider ensures that all feedback received about a service is provided to managers at the local level.

- There were regular staff meetings held to discuss matters related to people's care and the management of the service. Topics discussed included people's needs and changes, how key workers were involved in care, staff training, community outings, professional relationships, and staff training or supervision sessions.
- There was also a county forum for services that cared for people with learning disabilities, that the management team attended quarterly. The purpose was to bring together the different providers' managers to discuss matters including best practice and how services were performing in the current adult social care landscape.

Continuous learning and improving care; working in partnership with others

- The service used a system called 'Workflow' which logged all actions taken by staff to ensure good care for people and a quality service. The management team were required to record actions they had taken. The system also used intelligence-driven information to e-mail managers when items were reaching their due date of overdue.
- We saw that the service had implemented 'flash meetings' in addition to the regularly scheduled meetings. These were used to have prompt, contemporaneous discussions which included night staff and

more staff, more often.

- The service received regular e-mail updates from external agencies such as Skills for Care, the Care Quality Commission and other national organisations.
- A staff member had created a pictorial board about how to stay safe in an emergency or a fire. This included large font text and symbols and pictures to help explain the information. The management team decided to complete this with people after prior care home fires.
- Staff were provided with aide memoire cards that they could carry with them containing information about dignity and the Mental Capacity Act 2005.
- The staff created 'pen portrait' posters which were in people's bedrooms. These included information at a glance about a person which included key points that staff could use to remind them about a person's personal traits.
- The service was using 'go mobile'; a system to move away from paper-based documentation and use electronic systems that were accessible from any point by relevant staff members.
- Although people at the service did not receive end of life care at the time of the inspection. However, the service had created a very comprehensive document which captured all preferences for end of life. This was shared with other care homes within the provider, who had adopted the same system of recording palliative care preferences.
- Where a person had a complex need, the service developed a chronological list (timeline) of a person's health. These could be provided to health and social care professionals to explain how a person's health had declined and what intervention may be required.