Outward

Wood Street

Inspection report

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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
Wood Street is registered to provide personal care and support to people with a learning disability or autistic spectrum disorder, physical disability, older people and younger adults living in a 'supported living' service.

This service provides care and support to people living in 15 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of this inspection, the service was providing personal care to 76 people.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism.

Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the director of care and support at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way.

People's experience of using this service and what we found
People were supported by kind and caring staff who treated people as individuals and with dignity and respect. The provider had robust recruitment systems to ensure staff were safely recruited. Staff spoke knowledgably about the systems in place to safeguard people from abuse. People were supported by staff who were inducted, trained and supervised.

People told us they felt safe and systems were in place to safeguard people. Risks to them were identified and managed. Where required people were supported with their medicines. Infection control measures were in place to prevent cross infection. The support required by people with health and nutritional needs was identified and provided.

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.

People told us staff were kind and caring. Their privacy and independence were promoted. Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if they needed to.

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 had person centred support plans in place. They were actively involved in their care and contributed to the development of care plans and reviews. People had staff support to access activities and holidays. This was flexible and provided in response to people's choices. People's communication needs were identified, and their end of life wishes were explored and recorded.

The provider had effective quality assurance systems to monitor the quality and safety of the care provided. People were asked for their views and their feedback used to improve the service and make any necessary changes.

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 22 March 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.

Wood Street

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 team consisted of four inspectors, one assistant inspector and two experts 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
The service provides care and support to people living in 15 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had five managers 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
The inspection was announced. We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.
Inspection activity started on 3 September 2019 and ended on 4 September 2019. We visited the registered office location and four supported living schemes on 3 September 2019.

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 visited the registered office and spoke with the chief executive, the director of care, a registered manager, the positive behavioural lead, the senior quality officer, a service manager and two support workers.

We visited nine people and spoke with two registered managers, two service managers, one deputy manager, two team leaders and four support workers in four supported living schemes. We also spoke with two people who used the service and with 13 relatives on the telephone about their experience of the service.

We reviewed a range of records. This included nine people's care records and eight medicine records. We looked at 10 staff files in relation to recruitment and at the staff supervision records. 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. The provider sent us various documents we requested during the inspection.

Good

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 now 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 and their relatives told us they felt the service was safe. One person said, "I feel safe living here and with the [staff]." Another person commented, "I feel safe with staff and [people who used the service]." A relative told us, "I know my [relative] is safe here because I had no complaints or concerns whatsoever."
- The senior management staff we spoke with were aware of their responsibilities to report safeguarding incidents to the local authority and the Commission. Records were maintained of alerts made, the outcome and action taken.
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
- Staff we spoke with had a good understanding of their responsibilities. One member of staff said, "I report it to the manager and I won't keep quiet about it." Another staff member said, "We have to watch, be observant, of any signs of abuse. Report it immediately to the manager."
- Staff completed safeguarding training to provide them with knowledge of abuse and neglect.

Assessing risk, safety monitoring and management

- Risks associated with people's health, care and mobility needs were identified, assessed and reduced to ensure they received safe care.
- People's risk assessments gave staff detailed information on the risks, severity, likelihood and measures for staff to follow to minimise the risks whilst still respecting their independence and freedom. Risk assessments were up-to-date and reviewed regularly. They were for areas such as autism, absconding, safety at home, cooking, food handling, eating and drinking, falls, swimming, using stairs and lifts, fire, travelling in the community and medicines.
- Staff knew risks to people and the measures they were required to take to minimise them. Their comments included, "We should know risks to [people] and how to reduce them. Such as one person doesn't understand road safety. We need to supervise [person] when crossing roads or those with choking risks, make sure the food is chopped in small pieces, so they don't choke." and "At home we do risk assessment, make sure all doors are secured by keys, and to ensure the window restrictor [are] safe."
- This meant staff provided care to people in a safe manner.

Staffing and recruitment

- People and relatives told us there were enough staff available to support them and meet their care needs. One person said, "There is staff here all day and night. During the week there are two or three staff during the day." A relative told us, "The staff are consistent."
- Staff told us there was sufficient staffing levels and their shifts were covered when they were off sick and

annual leave. One staff member told us, "I know beforehand who will look after my [people who used the service] and I will speak to them of what they need to do. After I comeback from annual leave I will speak to the person who covered my shift, speak to the [person] and also look and read at the communication book." Another staff member said, "Yes, there enough staff."

● Appropriate recruitment checks had been undertaken. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.

Using medicines safely

● People told us they received medicines safely and on time. A person said, "Staff help me with medicines. Yes, do get them on time." Another person told us, "Staff support me with meds."

● Staff were trained in medicines administration and their competency assessed before they supported people with medicines. Staff were able to demonstrate how they provided safe medicines support. A staff member said, "I ask [people] and speak to them during the medicines time. Put the medicines in the cup, give them a glass of water and once they have taken the medicines I would record it." Another staff member told us, "Right medication has to be given to the right person. Right dose at [the] right time. Complete the [medicines records], and record what [medication] is remaining."

● Medicine administration records showed they were appropriately completed without any gaps and errors. There were processes in place to identify issues and errors, and audits showed issues had been identified and acted on promptly.

●This meant the provider had systems in place to ensure safe management of medicines.

Preventing and controlling infection

● Staff completed training in infection prevention and control. Records confirmed this.

● Staff had access to and used disposable protective items, such as gloves and aprons. One staff member told us, "We make sure that we wash hands. It is very important. We use [personal protective equipment]. We don't use the same hand gloves, we change them and wash hands before moving onto another task."

Learning lessons when things go wrong

●The service had systems in place to record accidents and incidents. Staff were aware of their responsibilities to record all accident, incidents and inform their manager.

● Each of the five registered managers completed a workbook which included accidents and incidents which included a section on what lessons could be learnt. It showed action was taken to prevent reoccurrence, which showed learning from incidents.

Good

Is the service effective?

Our findings

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

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 told us their needs were met and relatives told us staff provided effective care. A person said, "Yes, [staff] are good. Yes, [staff] do listen to me and friendly towards me." Another person told us, "Staff spend time with [me] and ask me what I would like to do." A relative commented, "My [relative] is non-verbal but he can make choices by opening the fridge and pointing to what he wants to eat, he makes his own choices for most things."
- People had an assessment of their needs prior to any service being offered. Assessments covered people's life history, likes and dislikes, communication needs, mental capacity, personal care, mobility, daily living skills, finances, social life and activities, health and wellbeing, medicines, nutrition, fire safety and behaviours that challenge.
- Staff we spoke with knew people's preferences, likes and dislikes. One staff member told us, "I read their support plan and find out how to care for people. Yes, there is enough information about people in their support plan such as their personal care, family, and health."

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. All new staff completed an induction which included training and shadowing another staff member until competent and confident to deliver care. Staff completed the Care certificate. This is a nationally recognised induction programme. One staff member told us, "They give you ten training sessions as part of the induction and two weeks shadowing with managers."
- Staff completed training considered mandatory by the provider. This included understanding how to support people with a learning disability and people who were on the autistic spectrum. Staff also had Positive Behaviour Support (PBS) training which gave staff information on learning disabilities and autism, including environments and different approaches to supporting people with autism and learning disabilities. One staff said; "We do refresher training every year. Recently completed medication and risk assessment online and face to face. We also [did] first aid and manual and handling training. They are important for my day to day role." Another staff member told us, "We do social care training in [a] classroom format. We [did] mental health and manual handling training. Very good training."
- Staffs knowledge to deliver safe and effective care was developed through a training programme, competency checks, supervisions and appraisals. A staff member said, "Supervision meeting happens every three months. Part of the meeting they listen to our views, [and] any training we need to attend. Appraisal happens once a year. This is to see what I have achieved this year and can set goals for next year." Another staff member told us, "[Supervision] very nice and useful. Explain and discuss about work, [manager] asks if I have any problems, gives me an opportunity to talk about my private life. [Manager] maintains confidentiality."

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported with food and drink in line with their support plans and any risk assessments. For example, how to support a person safely who is at risk of choking when eating or drinking.
● One person told us, "I like the food here. Staff cook what I like." Another person said, "Staff helps me with food. Staff ask me what I want to eat. I like to eat chicken, [and] pasta. I like having cereals for breakfast. I also go out to restaurants for meals. Staff take me to restaurants." A relative commented, "[Staff] allow [relative] to make her own decisions about food and drink."
● People's support plans outlined the support required with their meals. People's independence around shopping and cooking meals was encouraged. One person said, "I like the food I buy at shopping."
● Risks around malnutrition or being overweight were identified and managed. People were supported to access other health professionals to support them with their nutritional needs when required.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Staff told us they worked in partnership with other health and social care professionals to meet people's needs. Records confirmed this. People had a list of professionals who were involved in their support recorded in their support plan, with the contact details available.
● People who used the service and their relatives told us the service supported them to access healthcare services. One person told us, "Yes, [staff] do take me to doctors, opticians and dentist." A relative said, "If Outward spot that my [relative] is unwell, they make an appointment and let me know before they take him."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People and relatives told us staff asked their consent before they provided care. One person said, "Yes, [staff] do [ask consent], always such as with medicines." Another person told us, "[Staff ask] if I need help with anything." A relative commented, "My [relative] chooses what she wants to eat and when she wants to eat. [Staff] take her shopping so she can buy what she likes."
● Applications had been made to support people around finances and accessing the community. Mental capacity assessments were in place to assess the level of capacity people had. Some people had varying levels of capacity. Support plans had recorded people's capacity.
● Relatives were involved in making decisions where people lacked capacity. Records confirmed the service had recorded people had Lasting Power of Attorney (LPA) documents when they were unable to make their own decisions.

Good

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 rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People who used their service and their relatives told us staff treated them kindly. One person said, "I like all the staff. They are caring and friendly." A relative told us, "[Staff] very caring. Staff have a good bond." Another relative commented. "I really appreciate the staff and the [provider]. I'm so grateful to the service they provide for my [relative]."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "I love [people who used the service] as I love my job. I like caring. I make sure I make [people] happy. I always try to do my best to make sure to give them [a] meaningful life." Another staff member told us, "It's a good relationship, very mutual but it has boundaries. I have my professional boundaries."
- Discussions with senior management and staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. One staff member told us, "I would support [LGBT] people] wishes. Once you work in care you have to consider people's needs." Another staff member said, "We would support them the way they would like to. Just make sure we treat them with respect."
- Staff told us, and records confirmed they had recently had a presentation and discussion on relationships and sexuality in adult care settings in their team meeting. The presentation covered topics on LGBT, sexuality, sexual attraction and gender identity.
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care.
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.
- The provider had recently started a monthly social group for people who used the service to talk about gender, identity and sexuality.

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

- People's views and decisions were respected, and staff were mindful that people could choose how they wanted to live in their own homes. Staff told us they prompted, encouraged and assisted people where able to maintain their flats. One relative said, "My [relative] likes her own space and staff respect that."
- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Records showed people who used the service and relatives were involved in care planning and reviews. One person said, "Yes, I have got [care plan]. I decide what support I need. Oh absolutely, I am in charge of

my care and life." Another person told us, "[Staff] review my care with me."

Respecting and promoting people's privacy, dignity and independence

● People and their relatives told us privacy and dignity was respected. One person said, "I like being on my own sometimes and I get to have my own space." Another person told us, "[Staff] treat me with respect." A relative said, "Staff make sure my relative is covered up when coming out of the bath, no visitors can visit my relative without being verified [and] staff knock on my relative's door before entering."

● Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "When giving [people] a shower or full body wash, knock before I enter and wait for their response. I will close the door when providing a wash. Cover certain parts of the body to maintain their privacy. I will tell them what I will be doing." Another staff member said, "If there is planned meeting between the [person and] family member. I will go to another room and give them time."

● Staff promoted and encouraged people's independence. A staff member told us, "You let [people] do things by themselves, such as assist them in tidying their flat, fix their bed, making tea, putting on the kettle, so that we don't take away whatever little they can do." Another staff member said, "Encourage [people] to wash their own body. If they can't wash their body, I will help them. I also encourage them to brush their own hair. I will also let them choose their own clothes."

Good

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

● Staff showed us they knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, support plans had clear details around how a person preferred to be supported with personal care and day to day tasks necessary to obtain desired outcomes. One support plan stated, "[Person] likes to have a bath in the morning before breakfast and again in the evening as needed to promote a good sleep routine. Show [person] the bath foam bottle as the object of reference."

● People had comprehensive care and support plans in place that were reviewed regularly and adapted when people's needs changed. They provided staff with guidance on how to respond to people's needs effectively and safely and according to their preferences. They also included people's positive behavioural management plans that gave staff information on triggers, signs and actions they were required to take to support people when they displayed behaviours that challenged.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The service was aware of the Accessible Information Standard and had guidance in place to support this.

● Where required information was provided to people in alternative formats such as pictorial format, large print and easy read to enable them to access information in a way they could understand.

● The provider had worked together with an external company to provide assistive technology for people. For example, electronic tags were placed around people's home. People could scan their smart device and a video was played to help them with such tasks as doing household tasks and their relatives showing them how to cook their favourite meals.

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 engaged in a wide range of activities in their own homes and in the local community. One person told us, "[I do] bowling, cooking, and I go out to eat and days out." Another person said, "Yeah, I do art, that's keeping me busy. On Tuesday and Friday I work at the charity shop." A relative commented, "Since moving here, my [relative] has made lots of friends because the home seems to do lots of activities like events, birthdays, barbeques, horse riding and shopping." Another relative said, "They have taken my [relative] on holiday to Portugal, Ireland and Spain."

● People were supported to attend their place of worship. One relative told us, "[Relative] seems to enjoy

going to [place of worship] every Sunday."
● People were encouraged and assisted to maintain and remember relationships that were important to them. People were supported to stay in touch with friends and family.

Improving care quality in response to complaints or concerns
● Complaints were logged and responded to appropriately. An easy read complaints process was available for people, to ensure they understood how they could complain if needed to.
● People and relatives told us they knew how to make a complaint and they felt comfortable in raising concerns. A person said, "I would feel comfortable [to complain] if something has upset me. I've been told I can talk to staff or management or I can even take my complaint higher if anything is bothering me." Another person told us, "I would speak to staff or [service manager]."

End of life care and support
● The provider had a policy and systems in place to support people with their end of life care needs.
● At the time of our inspection, the service was not supporting people at the end of their life. Some people's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded. People's communication, ability to understand and capacity were considered.

Good

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; 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

- People and their relatives told us they got on well with the senior management team and were happy with the service provided. One person said, "I get on with [service manager] really well." A relative told us, "The [service manager] is kind. [Service manager] is a very good manager. We are working together."
- Staff had worked with people for long periods of time and knew them well. This enabled positive relationships to develop.
- Duty of candour requirements were met. The director of care and senior management team had a good understanding of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

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

- The director of care, senior management team and staff were clear of their roles, and their responsibilities in meeting the provider's set quality standards, and the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- Staff told us the senior management team were supportive and approachable. Their comments included, "[Senior manager] is very good, very supportive, listens to our needs.", "New deputy manager asks for feedback for their improvement. Very knowledgeable. They are good. Very diplomatic" and "Yes, [senior management team] are very easy to talk [to], approachable, respond very well, they listen and do whatever we ask and respond to and give us help in the areas we need. Yes, they are good leaders."
- The provider had effective systems and processes in place to enable the director of care to have oversight of the management of the regulated activity.
- Records showed the different schemes received an internal quarterly audit. The provider asked people who used the service to visit other schemes to do quality checks. This included observations of the environment, support given by staff, accessible information for people, activities, food, house meetings and talking to people who used the service.
- The provider conducted annual audits of each of the schemes. The audits were led by managers from other schemes. The annual audits looked at general records, health and safety, safeguarding, accidents and incidents, complaints, support plans, outcomes for people, medicines, finances, training, discussions with staff, and quality assurance. Records showed action plans were created and had to be actioned within three

months. Board members for Outward also attended the annual audits.

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

● Systems were in place to enable people, staff and relatives to give feedback. The provider carried out surveys with people, relatives, professionals and staff.

● People had regular reviews of their care and the service facilitated meetings in the supported living services.

● Records confirmed the provider carried out regular staff meetings which included actions from the last meeting, updates on people who used the service, safeguarding, accidents and incidents, CQC notifications, complaints, team success and policy of the month. One staff member said, "We can talk about any issues, exchange ideas and how to help each other." Another staff member commented, "Every month we have team meetings. Yes, very useful, we know what is going on, we discuss about service users, staffing issues, what is going on, any areas struggling in, so that we are all kept informed about things."

● The director of care held regular meetings with the five registered managers. Topics included training, infection control, finances, audits, appraisals, medicines and night spot checks.

● Senior management and staff respected people's diversity, personal and cultural needs. We found examples to support they were continually looking for new experiences and opportunities to enhance people's lives. For example, recently starting a social group for people to discuss gender and sexuality.

Continuous learning and improving care; Working in partnership with others

● The provider worked in partnership with external agencies where they could learn and share valuable knowledge and information. For example, the positive behavioural lead told us they were involved in the national project STOMP, stopping over medication of people with a learning disability, autism or both. This helped staff to focus on reducing, where possible, people's medicines and helped improve people's lives.

● Staff and the senior management team shared examples how they worked with professionals. This included social care professional who commissioned the service and other's involved in people's care.