

Consensus Support Services Limited

Huntley

Inspection report

76 Richmond Rd
Worthing
West Sussex
BN11 4AF

Tel: 01903231931

Date of inspection visit:
19 November 2018

Date of publication:
14 January 2019

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Huntley is a residential care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered for up to 11 people living with a learning disability, complex needs and autism.

At this inspection on 19 November 2018, there were seven people living at the home. There were both men and women living at the home and people had lived at the home for many years. Accommodation is provided over two floors and people have their own rooms and share communal bathrooms, one person had a room with an en-suite. People had access to a large communal lounge, sensory room and garden.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The principles of Registering the Right Support were fully embedded within staff practice and the ethos of the home. People were active members of their local community and staff were proactive in supporting people to make choices which enabled their independence.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People received an extremely responsive service where staff went above and beyond to ensure people's needs, wishes and aspirations were at the forefront of everything they did. Care was extremely personalised to meet the needs of individuals. People were at the centre of care planning and fully involved in the process. Staff were exceptionally responsive to people's individual's needs and allowed them to live their lives how they wanted. One relative told us, "she gets the most from life and as a parent I could not be happier, it is such a weight off my mind knowing she is in a home where she is able to be her".

People had access to an extensive and wide variety of activities. Staff identified that activities were an integral part of people's lives and were led by people's choices. People received compassionate and dignified end of life care that respected their wishes. People were proactively supported to maintain

relationships with people who were important to them. Staff went above and beyond to understand people's family relationships and promoted people's right to maintain and develop these.

People remained safe. A relative told us, "My daughter is totally safe living at Huntley. I know this because there are always staff around day and night and it is very secure. I have no concerns about her safety." Staff continued to have a good understanding of safeguarding and there were systems and process in place to keep people safe. Medicines management continued to be safe. Staff who administer medicines were trained and had regular competency checks. Lessons were learned when things went wrong and accidents and incidents continued to be managed safely.

People's needs continued to be assessed prior to people moving into the home and regularly thereafter. People could make day to day choices and staff adapted their approach to enable this. A relative told us, "The care is always focussed around what she wants, they never make her do anything she does not want to do. She has full choice over daily decisions." People were supported to have a balanced diet and had access to healthcare professionals as and when they needed them.

People continued to receive kind and compassionate care. One relative told us, "We are over the moon with the kind and compassionate care our daughter receives." People's privacy and dignity were respected and maintained. People and their relatives, where appropriate, continued to be involved in decisions about their care and were given support to express their views. A relative told us, "I am full involved in decisions about his care and listened to, they make sure they involve him too and always give him choices."

The home continued to be well-led. A relative told us, "The service is very well managed, the manager or deputy are always available to talk to me. You can tell how well it is managed through the excellent attitude of the staff." The culture of the home remained positive and enabled people to live how they wanted to. People, staff and relatives remained engaged and involved in the service provided. Daily feedback was sought through people's engagement with staff, key worker meetings and care reviews.

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 home remains good.

Is the service effective?

Good ●

The home remains good.

Is the service caring?

Good ●

The home remains good.

Is the service responsive?

Outstanding ☆

The home had improved to outstanding.

Is the service well-led?

Good ●

The home remained good.

Huntley

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was a comprehensive inspection which took place on 19 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for adults who are often out during the day. We needed to be sure that they would be available to talk with us.

The inspection was carried out by one inspector. We spoke to the registered manager, three members of staff, three relatives and two people who live at the home. We completed observations in communal areas, due to the nature of people's needs, we were not able to ask people direct questions, but we did observe people as they engaged with their day-to-day tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We pathway tracked the care of four people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care. We reviewed records including; accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and two records relating to staffing.

Before the inspection, we reviewed information relating to the home including correspondence from people, professionals, and notifications sent to us by the registered manager. A notification is information about important events which the provider is required to tell us about by law. We also used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

After the inspection we spoke with a social care professional to gain their views of the service.

Is the service safe?

Our findings

People remained safe. A relative told us, "My daughter is totally safe living at Huntley. I know this because there are always staff around day and night and it is very secure. I have no concerns about her safety." Another relative said, "I have no concerns about his safety. Security is very important to him and I know he feels secure as he is always happy to be there."

Staff continued to have a good understanding of safeguarding and there were systems and process in place to keep people safe. A member of staff told us they felt comfortable reporting any concerns to the manager and were confident these would be addressed. We saw records that concerns had been referred to the local authority and notified to the Care Quality Commission in line with the provider's policy.

Risks to people continued to be assessed. Staff had a flexible approach to positive risk management which ensured good outcomes for people. For example, one person was living with epilepsy and this posed a risk to them using the stairs. This risk was assessed and staff implemented strategies which supported the person to use the stairs safely. This positive approach to risk management allowed the person to move freely around the home and maintain their independence in a safe way. Their relative told us, "She could not use stairs before living in Huntley, she now uses these independently with staff supervision for her safety."

Medicines management continued to be safe. Staff who administer medicines were trained and had regular competency checks. We found that the MAR charts included a photo of the person and information about any allergies which supported their medicines to be administered safely. Protocols were in place for medicines that were prescribed on an 'as needed' basis, these were individualised and gave staff effective guidance about each individual medicine.

There were sufficient numbers of staff to meet people's needs. The registered manager told us they were using agency staff whilst they were recruiting new staff. The registered manager used the same agency staff to ensure continuity of care for people. Agency staff were supported with a detailed induction which allowed them to understand people's needs before working with them. Recruitment procedures remained robust and ensured staff were suitable and safe to support people before they started work at the home.

The home remained clean and tidy. Staff had training in infection control and there was an infection control policy and procedure in place that was readily available for staff. Staff had access to personal protective equipment such as gloves and aprons and cleaning products. A relative told us, "The home is always clean and tidy and is a homely environment for the people living there."

Lessons were learned when things went wrong and accidents and incidents continued to be managed safely. For example, one person had an unwitnessed fall. Staff sought immediate medical attention for them, reviewed their falls risk assessment and supported them to see a physiotherapist to reduce the risk of them experiencing another fall.

Is the service effective?

Our findings

People's needs continued to be assessed prior to people moving into the home and regularly thereafter. Care plans showed people had initial assessments to ensure their needs could be met at the home. Protected characteristics under the Equality Act (2010), such as disability and sexual orientation were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 at the home were subject to a range of restrictions due to the complex nature of their needs. The management team and staff continued to have a good understanding of MCA and DoLS. One member of staff told us, "We never assume people don't have capacity, people have the right to make choices and we support people to make day to day decisions such as what they would like to eat." The registered manager had made appropriate DoLS applications to the local authority. DoLS applications were detailed and decision specific to ensure outcomes for people were met in the least restrictive way. Where people had DoLS authorisations these were known by staff and adhered to.

People could make day to day choices and staff adapted their approach to enable this. A relative told us, "The care is always focussed around what she wants, they never make her do anything she does not want to do. She has full choice over daily decisions." People were asked for their consent before being supported. For example, one person was asked their consent before being supported to eat their lunch.

Staff continued to have skills and knowledge to deliver effective care and support. Staff received a range of training opportunities including learning disability awareness and specific training to support people's communication needs. A member of staff told us, "The training is very good and allows us to have the knowledge to support people well." New staff received a robust induction focussed around people's needs. They shadowed more experienced staff to support their learning and understanding of how best to support people. Staff had regular supervision with their manager. One member of staff told us, "We have regular supervision which is led by us. It gives us an opportunity to discuss what is going well and what could be improved."

People were supported to maintain a balanced diet. A staff member told us that menus were based on what people liked and people could choose what they wanted to eat by looking at photos of meal options. We

observed lunchtime, there was a relaxed and friendly environment.

Staff continued to work well within their team and across organisations to meet people's needs. We saw that staff had regular team meetings and handovers to share learning. A member of staff told us, "We are a good team and support each other to look after people well. It is a really nice working environment."

People continued to be supported to access healthcare services as and when needed. We saw evidence that people had access to a variety of healthcare professionals. One person did not like to attend dentist appointments. Staff supported the person by creating a 'dental passport', this provided the dentist with information to support the person and make the appointment a positive experience. People's health care plans contained details for staff to support their specific needs and guidance on how to identify and support someone should they be in pain. A relative told us, "I am kept up to date on his health and they are very proactive in getting him support."

People's needs were met by the design and adaptation of the building. People could move freely around the communal areas and in the gardens.

Is the service caring?

Our findings

People continued to receive kind and compassionate care. One relative told us, "We are over the moon with the kind and compassionate care our daughter receives." Another relative said, "The place could fall apart and the staff would be there holding it up, they are completely dedicated to the people living at the home. They are so lovely and caring." We observed positive interactions between people and staff, staff knew people well and had built trusting relationships. A relative told us, "They are friends of people living there as well as staff. They have developed lovely relationships with people."

Staff had a visible person-centred approach to supporting people. From our discussions with staff and observations of their support of people, it was evident that they were committed to providing people with individualised care which supported their independence. For example, one person was supported to develop their independence by preparing their own meals. Staff supported them to access the kitchen and over time the person has developed their skills and we saw photos of them preparing their own cereal. A relative told us that their loved one could not eat independently before living at Huntley. We saw that their care plan supported their independence and guided staff to support them to eat independently. We observed the person eat their lunch with minimal support from staff.

Staff respected people's human rights, equality and diversity. Staff gave us examples of how they supported people's diverse needs including those related to disability and sexual orientation. We also observed staff show people emotional support, whilst maintaining a sense of professionalism.

People's privacy and dignity were respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. People were offered time alone in the privacy of their room when they needed this. Staff understood the importance of confidentiality and did not discuss personal information about people. People's care plans were stored in a lockable cabinet which supported their information to remain confidential.

People and their relatives, where appropriate, continued to be involved in decisions about their care and were given support to express their views. A relative told us, "I am full involved in decisions about his care and listened to, they make sure they involve him too and always give him choices." People continued to have access to information in a format which reduced barriers to communication. Staff had a good understanding of how people communicated and expressed themselves. For example, one person communicated using pictures. This method of communication was reflected in their care plan and staff told us how they used objects of reference such as a razor to ask the person if they wanted support to shave.

People's cultural and religious needs continued to be met in a proactive way. For example, one person liked to attend church regularly. Staff respected the person's beliefs and supported them to go to a church service every Sunday.

Is the service responsive?

Our findings

People received an extremely responsive service where staff went above and beyond to ensure people's needs, wishes and aspirations were at the forefront of everything they did. People, relatives and a social care professional consistently gave us feedback about how the service was exceptionally personalised to meet people's individual needs. A relative told us, "They know my daughter so well, her likes and dislikes and every aspect of her care is tailored to make her life the best it can be." Another relative said, "The staff are so patient and understanding of her needs. They know her so well and are always one step ahead so she has the care she needs to be content." A member of staff told us, "We support people do to activities of their choice, we are always looking for new things so people aren't bored and can have new and positive experiences." Staff had fully embraced the principles of Registering the Right Support guidance to enable people to lead a fulfilled and ordinary life, reflective of their interests and choices, as any other citizen. Staff had a clear focus on enablement to support people to develop their skills and interests. This approach promoted people's independence.

People were supported to live as full a life as possible. People's likes and dislikes were identified so they could be incorporated meaningfully into an activity for each person. A relative told us, "They really support his interests he loves to go out and be with people, they taken him to the pub and support him to maintain friendships outside of the home." Staff continuously sought ways to improve people's care so they had positive experiences and offered them opportunities to experience new things and broaden their horizons. For example, one person had a special birthday, staff knew of their love for trains and that they were a 'foodie'. Staff used this information to think of different things to make their birthday a memorable one. A member of staff accompanied the person to spend their birthday enjoying a seven-course meal on the Orient Express. Staff knew the person really wanted to mark this special occasion so they organised a limousine to pick them up and take them to the day out. We saw photos of the person who looked very happy enjoying a new experience on their birthday. Another person wanted to go to a chocolate making class for their birthday but the company were not available. Staff went above and beyond to ensure the person could enjoy their chosen activity on their birthday. They bought ingredients and chocolate making equipment and gave them their own chocolate making class at the home with their relative. The relative told us how happy their loved one was with this. Staff had really taken the time and effort to really give them birthday they wanted.

We observed all people in the home to be actively engaged in activities of their choice which fully reflected their interests throughout the inspection. People had access to an extensive and wide variety of activities. Staff identified that activities were an integral part of people's lives and were led by people's choices. Staff supported people to be active in their local community. A relative told us, "she absolutely loves meeting new people and going out to eat, they regularly support her into the community to do activities and meet new people." Staff knew this about the person and we saw evidence that they went out into the community regularly and were supported to safely interact with people which supported the social skills. Another person was keen to work, staff supported them to attend a day centre daily which they called their 'work.' Staff were respectful of this and the importance of their work for the person, we observed staff chatting with them in an empowering way about their working day when they returned home. Staff had identified new

interests for people and actively supported them to engage in new activities to develop their skills. For example, one person appeared animated by watching football on the television. They began to take them to local football matches which they enjoyed, staff are developing this interest by supporting the person to attend a football league which they can play in. Staff involved people's family histories and interests when supporting people with activities. One person's parents were keen Morris dancers, the person loved Morris dancing and watching it. Staff supported the person to watch Morris dancing videos on the internet and took them to local events where they could watch this live. Staff told us they support people through 'experiential learning', this means that they support people to positively take part in new activities to see if they enjoyed them. Staff's positive approach to engaging people in activities rather than making assumptions supported people to have control over their lives. For example, one person historically enjoyed line dancing. Staff supported the person to attend a local line dancing lesson and arranged a taster session so the person could decide if they wanted to do it again. The person really enjoyed themselves and will be taking part in the activity regularly. A member of staff told us, "We have developed positive relationships with people and work with them to overcome any barriers and challenges they may face. We are even working with someone to do an indoor sky dive as it is the goal." We saw evidence that staff were supporting the person with this ambition. This proactive and inclusive approach to support people's wellbeing, allowing them to achieve their goals and develop their confidence had a very positive impact on their quality of life.

Care was extremely personalised to meet the needs of individuals. People were at the centre of care planning and fully involved in the process. A social care professional also identified a high level of person centred support at a recent quality assurance visit. Individual care plans were very detailed, and incredibly person centred giving staff explicit guidance to staff on how to support people in the way they wanted and we observed staff to use this guidance effectively. Staff sought innovative ways to include people in reviews of their care. For example, one person had a love of chocolate and making chocolates. Staff incorporated their interest to involve them in reviewing their care. Staff made chocolates with them in shapes that represented different aspects of their care, such as a flannel. Staff then used these chocolates as objects of reference to gain the persons views of how they like their care to be delivered. Another person loved rhymes and songs, and a member of staff communicated with the person through singing and rhymes to gain their feedback of the care they received. They then turned the person's views into a rhyming song. They wrote this out on a canvas and the person added pictures of reference which supported them to be fully involved in the process in an innovative way. The person was very pleased to show the canvas and we saw photos of them enjoying singing along to the song with their parent. A third person's most favourite food was bananas, and a member of staff used bananas as an object of reference to gain their interest in the review of their care. They printed what the person had told them on cut outs of bananas to gain their interest and ensure they information was accurate to inform their care moving forward. This conscientious and inclusive approach by staff ensured that people were fully involved in reviews of their care so they had control about how they liked to be supported. Staff recognised that people's relatives were integral in the process of care reviews to ensure they fully understood people's needs. Relatives felt listened to and respected and that their loved one's wishes were of the up most importance to staff. One relative told us, "They always listen to and seek my opinion as a mother. I am involved in any changes or reviews of her care plan. If they don't agree with my thoughts they always tell me why and work in my daughter's best interest to ensure she has her care in the way she likes it."

Staff were exceptionally responsive to people's individual's needs and allowed them to live their lives how they wanted. One relative told us, "she gets the most from life and as a parent I could not be happier, it is such a weight off my mind knowing she is in a home where she is able to be her". When providing personal care to people, staff were diligent in ensuring that care was delivered how the person wished for it to be. Staff had an excellent knowledge of people's personalities and how they communicated, this meant they

could respond immediately to changes in people's mood or health. Staff went above and beyond to ensure people's health needs were responded to in a timely manner and provided tailored support to greatly improve their wellbeing. For example, staff noticed that one person appeared to be in pain due to behaviours they were displaying. They supported the person to access the GP, after tests and referrals the person was diagnosed with a chronic disease that can cause high levels of pain and discomfort. Staff worked with healthcare professionals and a specialist nurse to ensure the person had the right medicine to reduce their pain and received specialist support to manage their disease. Staff were fully aware of the person's illness, what this meant for them and how to support them. This person had been living with this disease for many years undiagnosed without their pain being managed, staff's deep understanding of the person's mood and behaviour allowed them to identify the person was experiencing pain. The registered manager described the person as having 'a new lease of life' due to the staff's understanding of their disease and the specialist support they received.

Another person had a poor relationship with food and fluids. Staff did not dismiss the person's response to food and fluid as part of a behaviour. They showed genuine concern for the person's welfare and proactively supported the person to eat and drink by providing support tailored to the person's needs to encourage them to have a healthy diet. Staff noted the person was losing weight and immediately sought support from dietitians and utilised their guidance effectively. This proactive response from staff supported the person to gain 5 kilograms. Due to the improvement in the person's health and weight they were discharged from the dietetics team. Their relative told us, "she has had a long-standing issue with not always eating and drinking. The staff are so caring around this and don't dismiss it as part of her behaviour. If she doesn't want to eat or drink staff are genuinely concerned and support and encourage her to do it. They have involved GP's and dietitians and have strategies in place to support this." The trusting relationship staff had built with this person had a significant positive impact on their health and wellbeing.

Some people within the home had very limited communication. Staff were aware of how each person communicated and used different strategies and aids to help people communicate their needs and preferences. The registered manager was proactive in ensuring that the service complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The manager had sourced training to further enhance staff's communication skills. They identified that some people used Makaton and supported staff to access this learning to improve their understanding of and communication with people. Makaton uses signs and symbols to help people communicate. One member of staff told us, "I have recently gone on Makaton training, we have three people that use Makaton and this will help me better support them and communicate with them." The registered manager had considered the use of assistive technologies to improve people's experiences. Staff spent time using technology to better support people's understanding and ability to make decisions about their lives. People were encouraged and enabled to use computers to support them make choices. For example, one person was shown different places and activities to help them pick a holiday. Staff knew of their love for adventure, nature and being active and showed them places that would meet their interests. They chose to go to Centre Parcs by looking at videos and pictures of this on the internet and booked activities to do whilst they were there which met their interests, such as falconry and swimming. We saw photos of the person smiling and laughing whilst on their holiday. Another person is supported to use a computer which they control through eye movements, staff have supported their use of this to develop their independence. Through this support they are now able to use this to order a drink in the pub which is one of their favourite things to do.

People received compassionate and dignified end of life care that respected their wishes. End of life care was considered by staff and people's wishes at the end of their life were recorded in their care plans. If people needed to be in hospital at any time the registered manager ensured a member of staff was with

them all day, every day of their stay. They told us they went the extra mile to be with people to provide them with a feeling of safety and comfort of a face that was known to them to ease any worries. One person was supported to pass away at the home in line with their wishes, staff supported them and their family compassionately and in a dignified manner to support a pain free death. As their health declined they wanted to spend more time in their room, staff adapted their room to add a lounge area which supported the persons comfort and changing needs. When the person passed, staff spent time with other residents to explain what had happened and supported them to grieve in their own way. Staff supported people to attend the person's funeral if they wished to and for those that didn't, staff arranged a memorial at the home for people to remember the person and express their feelings. A relative told us, "His dad was very important to him, he passed away 6 years ago and staff still talk about him with my son to keep his memories alive." Staff knew talking about his dad was important to the person and a member of staff told us how they support the person to remember him through talking with them and looking at photos.

People were proactively supported to maintain relationships with people who were important to them. Staff went above and beyond to understand people's family relationships and promoted people's right to maintain and develop these. We saw photographs of people's friends and families in the home, this added to the homely environment people lived in. One person had been supported to develop friendships outside of those within the home, we saw photos of them having fun with their friends at the home and at the pub. One relative told us, "The staff have even taken down birthdays and anniversaries of people she loves and we receive cards from her without fail. Another relative told us, "I rely on staff to support him to maintain family relationships and they do this so well."

There were accessible systems in place to deal with concerns and complaints. The provider had ensured people had access to an easy read complaints policy to aid their understanding. A relative told us, "I would make a complaint if I needed to but I never have the care is excellent, exemplary in fact." The registered manager had an extremely positive outlook to use complaints to drive improvements at the home. For example, a relative had raised concerns regarding the suitability of the driveway for people who use wheelchairs. The registered manager acted on this feedback immediately and took appropriate action to review this concern. They were supporting the provider to look at options to improve the driveway. We saw evidence of responsive and timely acknowledgements to people who had raised concerns, in line with the provider's policy. The registered manager fully understood their responsibilities relating to their duty of candour. Duty of candour is a regulation that ensures providers are open and transparent with people who live in the home when things go wrong.

Is the service well-led?

Our findings

The home continued to be well-led. A relative told us, "The service is very well managed, the manager or deputy are always available to talk to me. You can tell how well it is managed through the excellent attitude of the staff." Another relative told us, "The home is well managed, my relative is well looked after and I am confident in the manager."

Management of the home continued to be robust and the registered manager understood the regulatory responsibilities of their role. Relatives, people and staff were complimentary of the manager. A member of staff told us, "I feel very supported by the manager, she is very open and she is always there, the door is always open." We observed the manager to have a good rapport with people living at the home and people were comfortable and happy in their presence. The registered manager was complimentary of the support they received from the provider and said they had regular opportunity to meet with other home managers to share best practice.

The culture of the home remained positive and enabled people to live how they wanted to. The registered manager told us, "choice and respect" were part of the homes core values and we observed these to be embedded in staff practice. There was a relaxed and friendly atmosphere within the home. It was clear that people living at the home were the focus by the personalised support they received. A member of staff told us, "we respect that we are working in people's homes and we have the up most respect for them and their environment."

Systems and processes continued to assess, monitor and improve the quality of the service being delivered. These included regular checks of different aspects of the services provided including cleanliness and health and safety. Any issues identified were documented, action taken and lessons learned. For example, we saw that a medicines audit identified a gap on a medicine administration record, immediate action was taken to ensure that this was an administrative error. This was discussed with the member of staff to enable them to learn and improve their practice. The registered manager told us they worked shifts alongside staff which allowed them to undertake additional checks of the quality of care people received. We saw photos of the registered manager supporting people and they were supporting staff and people throughout the inspection.

Staff continued to work in partnership with other organisations to ensure people's needs were met. We saw that the registered manager and staff had developed relationships with a variety of healthcare professionals to meet people's needs. For example, one person living at the home had a skin condition, we saw that staff had worked closely with their GP to ensure they received the appropriate treatment. A social care professional shared their findings with us from a quality assurance visit, they found that the manager and staff had good relationships with health and social care professionals which supported people's needs being met.

People, staff and relatives remained engaged and involved in the service provided. Daily feedback was sought through people's engagement with staff, key worker meetings and care reviews. People and their

relatives also took part in yearly surveys. These had been adapted to a pictorial format for people living at the home to improve their understanding of the questions asked. The registered manager told us, "I encourage the staff to question everything to constantly drive improvement." For example, the registered manager said that people with learning disabilities aren't always heard by other professionals when it comes to choices around medicines. The registered manager is training staff to support them to have the confidence to question healthcare professional's decisions should people not want certain medicines, to advocate on their behalf. We saw that staff were empowered to make decisions and staff meetings allowed them an opportunity to discuss any issues and suggest ideas to change ways of working. A member of staff told us, "My manager is very supportive and I know I can go to her with any issues and she will listen and act." Another member of staff said, "if you have any problems or ideas the manager is open to listening and trying new things."