

Aitch Care Homes (London) Limited

Winchester House

Inspection report

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Sheerness
Kent
ME12 3NS

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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

Winchester House provides accommodation and personal care for up to 12 people aged between 18 and 65 years, who have a learning disability and autism. At the time of our inspection, 11 people were using the service. Winchester House is one of several small homes owned by Aitch Care Homes (London) Limited.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

At our last inspection, there was inadequate staffing level in the service, which meant people's needs were not being consistently met. During this inspection, we found that the provider had made improvements. There were enough staff deployed to meet people's needs and staff morale had significantly improved.

People were safe at Winchester House. Staff knew their responsibilities in relation to keeping people safe from the risk of abuse.

Risks were appropriately assessed and mitigated to ensure people were safe. Medicines were managed so people received their medicines as prescribed.

The provider continued to operate robust recruitment and selection procedures to make sure staff were suitable and safe to work with people. Staff received training, support and supervision to enable them to carry out their roles safely.

People's care plans clearly detailed their care and support needs. People and their relatives were fully involved with the care planning process. The service had developed care plans which clearly detailed people's likes, dislikes and preferences. Care had been delivered in line with people's choices.

People received the support they needed to stay healthy and to access healthcare services. Each person had an up to date support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

We observed people's rights, their dignity and privacy were respected.

Staff supported people to maintain a balanced diet and monitor their nutritional health.

People knew how to complain and felt confident any concerns would be listened and responded to by the provider.

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.

There was a positive leadership in the service. The service was well led by a management team who led by example and had embedded an open and honest culture.

Effective governance systems to monitor performance had been fully embedded into the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 17 December 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Winchester House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

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

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse or when a person dies. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection, we spoke with one person with limited verbal communication ability and carried out observation with others who were unable to verbally communicate with us. People who lived at the service had complex needs and were not able to tell us about their care and support. 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 also observed staff interactions with people and observed care and support in communal areas.

The registered manager was away during the inspection. We spoke with two support worker, two senior support workers, the deputy manager, regional manager and the area director who supported staff with the inspection.

We reviewed a range of records. This included two people's care records and health care records. We also looked at three staff files including their recruitment and supervision records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received and reviewed the training data, action plan, agency cover details, staff survey and copy of rota sent to us in a timely manner.

Is the service safe?

Our findings

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

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

At our last inspection the provider had failed to provide sufficient numbers of suitably qualified, competent, skilled and experienced staff. At this inspection. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

Staffing and recruitment

- At our last inspection, staffing levels were not always appropriate to support people and meet their needs. At this inspection, staffing levels had been increased to 11 on staff on each shift. Staffing levels were flexible and changed according to the number of people and their needs. Staffing rota in the service showed consistency and confirmed this.
- A member of staff said, "We now have enough staff everyday and we are no longer stressed." This was confirmed by both the regional manager and area director.
- There was a stable staff team and any shortfalls in staffing were usually covered by existing staff, bank staff or agency staff. The agency staff were consistent. The area director said, "We are using one agency company we know for consistency. Agency staff do shadowing for 30minutes before starting. They read people's care plan anytime they support someone new. Most agency staff we use know the people they support well." Records in the service confirmed this.
- The registered manager and deputy manager carried out an audit of the staff rota weekly to ensure staffing levels met people's needs.
- Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. References had been received by the provider for all new employees.
- We observed staff had time to spend individually with people on a one to one and knew everyone very well. People appeared comfortable with staff.

Systems and processes to safeguard people from the risk of abuse

- Our observation showed that people were safe in the service. Staff worked on a one to one basis with people and always responding to their needs with verbal prompts. One person said, "I feel safe. I like the staff."
- Safeguarding processes were in place. The risks of abuse were minimised because staff were aware of safeguarding policies and procedures. A member of staff said, "It is about protecting the service users from harm. If I suspect an abuse, I will inform the senior on shift and management."

- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and continued to report them internally and externally, where appropriate.
- Staff had access to the updated local authority safeguarding policy, protocol and procedure.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One member of staff said, "Whistleblowing is when you go higher to management to raise concerns. I can take it further to outside the organisation to such bodies like CQC."

Assessing risk, safety monitoring and management

- People's support plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Individual risk assessments included risks related to; going out in the community, nutrition and hydration, health, sexuality, mobility and holidays.
- People were supported to increase their independence, whilst maintaining their safety and respecting their choices. The service encouraged positive risk taking to achieve this. For example, staff told us how they promoted their independence in cooking in the kitchen despite the risk involved. They said, "X loves cooking. They like helping with prepping in the kitchen. We encourage and support with this."
- Staff were confident in promoting positive risks and ensured they were monitored and reviewed. Staff support individuals with a clear and consistent approach to minimise behavioural challenges and are proactive in managing potential risks.
- People were protected from risks from the environment. The environment and equipment were safe and well maintained and the appropriate checks, such as gas safety checks, had been carried out.
- Each person had a personal emergency evacuation plan (PEEP) which was person-centred and was regularly reviewed and updated. There were contingency plans in place, as well as management being available at all times of emergency and staff were aware of what to do in the event of an emergency.

Using medicines safely

- People's medicines were handled safely.
- People were knowledgeable and involved in their medicine administration. We observed medicine being administered to one person. The person was able to tell us what the medicine was about, why they are taking it and time they had to take it.
- Staff were guided about people's allergies to ensure safe administration.
- Medicines were stored safely.
- PRN (as required) protocols were in place and staff followed them. For example, one person said that they had a headache. Staff asked, "Can you point to where it hurts?" The person pointed to their head. Staff attended to the person and gave PRN during medicine administration round. When PRN medicines were administered, the reason for administering them was recorded on the medicines administration record (MAR).
- People's medicines were reviewed whenever required with the GP and other healthcare professionals involved in their care.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and people from the risk of infection.
- Staff were trained in infection control and food hygiene.
- We observed that the environment was clean, spacious and uncluttered during our inspection. The service had been recently redecorated. Staff commented they were pleased with the redecoration of the communal area.

- The registered manager carried out infection control audits. Where any concerns were identified, these had been acted on.

Learning lessons when things go wrong

- Staff continued to maintain an up to date record of each person's incidents, so any trends in health and incidents could be recognised and addressed. A record was made of how these had been resolved.
- All incidents were documented using the ABC (Antecedent, Behaviour and Consequences) form. They were reported to the locality manager who would refer to their manager for review if needed. The ABC forms showed behaviours were clearly audited and any actions were followed up and support plans adjusted accordingly. This meant that people could be confident of receiving care and support safely from staff who knew their needs.

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 Good. 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

- The provider continued to carry out an initial holistic assessment with people before they moved into the service.
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- People and their relatives were fully involved in the assessment process to make sure the registered manager had all the information they needed. Records also confirmed that people, relatives and healthcare professionals were involved in regular review of their support.

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

- People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs.
- People's individual health plans set out for staff how their specific healthcare needs should be met. For example, information about people's preferred daily routines and their preferences were documented and followed by staff.
- People's oral healthcare needs were assessed, and people visited the dentist regularly.
- Staff liaised with professionals when assessing a person's needs and kept those needs under constant review, so they could provide information to professionals when needed.
- There was a close working relationship with the local authority professionals. The provider sought advice from appropriate professionals where the service needed further support in meeting people's needs. This included the local GP and the local speech and language therapist (SALT) team demonstrating the provider promoted people's health and well-being.
- Detailed information was recorded about people's health needs and the professionals involved in their support.

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

- People were supported to have enough to eat and drink and were given choices. One person said, "I like the fish stew. I like jelly beans. Staff support me with this."
- People were fully involved in decisions about the menu. A pictorial menu was in place, so people knew what meals to they could make.

- People had control over what time they ate and any snacks and drinks they wished to have through the day. People were involved in the preparation of meals. We observed one person supporting staff with meal preparation in the kitchen.

Staff support: induction, training, skills and experience

- Staff continued to receive the training and updates they required to successfully carry out their role.
- Staff had attended trainings considered mandatory by the provider. Staff confirmed training they undertook was useful for their role. The service provided specialist training in ways of supporting individuals to maintain self-control by teaching appropriate communication techniques and individual coping strategies. The training supports staff to use the least restrictive options through crises episodes.
- Newly recruited staff received an induction and shadowed experienced staff before working independently. New staff worked alongside experienced staff and were supported to complete 'The Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff continued to have regular supervision meetings and an annual appraisal of their work performance with the registered manager. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this.

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

- The service was designed and decorated to meet people's needs. The environment was spacious and decorated with people's involvement.
- People had free access to a large garden and all areas of the service, including the kitchen.
- People's rooms were personalised to suit their tastes and needs.

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. We found that they were.

- People's consent and ability to make specific decisions had been assessed and recorded in their care plans.
- Where people lacked capacity in certain decision such as healthcare, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests.
- Staff had received training in MCA and DoLS and understood their responsibilities under the act.
- People who lived in the service had been assessed and DoLS had been appropriately applied for and authorised.
- Staff gave us examples of ensuring people were involved in decisions about their care. Care records evidenced that staff knew what they needed to do to make sure decisions were taken in people's best interests if there were issues about capacity. We observed that people were supported to have maximum choice and control of their lives. The provider and staff respected people's decisions.

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 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

- Our observation showed that people were well treated. All the interactions I observed during the day were kind, caring, positive and appropriate. The staff chatted to each other in a friendly way.
- The interactions between people and staff were positive, caring and inclusive. There was a feeling of mutual respect and equality. Staff spoke kindly, laughed and joked with people throughout the day, which showed that they knew people they were supporting well. Everyone appeared relaxed and happy.
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. Staff were able to give us information about people throughout the day, without needing to refer to their support plans.
- Staff continued to help people to stay in touch with their family and friends.

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

- People were supported to express their views throughout our inspection. People who were non-verbal would gesture to the staff, or go to where they wanted to be, such as the toilet, sensory room, kitchen, point at the TV, CD's, paper to shred. Staff responded quickly and appropriately to their needs. We observed use of Makaton sign language as a means of communication between one person and staff, which was very supportive and positive.
- People's care files provided evidence of their participation in care planning and gave staff guidance.
- Staff encouraged people to advocate for themselves when possible. Each person had a named key worker. This was a member of the staff team worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations.

Respecting and promoting people's privacy, dignity and independence

- The deputy manager told us that they promoted people's independence in all they did. One person showed us their room. They had a key to their room and was able to lock and unlock the door themselves. Another person's independence was promoted by managing their own laundry. We observed a staff member supporting a person to remove items from the tumble dryer. The staff member calmly encouraged the person to return to the task when they lost interest. The person appeared happy with this.
- Staff understood the importance of respecting people's individual rights and choices. People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter.
- Staff continued to give people their full attention during conversations and spoke with people in a considerate and respectful way.

- Our conversations with staff showed they understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection when they asked people for their views about their day to day support and encouraged people to make their own choices.
- Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. Records were kept securely so that personal information about people was protected.

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 Good. This meant people's needs were met through good organisation and delivery.

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

- People continued to have support plans in place, which reflected their current needs. People and their relatives were regularly involved in writing and reviewing their care plans. People had regular reviews with the healthcare professional and funding authority.
- Care plans covered all aspects of people's daily living, care and support needs. Care plans were personalised and each person's preferred personal care routines were detailed incorporating their preferences and skills as to what they could do for themselves. For example, being able to choose the clothes they wanted to wear by being given the choice of two items.
- Detailed daily records were kept by staff. Records included personal care given, well-being and activities.
- People told us staff continued to encourage them to pursue their interests and participate in activities that were important to them. One person said, "I like to go on the Wii. I like to go out shopping. I go with my family too." Other activities offered were, reflexology, pub lunch, alternative therapist, beauty pamper sessions, music session, use of the sensory room, day trips at the weekends. A chiropodist visited six weeks.
- People had access to the community facilities such as the local parks. For example, people were supported to go swimming, to the supermarket and taken for a 'sensory' drive in the car. One person had gone to the day centre for the day.
- People had access to in-house activities. We observed other people at the service engaged in activities such as colouring, dancing to music, tearing paper, colouring, looking at yellow pages book, looking at books and kicking a football in the corridor.

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.

- People's support plans were in easy read or pictorial formats and people were able to understand them.
- Activities for people were written in pictorial form and user friendly way. This included, posters for cooking, going to the shop, visits to healthcare professionals, and college. This meant that information was provided to people in a way that complied with the Accessible Information Standard.
- Care plans contained information about how people communicated and things that would make them anxious. All staff knew people well and made sure that people were supported to have a good day. We observed staff communicating with people in their preferred manner. People had positive support and behavioural strategies in place. We observed staff following guidance within the care plans when supporting or communicating with people. Staff were aware of how they should support people in a positive way.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.
- The service had received two complaints since service started on 09 October 2018. All had been responded to and resolved satisfactorily.

End of life care and support

- The service was not supporting anyone at the end of their life.
- Staff had conversations with people and their relatives about end of life plans and some people had these plans in place.

Is the service well-led?

Our findings

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

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

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

- At our last inspection on 09 October 2018, we identified an area which needed improvement. The audit had not picked up the concerns staff had about agency staff. Further, the audit had not found out that on some occasions, there had been low staffing levels on shifts. At this inspection, we found that improvements had been made and the audit tool had been improved and now effective in monitoring the service.
- The registered manager completed regular audits on all areas of the service. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the registered manager. Areas audited included number of staffs on shift daily, weekly rota auditing, infection control, personnel files and medication. The improved staffing audit had ensured improved and consistency in staffing level in the service.
- The provider and registered manager understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had clearly displayed their rating at the service and on their website.

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

- A member of staff said, "Things have got better, morale is better, and we are all happier."
- Staff told us that the management team continued to encourage a culture of openness and transparency.
- There was a positive culture and atmosphere between management, staff and people. Both staff and people told us the registered manager was fair in their approach. Staff told us that management had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "I do get support from management." Our observation showed that staff interacted in a friendly and supportive way with each other, from the managers who came in for the inspection, to the deputy manager, seniors and staff who were on duty on the day.
- There was a positive focus on supporting people to communicate and express their views. A member of

staff had been supporting one person with sign language to help communication with this person. We observed that the person had responded in a positive way to the use of signing.

- People, relatives and healthcare professionals were involved in people's care and regular reviews.

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 were a clear management structure at Winchester House. Staff took on different responsibilities within the service. For example, there was a key worker system and some staff were responsible for daily, weekly and monthly checks.
- There was an open and transparent culture at the service. Staff confirmed this. The staff we spoke with were well informed about the vision for the service which focused around person centred care, dignity, respect and independence.
- When things went wrong or there were incidents, the registered manager was open and transparent about these and informed relatives and commissioners as appropriate.
- The responsibility to uphold the duty of candour was understood by the registered manager.

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

- Staff told us that they were able to share their ideas and felt listened to. A member of staff said, "Management has been very approachable, very open and she will address issues if required." We observed this throughout the inspection.
- Communication within the service were facilitated through staff meetings. Areas of discussions in were medication, documentation and activities. Feedback from the meetings was used to improve the service provision. A member of staff confirmed this and said, "Now we are meeting a lot of people's activities needs. We are booking a lot more activities than before. We discuss this at staff meetings and one to ones."
- The provider had systems in place to receive feedback about the service including surveys. These were sent to people living at the service, staff, health and social care professionals and relatives. Feedback received showed that people were satisfied with the service provided. For example, one relative commented, 'We are content with the service provided as X seems settled and happy' and 'looks after my sister and all her needs very well. We find all staff are welcoming. I have no problems at Winchester House as they always let us know if something is wrong.'

Continuous learning and improving care

- The management team kept up to date with best practice and developments. The management team had built strong links with other local registered managers and providers who they gained support and advice from.
- The management team had signed up to conferences and events in the local area to help them learn and evolve as well as building a rapport with providers and registered managers outside of the organisation.

Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The management worked with funding authorities and other health professionals such as speech and language therapist team to ensure people received joined up care.
- The provider, management and staff worked well with other agencies and services to make sure people received their care in a joined-up way. We found that the provider was a certificated gold member of the British Institute of Learning Disabilities (BILD). This organisation stands up for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and

respect.