

Strathmore College Limited

Park View

Inspection report

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Date of inspection visit:
06 August 2019

Date of publication:
23 September 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Park View is a residential college providing accommodation and personal care to eight young adults who had a learning disability and/or autism at the time of the inspection. The service can support up to eight young adults in one adapted building.

The service has been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People living at Park View experienced an exceptional level of care and support which promoted positive outcomes for people. There was a strong focus of person-centred care within the service, which staff followed in practice to ensure people led a full and varied life. Staff were motivated and proud of the difference they had made to people's lives. Continuous learning and improvement strategies were embedded in the home's culture.

People were cared for by exceptionally caring staff. People's independence had significantly improved because of the support they received from staff to learn and develop new skills. People had been supported to develop and maintain friendships that were important to them. Staff respected people's diverse needs and promoted an open culture where people were able to discuss their diverse needs.

The positive outcomes and achievements for people using the service were reflected in 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 were supported to communicate their needs and preferences with the use of assistive technology. People were consistently involved in and consulted about all aspects of their care and support. This meant people were empowered to have maximum choice and control over their lives.

Strong links were forged with the local community to create opportunities for employment and activities. This meant people experienced an improved quality of life because they were supported to explore new opportunities and were proud of the achievements they had made. Complaints systems were in place and people were supported to understand and make decisions about their end of life.

People were supported by safely recruited staff, who had the skills and knowledge to provide effective

support. Staffing levels were regularly reviewed to ensure there were enough staff available to meet people's needs. People's medicines were managed, and staff followed infection control procedures.

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 (report published 18 January 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?

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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Park View

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.

Service and service type

Park View 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.

The registered manager was unavailable at the time of the inspection. However, the residential manager was available who carried out the day to day management at the service.

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 notifications the provider had sent to us as required by law. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff, and the residential manager.

We reviewed a range of records. This included one person's care and three people's medicine records. We looked at one staff file in relation to recruitment and staff supervision and a variety of records relating to the monitoring and management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two health and social care professionals who regularly visited the service.

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 remained the same at Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they knew who to tell if they had any concerns about the way they were treated. One person said, "I would tell staff if I was unhappy about something."
- The provider promoted a 'Prevent Agenda' where safeguarding was discussed regularly with people who used the service to ensure they understood situations that may put them at risk. This ensured people had a good understanding of possible risks they may face and the systems in place to keep them safe.
- Staff understood how to recognise the signs of abuse and the systems in place to report concerns.
- The residential manager understood their responsibilities to safeguard people where suspected abuse had been identified.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe when staff supported them. Relatives told us they felt assured their relatives were safe because staff understood people's risks and taught their relatives how to recognise danger.
- Staff had detailed knowledge of people's risks and how they needed to support them to remain safe whilst encouraging people to lead an independent life.
- The focus of people's risk management and care plans was to promote people's independence, which we saw was followed by staff in practice.
- There was a system in place to learn when things went wrong. For example; incidents were analysed by a multi disciplinary team which included the residential manager. Risk management plans and support plans were updated to ensure appropriate action had been taken and people were protected from the risk of a reoccurrence.
- An annual report was completed which showed the impact of incidents on people. This showed how the support provided had meant a reduction in incidents for people and learning had been taken from incidents.

Staffing and recruitment

- People told us there were enough staff to support them. One person said, "There is always enough staff to help me and to go out when I want to." Relatives told us there were enough staff available and the staff were consistent, which was important to their relatives.
- Staff told us they were given enough time to support people with their needs in an unrushed way. One staff member said, "There is enough staff to support people with their independence, which change if needed. We are lucky to have a consistent staff group, so people know us [staff] all well."
- There was a system in place to ensure people continued to receive a service when staffing levels changed. The residential manager said, "Staffing is focused around people and if they want to do something or go somewhere we change staffing levels to enable this to happen."

- The provider had safe recruitment practices in place, which ensured people were supported by suitable staff.

Using medicines safely

- People were encouraged to be involved in the ordering and administration of their own medicines. One person was responsible for ordering their medicines, which staff prompted them to complete and provided guidance and support if needed.
- Medicine Administration Records (MARs) were used to show when staff had supported or prompted people with their medicines and creams.
- Protocols were in place for 'as required' medicines, which provided guidance for staff to ensure people received these medicines when they needed them.
- Staff told us they were trained in the administration of medicines, which was documented in the training records. Competency assessments were carried out to ensure the medicine training received was being used by staff in practice.

Preventing and controlling infection

- People told us they helped to keep their home clean. Staff encouraged people to develop daily living skills to help them when they moved to other settings in line with their outcomes for independent living.
- Staff followed infection control guidance and ensured personal protective equipment (PPE) was used when they supported people such as; gloves and aprons. This meant people were protected from the spread of infection.

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 at 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

- People and relatives were involved in the assessment of their needs prior to using the service. One relative said, "We were all involved before my relative used the service. Staff were eager to learn anything they could to help them support [relative's name]."
- The residential manager promoted diversity and people at the service had approached them to discuss their sexuality. People had been involved in learning sessions to ensure that they understood different cultures and diverse needs and the importance of respecting people's diversity.
- Care plans had been developed with people and their relatives and contained details of people's diverse needs and preferences. This included the characteristics under the Equality Act 2010, such as age, disability and religion.

Staff support: induction, training, skills and experience

- Staff told us they had an induction before they started to provide care and regularly received training to carry out their role. One staff member said, "We have received all different types of training which helps us to support people in the best way we can. We have training specific to people's needs such as autism. We complete e-learning and face to face training. All the training I have received has been very useful."
- Competency checks, and observations were carried out to ensure staff understood the training received and people were supported effectively.
- Staff felt supported in their role and received supervisions to ensure any issues or areas of development were discussed.

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

- People planned and prepared their own meals with support and encouragement from staff. We saw one person making their own meals and staff prompted this person where needed.
- People had decided to choose their meals as a group and the preparation and cooking was shared amongst them.
- Staff explained how they supported people to manage their nutritional risks, which ensured they maintained their health and wellbeing. For example, one person was diabetic, and staff understood how they needed to be supported to manage their condition.

Adapting service, design, decoration to meet people's

- The service was designed and decorated to meet people's needs. People's bedrooms were personalised, and communal areas were homely.

- The environment had been designed to aid the use of wheelchairs and the kitchen equipment was adaptable to meet individual needs. For example, the oven and sink could be lowered to ensure people who used a wheelchair were able to access these areas.
- Pictorial signs were used within the kitchen area to aid people's independence when preparing and cooking meals.

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

- People were supported to access healthcare professionals to ensure their health and wellbeing was maintained. Staff encouraged people to follow advice received from health professionals.
- People had access to the provider's employed health professionals such as occupational therapists, Speech and language therapist and psychologists.
- There was a handover system in place, which ensured staff provided consistent support that met people's changing needs. One staff member said, "The handover is good to make sure I am aware of anything that has changed so people receive consistent support."
- People had hospital passports in place to ensure that important information about people was passed to other professionals, which enabled consistent support when moving between services.

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.

- People told us staff gained their consent before they provided support. One person said, "The staff ask me if I need any help. I do a lot for myself but know they are there if I need them."
- At the time of the inspection there was no one who was being deprived of their liberty. People were involved in their assessments and mental capacity assessments were in a picture format. This ensured people were provided information to aid their understanding and decision making.
- Staff and the residential manager understood their responsibilities to ensure people were supported in their best interests and in line with the MCA.

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 Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- There was a strong visible culture of person-centred care within the service. The vision and values of the service were focused around people with a strong focus on supporting people to develop their skills and independence.
- People's independence had greatly increased because of the support and learning they received from staff. For example, staff had worked with one person to improve their understanding of travel. This person was now able to understand where to catch the bus, the route they needed, and they were able to manage their anxieties when travelling on public transport.
- Staff taught another person to use a timeline to help them understand their plans, which enabled them to complete certain tasks independently. This tool had given the person confidence during activities within the community and the support needed from staff had reduced significantly.
- Another person who was profoundly deaf was provided with a special pillow which vibrated when the person wished to wake in the morning. The residential manager had researched various types of equipment to ensure this person had specific equipment to meet their needs. This allowed the person to rise independently without needing support from staff.
- People told us staff were respectful towards them. One person said, "Staff treat everyone respectfully and as an equal, which is really important to me."
- One relative said, "The staff are absolutely phenomenal. Extremely caring and staff are so proud of the achievements people have made." Another relative said, "I am very proud to see my relative living independently, which I never thought would be possible. This is a result of the caring and nurturing support staff have provided."
- Staff we spoke with were passionate about the support they provided and were exceptionally focussed on the core values of teaching independence. One staff member said, "I am dedicated to helping people learn new skills. Helping people to understand is very important. Anyone can do anything when they have time to learn. We constantly look at new ways to challenge people to become more independent. We are constantly adapting and changing to meet people's needs."

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

- Relatives comments included, "My relative trusts all of the staff. My relative understands that staff have helped them, which has helped them to settle. This has meant their anxieties have decreased. Staff developed a strategy to help my relative, which has worked and enabled them to lead a fulfilled life." And, "Staff are happy and there is a nice atmosphere. Staff continue to do things above and beyond their duties. For example; staff do things in their own time and are constantly thinking of creative new things for people

to do."

- People were happy to see staff and it was clear from our observations people had developed trusting relationships. Staff gave people their time to discuss any concerns and provided encouragement where needed.
- There was a strong focus on enabling people to develop meaningful social relationships which had resulted in people forming new friendships and partaking in rewarding social events. One relative said, "This is the first time my relative has friends that they have chosen to make themselves. The communication tools have helped them to make meaningful connections with people."
- A professional told us how one person had been socially isolated prior to living at the service. They said, "The change in this person has been significant, the caring nature of staff has helped this person to manage their anxieties and they have a much-improved quality of life."
- People's sensory needs were considered to ensure their anxieties were lowered. For example; one person became anxious if there was increased sensory stimulation. Staff had worked with this person to help them understand ear defenders would help them to manage their sensory needs. The person now understood how the ear defenders helped them and their anxieties had decreased, which meant they now enjoyed taking part in social events.
- Without exception the staff recognised and supported the diverse needs of people who lived at the service. One person had disclosed information about their diverse needs with staff. Although the person did not require specific support they felt able to discuss their needs openly with staff. This demonstrated there was a culture of respecting equality and diversity across the service.
- Pathways were created with people as equal partners in their care, which helped them to manage their anxieties and boundaries within friendships and relationships. The pathway was broken down into manageable targets and regularly reviewed to ensure that the support was centred around each person's individual needs. This had been effective in increasing people's level of social interaction and had enabled people to be involved in rewarding events.

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

- People were empowered to have choices in the way they lived their lives and the service used creative ways to help people to communicate. This enabled people to lead their care and ensured their wishes were at the heart of the support they received.
- For example; one person used a computer application to help them have a conversation. The application used pictures for the person to create a conversation, which was transferred into verbal communication. This helped the person to make choices in all areas of their care and gave them a voice to ensure their needs and preferences were met. This person also used this method of communicating when accessing local shops and transport to aid their independence.
- A professional told us the service had arranged an advocate to help one person make decisions about their care. They said staff were open to any advice to help people have control of their life and welcomed the input from an advocate.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

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

- People were strongly supported to be visible, active and valued members of the local community.
- Park View had exceptional links within the local community. The residential manager told us they had strong links with the local shops and businesses. The provider held an employment event to demonstrate to local businesses the skills people were able to offer. People were involved in showcasing their skills they had learnt during work experience and employment. The residential manager told us people had really enjoyed this and it was an opportunity to raise awareness and build relationships within the local business community. This made people feel valued as active members of the community and empowered to make a difference.
- People were supported to undertake employment and voluntary work, which was regularly assessed and monitored by staff. People's confidence and skills had improved through the support they received from staff to manage their anxieties. For example; one person became anxious when it was time to take a break whilst they could see they had not finished the work in front of them. Staff worked with this person to manage their anxieties by using timelines and social stories.
- One relative said, "My relative has become so much more independent, more than I could have imagined. They are very proud of the fact that they go to work, and they are a worthy member of the community." Another relative said, "My relative is so happy to be at work. The staff have spent time with them to help them overcome their fears. I am so proud, and the staff are proud of people's achievements too."
- The provider and staff had a genuine passion for enabling people to pursue their interests and partake in activities that gave them a sense of achievement. People were involved in a sports club where they had competed in badminton competitions and had won a local award for sports team of the year. People were supported to attend the awards ceremony to celebrate their achievements.
- One relative said, "The badminton has given my relative a new focus, and it is amazing that they attended the awards ceremony overnight as in the past they were unable to stay away because it was too stressful for them. Because they trust staff and staff have worked with them to allay their fears they have been able to join in with the celebrations."
- Activities were reviewed with people and staff to reflect on the impact of them on people's wellbeing. People were encouraged to develop and grow through setting goals and targets. Staff worked with people to help them face new challenges. Staff continually looked at ways to help people develop strategies to overcome any challenges they faced.

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

- People were an integral part of the planning and reviewing of their care. People's plans were individual and contained detailed guidance for staff to follow to support people in line with their preferences and wishes. Plans were devised in line with people's communication needs to ensure their wishes were at the heart of the support they received from staff.
- Relatives felt fully involved in the planning and review of their relatives' support. One relative said, "I have always been fully involved in my relative's care. They have more choice and control now, so my involvement is more to keep me informed of their wishes."
- The staff team were focused on enabling people to lead as full a life as possible. Staff were empowered to work creatively to support people in an exceptionally person-centred manner. People had individualised learning plans which included pathways to all areas of their lives, such as friendships, community access, good health and independent living skills. Each pathway was reviewed with the person regularly, identifying areas where extra support and learning was needed. This ensured people were supported to meet their targets and their aspirations of independent living.
- Staff worked with people and their relatives to identify and support them with their wishes when leaving the service. For example; two people wished to live together in a semi-independent environment. Discussions with social workers and other professionals were taking place to ensure these people were supported to live their lives as they wished. A professional told us the staff were looking 'outside the box' to help people seek accommodation in line with their wishes.
- Professionals and relatives told us staff had an outstanding understanding of people's backgrounds and preferences and how this may affect their needs. This enabled staff to pre-empt people's needs and ensure they were met consistently. For example, staff were aware what triggered anxiety and had developed individual ways of working with people to alleviate their anxieties to enable people to lead a full life.

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 were supported to understand information in formats that met their individual communication needs. Pictorial formats and visual prompts were used to ensure people were provided with information that promoted their understanding.
- The provider had employed a Speech and Language Therapist which ensured people had access to dedicated support with their communication needs.
- Assistive technology was used to help people to understand information about their health and care needs. For example, staff taught one person to use a computer application to maximise their involvement in their care needs. This enabled people to understand what was available to them and gave them maximum control over the way they wished their care to be provided.

Improving care quality in response to complaints or concerns

- The residential manager had created a culture of openness and learning within the service.
- People understood how to complain about their care and told us they felt comfortable raising concerns with the staff or the residential manager.
- People were supported to complain using visual formats. Staff understood how to recognise from people's physical and emotional signs that may show they were unhappy. One staff member told us this prompted them to ask if they had any concerns by using visual prompts.
- The provider had a complaints policy, which outlined the procedures to investigate and respond to complaints to make improvements to people's care. Lessons were learnt as a result of feedback received to ensure improvements were made to the way people received their care.

End of life care and support

- There was no one receiving end of life at the time of the inspection.
- The residential manager explained the actions they would take to ensure people's preferences were gained if needed. However, due to the service being a short term transitional and learning service this had not been required.

Is the service well-led?

Our findings

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

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

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

- People were supported to consistently achieve the best possible outcomes and their quality of life had continually improved. The management team were committed to learning and excellence and developed their skills by working closely with people, their families and the staff team. One relative said, "The support my relative has received has been excellent, the staff encourage and challenge them whilst ensuring my relative's anxieties are alleviated. The style of learning is focussed on my relative's needs and understanding."
- The provider's aims were to support people to develop skills and achieve a greater level of independence. The learning was completed over a three to four-year period and no one had been at the service longer as people had achieved their goals for independence.
- People who had moved maintained links with staff for advice and gave updates on their progress. This gave staff and management a feeling of great pride when people told them how their lives had changed. For example; one person now lives independently with no social care input, after receiving support to learn and develop skills to manage their anxieties. This had enabled them to form relationships with others and engage in learning. Since leaving Park View this person has successfully gained A-Levels and is now undertaking a degree at university. This person has become an advocate for others and spoken publicly about their life achievements and what is possible.
- There was a culture of openness and the management team actively encouraged staff, people and visitors to raise concerns on poor practice. Regular discussions took place to ensure people knew how to recognise and raise any concerns of a safeguarding nature. There was a leaflet provided to all visitors to ensure they understood their role in recognising and reporting suspected abuse. This ensured concerns were raised and enabled the provider to continually keep people safe.
- The registered manager and residential manager promoted a culture of equality and person-centred support. They had a vision for the service which was based upon promoting people's independence and enabling them to lead fulfilling lives. This vision was at the heart of the service and shared by the staff team who genuinely cared about supporting people to achieve their goals. One staff member said, "I love helping people to achieve positive outcomes. We adapt and customise our support to ensure people can live a full and independent life."
- People and relatives spoke very highly of the residential manager. People used words such as "passionate" and "excellent" to describe them. The residential manager knew each person very well and communicated with everyone in line with their individual ways.
- Staff spoke positively about the management team and felt they were approachable and supportive. One

member of staff said, "We have good role models. The residential and registered managers both promote support centred around people. This has helped me to provide an excellent standard of support that is based on teaching and allowing people to achieve their aspirations."

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

- People and staff were empowered to voice their opinions. People's views were consistently sought in a way that was accessible to them and met their needs. For example, people and their relatives completed surveys in a variety of formats, which ensured people had a voice about the support they received. The management team always responded to comments put forward.
- People attended weekly house meetings and changes had been made because of feedback received. Relatives told us staff had spent time with them to ensure they understood how to manage their relatives' anxieties on home visits. One relative said, "The staff have helped me to understand how to manage my relatives' anxieties and this has meant visits home have been more settled and enjoyable for us all."
- The management team had an open-door policy and we observed people were comfortable approaching the managers. This meant that people were able to be open and honest if they had any concerns and the management were always available to listen to them.
- The provider was constantly looking at way to develop strong links with the community. The employers' event was arranged to build relationships and open up opportunities of employment for people with learning disabilities. The residential manager was involved in discussions with the local authority to develop a café in the park to strengthen people's involvement within the local community.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; continuous learning and improving care

- The leadership within the service promoted a transparent approach to when things went wrong. Incidents were investigated in full and involved people, their relatives and staff. Following incidents, a report had been completed which reflected on the reduction of incidents due to positive intervention and learning. This had enabled people to manage their anxieties and staff to learn from these, which had resulted in a reduction in the number of stressful situations people faced.
- The residential manager shared information on risk with the registered manager and the provider, to ensure they were open and transparent about the actions needed to improve the experience of people received.
- The provider was committed to ensuring staff had the knowledge to support people effectively. Staff told us they received ongoing training and professional development, to ensure they maintained the skills to support people effectively.
- The management team were passionate about continually improving the support they offered and people received. The residential manager attended local meetings and training courses and networked with other local managers to keep up to date with best practice guidance.
- Managers reviewed other services within the provider's organisation. The residential manager told us they found this useful as a tool to continually recognise improvements needed. This enabled the provider to be confident that the services within the organisation were providing consistent care and were supported to continually improve.
- The residential manager said, "Our focus is all about people. We are constantly looking at how we can support people's progressions. We don't stand still we help people achieve an outcome and then look at the next step to support people to lead an independent and fulfilled lifestyle."

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

- Staff had a clear understanding of their roles and their day to day work was directed by people living at the

home. One staff member said, "We are led by people and support them to achieve their goals in life."

- The provider and management team had an exceptionally clear oversight of the service. The systems in place were effective in ensuring risk management was regularly reviewed and actions were taken promptly to ensure the safety and quality of the service people received. People's care records were up to date, organised, and kept under regular review to ensure the information was accurate.
- There were organised and effective systems in place to monitor and improve the quality of the service. The management team conducted a comprehensive programme of regular audits covering areas such as support plans, the environment and medicines. These audits were effective in identifying areas for improvement and continually driving exceptionally high-quality care.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission about significant events that had occurred within the home. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display on the provider's website and within the service in line with our requirements.

Working in partnership with others

- The management team and staff at Park View worked well with other professionals. Partnership working was important to the managers and staff who embraced all guidance and advice received to ensure people were supported to live a safe, healthy and independent life.
- The residential manager told us they continuously forged links with other professionals to improve outcomes for people. For example; employment opportunities and creative ways of working, with professionals to ensure people's voice was listened to when choosing where they wanted to live when they left the service.
- People's transition between services was well organised because communication between other professionals was continuous to ensure a smooth transition.
- Professionals we spoke with were very positive about their working relationships with Park View.