

Notting Hill Genesis

The Mildmays

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

The Mildmays is an extra care service providing care and support to 69 people at the time of our inspection. People lived in individual flats in three locations close to each other within the London Borough of Islington. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt safe and staff were kind. Engagement between staff and people using the service was caring and respectful. Staff provided people with personalised care and support that met their needs and preferences.

People's care and support plans were up to date and personalised. They included information about people's individual needs and guidance for staff to follow to make sure people received the care and support they required.

Staff were caring and treated people with dignity. People's differences including cultural, religious and relationship needs and preferences were understood and respected by staff.

People were supported to maintain good health and to eat and drink well. The service provided a meals service for people who chose not to cook or eat their meals in their flats. People were provided with a range of meal choices and told us that their individual preferences were always met.

People's independence was promoted and supported by staff. Staff recognised and respected people's abilities. People had opportunities to participate in a wide range of activities at the service and within the community. People were supported to have the relationships they wanted with families and friends.

Staff knew what their responsibilities were in relation to keeping people safe. They recognised this importance of reporting any concerns they had about people's welfare and how to protect them from abuse.

Risks to people's health and wellbeing were assessed and regularly reviewed. Staff acted to minimise these risks and keep people safe.

Arrangements were in place to ensure that people received their prescribed medicines safely. Risk assessments were in place for people who managed their own medicines.

The provider recruited staff carefully to ensure that staff were suitable for their role. Staff had the skills and knowledge to provide people with the care and support that they needed. They received the training and

support that they needed to enable them to carry out their roles and responsibilities.

People were supported to have choice in their daily lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager showed effective leadership and the service was well run. Staff felt supported. Systems were in place to assess and monitor the quality and delivery of care to people and drive improvement. Actions had been taken to ensure that concerns arising from quality monitoring were addressed.

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

Rating at last inspection:

This was our first inspection of this newly registered service.

Why we inspected:

This was a scheduled planned comprehensive inspection.

Follow up:

We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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 ●

The Mildmays

Detailed findings

Background to this inspection

Start this section with the following heading:

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

This inspection was carried out by one inspector.

Inspection activity commenced on 17 October and was completed on 29 October 2019.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information

about important events which the provider is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this and all other information we had about the service to plan our inspection.

During the inspection

We spoke with 13 people who used the service and three relatives about their experience of the care and support provided. We spoke with 16 members of staff including the registered manager, deputy manager, compliance manager, area manager, business manager, support managers, senior care workers, care workers, activities co-ordinator and the chef.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at 10 staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with a professional who regularly visits the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 that they felt safe living at The Mildmays. A person said, "I always feel safe here." Another person told us, "[Registered manager] and [staff] make sure I am well and I know how to look after myself."
- The provider had policies and procedures in place to safeguard people from abuse.
- Staff had received safeguarding adults training. They understood their responsibilities to protect people from abuse or neglect. They knew that they needed to report any concerns or suspicions of abuse to people to the registered manager and if, if necessary, the local authority safeguarding team, police and CQC.

Assessing risk, safety monitoring and management

- People had Individual risk assessments. These covered a range of needs including self-care, medicines, mobility and risks associated with going out and about within the local community. People's risk assessments were regularly reviewed and updated when there were any changes in people's needs.
- People's risk assessments included guidance for staff on ensuring that identified risks were safely managed in the least restrictive way to minimise the risk of harm. Staff knew what actions they should take to manage people's assessed risks.
- Action had been taken to reduce and manage risks associated with fire safety. For example, risk management plans were in place for people who smoked. Staff had liaised with a smoker's GP to ensure that a prescribed cream was changed to one that was less flammable. Regular monitoring and safety precautions had been put in place for a person whose behaviours demonstrated a potential fire risk. Regular fire safety checks and fire drills had taken place.
- People had individual personal emergency evacuation plans (PEEPs) to ensure that they were safely evacuated in case of fire or another incident. The registered manager and compliance manager showed us that these were being developed to ensure that individual evacuation information was detailed and up to date.

Staffing and recruitment

- Staff records showed that recruitment and selection processes had been carried out to make sure that only suitable staff were employed to care for people. The provider had robust recruitment and interview processes. New staff members were not appointed without passing an interview assessment. Evidence of identity and checks such as satisfactory references, criminal records checks and eligibility to work in the UK were also sought before new staff were offered jobs.
- Discussions with people and staff, along with our observations, showed people received their care and support at times they wanted or needed it. People received care at designated times to support them with, for example, personal care, medicines, cooking and eating and drinking. They used pendant alarms to call for staff if they were in difficulties and required immediate support. One person said, "They are usually very

quick when I press the pendant (a personal alarm). I never have to wait very long."

- The registered manager told us that they monitored and adjusted the staffing levels so that they were always enough to meet people's care and support needs and to ensure people received the support that they needed to attend appointments or go out to community-based activities. People who required support to attend regular activities were usually supported by workers from external outreach agencies. We saw evidence that staff had regularly liaised with these agencies to ensure that people's needs were addressed.

Using medicines safely

- The service had a policy in place which covered the recording and safe administration of medicines. Staff had completed training in medicines administration. Their competency to administer medicines was checked and monitored to make sure their practice was safe.
- Medicines were securely stored in lockable cupboards in people's flats. Where staff administered medicines to people a record of this was maintained. The records we viewed showed that people had received their medicines at the correct time. People we spoke with confirmed this.
- Where people managed their own medicines, risk assessments had been put in place. The service had responded to concerns identified for people who managed their own medicines. For example, where a person had found that medicines were missing from their flat, the service provided a more secure system for storage and ensured that they monitored the person's medicines on a daily basis.

Preventing and controlling infection

- There were policies and procedures to minimise and control infection.
- Staff followed effective infection control procedures when supporting people with personal care. They washed their hands and wore gloves and aprons when necessary.
- Some people's care and support packages included support on maintaining the cleanliness of their flats, for example, if people had physical impairments or mental health needs. People's support plans included guidance for staff on providing this support. Where people had difficulties in maintaining the cleanliness of their flats their risk assessments included information about infection risks and how these could be managed.

Learning lessons when things go wrong

- Accidents and incidents were fully recorded along with subsequent actions taken to reduce the likelihood of them happening again.
- For example, actions had been taken to reduce risk for a person whose behaviours potentially placed others at risk. These actions included regular monitoring of the person, along with regular liaison with other health and social care professionals to develop a plan to ensure that they remained as safe as possible. The care records for the person showed that risks had been safely managed.

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.

This is the first inspection for this newly registered service. This key question has been rated 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's needs were fully assessed with their involvement before they moved to The Mildmays. This helped the provider and person to decide if the service was likely to meet their needs and preferences. A person and their relative told us that they had looked at other support services and were satisfied that this was the one that best met their needs.
- People's needs assessments addressed a range of personal care and support needs. These included physical and mental health needs, understanding and cognition, communication and social needs. The provider had followed current best practice in developing people's care and support.
- People's support plans and risk assessments were linked to their needs assessments. They contained the information and guidance that staff needed to deliver the care and support that people required.
- People told us that they were enabled to make choices and received the care and support from staff that they needed and wanted.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received an induction when they first started work to learn about the home, the people who lived there, policies and procedures and their roles and responsibilities. The induction included training that met the outcomes of the Care Certificate. The Care Certificate provides a set of training standards for new staff working in health and social care services.
- Staff received the training and support that they needed to carry out their roles. There was evidence of on-going staff training, which covered a range of areas, including, medicines management, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), safeguarding, health and safety, equality and diversity and infection control. Staff had also received training specific to the individual needs of people. This included, for example, training on dysphagia, managing falls, ageing and disability and managing behaviour.
- Staff told us that they felt well supported. They received regular supervision and appraisal of their development and performance.
- Staff demonstrated a good understanding of people's needs. They were knowledgeable about people's individual needs including their behaviour and communication needs.

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

- Staff provided support to people to purchase and cook their own meals where required. Individual risk assessments had been carried out on people's safety in using their kitchens.
- Details of people's nutritional and individual dietary needs were written in their care records. Where people required modified foods, for example, in relation to choking risks, staff had supported them to order

these through a specialist meals service.

- Where there were concerns about people's nutritional intake or weight, staff had monitored this closely and liaised with relevant healthcare professionals where required.
- The service also provided a meals service for people who were unable to or did not wish to cook their own meals. People using this service told us that they enjoyed the meals. One person said, "I don't have to eat the food here, but it is very good. I also enjoy the company at mealtimes."

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

- Information was shared appropriately with other professionals to help ensure people received consistent and effective care and support.
- People's care records showed that health professionals had been contacted immediately where there were any concerns about people's physical or mental health. Staff had updated people's care plans to reflect professional guidance or treatment where this had changed.

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

- The provider had assessed people's mobility and other needs to ensure that they had the right equipment and support prior to moving to the service.
- Staff supported people to liaise with the housing provider to ensure that any changes or adaptations were carried out to meet their assessed needs.

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

- People's health and support needs were regularly reviewed with their involvement and updated in their care records. People had access to the healthcare services they needed. One person said, "Staff help me with my appointments, but I am the person who leads when I am there." Another person told us, "If I have to wait to see my doctor [RM] and [staff] always try to get me seen sooner."
- Staff worked with healthcare professionals to ensure people were provided with the care and support that they needed.
- People were supported by staff to keep as mobile as possible. Regular exercise activities took place and we saw that these were suitable for people with physical impairments. During our inspection observed an exercise session facilitated by an external organisation. People who used wheelchairs and others who remained seated joined in activities such as boccia. This is a game similar to bowls which is designed to be played from a seated position.
- The service had recently introduced a dental health project. The deputy manager had attended a training course on dental health and had rolled this out to other staff. Staff had been supported to understand good dental health and how to support people to maintain this. A pilot project had taken place. This had led to improvements in people's dental hygiene. The deputy manager told us that all staff would be receiving training to support people to maintain good dental health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's support plans included information about their capacity to make decisions about their care and support. People were supported by staff who had received MCA training and understood their responsibilities around consent and mental capacity.
- The registered manager told us that no one using the service required an authorisation to have their liberty deprived. They said, "This is extra care and that means people who are able to go out should be able to come and go as they wish. If we had to lock doors for someone this would have a negative impact on everyone else." The registered manager described how they had worked with the commissioning local authority to support people to move to more suitable accommodation where they required 24-hour care and monitoring.
- Staff told us that they always asked for people's agreement before supporting them with personal care and other tasks. People using the service along with our observations confirmed that this was the case.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a friendly, welcoming atmosphere. People told us staff were kind and treated them well. Staff were respectful to people and provided them with assistance in a friendly and caring manner. People told us, "I haven't been here very long but I really like it. The staff are very helpful and I've settled in well," and, "I can't fault them. They help me every day. I wish they had more time to chat, but I know they need to help other people. They always spend time with me when I ask them."
- People's diversity needs were recognised and supported by the service. People's personal relationships, beliefs, likes and wishes were recorded in their care plans. People's cultural choices were respected. People who practiced a religious faith were supported to do so. The service had supported people with disabilities to obtain the support they required to participate in community activities such as attending day services, shopping and going out for meals.
- A person who had recently started to use the service was more fluent in a language other than English. The service had arranged for a volunteer to spend time conversing with them in their first language. Staff members had been provided with words and phrases in the person's language to enhance their communication when providing care and support.
- Information about people's personal relationships and sexuality was disclosed in their care plans where they had chosen to disclose this. We spoke with a couple who had developed a personal relationship. They told us they spent time in each other's flats and went out together to local cafes.
- We asked about the service's approach to supporting people who identified as LGBT (lesbian, gay, bisexual and transsexual). The registered manager told us that no one using the service had identified as LGBT and that this should not make any difference to the support they received. They said that they recognised that people may not always wish to disclose their sexuality, but the service attempted to be inclusive of everyone. We observed that easy read information about local LGBT events and meetings were posted on the service's communal notice boards.

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

- People were involved with planning and review of their care and support. People's records showed that they had provided detailed information about their needs, preferences and background. People told us that they made everyday decisions and choices including when they wanted to get up and what they wanted to wear. People told us, "I can say what I want and I am always helped to do this," and, "They have made my plan the way I want it. I can ask for it to be changed and [registered manager] and the staff sort it out for me."
- Residents meetings took place. Minutes of these meetings showed information about the service was shared and discussed. People had expressed their views about a range of matters to do with the service

including maintenance, care, activities and the food service. Records showed that action had been taken to address the issues raised at these meetings.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful of their privacy. During the inspection, we saw staff knocked on the doors of people's flats and waited for a response before entering. Staff supported people with their personal care in a manner that maintained their privacy and dignity. One person said, "I don't like the fact I need help now but the staff here are very good when they come to do things for me. I really can't fault them."
- People's independence was supported. People were able to come and go as they wished. Risk assessments had been developed for people where there were concerns about their safety in the community. A person said, "They are always reminding me about how to be safe when I go out."
- People told us that they were encouraged to be independent and to ask for help if required. Staff told us that they encouraged people to do as much for themselves as possible to maintain and develop their independence. People's care plans, risk assessments and daily records confirmed this approach.
- Where risks had been identified in relation to people's behaviours, the service had liaised with local health and social care teams to find solutions. For example, mental health service input had been sought for people to develop staff guidance on managing behaviours. Actions had been put in place to minimise risks whilst enabling people to maintain control over their daily lives. People whose behaviours created risks to the environment of their flats and the communal areas had detailed risk assessments which showed that staff had acted to monitor and reduce the impact on the person and others.
- People's private and personal information was stored securely, and staff understood the importance of confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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's support plans were personalised and included detailed up to date information about their individual needs, abilities and preferences. The plans provided guidance for staff about how best to support people's needs and preferences. People's daily care and support records showed that staff were meeting their individual needs as recorded in their support plans.
- Staff were knowledgeable about each person's needs and knew how to provide them with the care and support that they needed and wanted.
- People told us that they were able to decide about their care and support. A person said, "They regularly ask me about what I want. I am happy at the moment but I think [registered manager] and [other staff] would make sure I was sorted out if I did want a change."

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 told us that friends and family members were welcome to visit them at the service. During our inspection we met three visiting family members. They told us they always felt welcome to visit their relatives at any time.
- Staff supported people individually with their recreational and social needs. For example they supported people to attend the in-house activities programme which were designed around people's needs and interests. These included, for example, exercise, music, quizzes, news and current affairs discussions, memory activities and social events. The activities co-ordinator had worked with external organisations to enhance the range of activities available to people. For example, reminiscence sessions run by staff from a local museum, art and craft sessions provided by a local adult education centre, and, on one day of our inspection, people told us they were looking forward to dressing up for the monthly cocktail party.
- During our inspection we observed people participating some of the in-house activities including seated exercise, a regular afternoon tea party and a music and current affairs discussion session. These were well attended and people engaged actively with staff and the activity providers. A dog had been brought for a regular visit by their owner and people showed enjoyment in playing with it.
- People told us that they appreciated the fact that the service provided activities. They told us that staff had organised activities and outings based on their interests.
- Many people told us they were able to come and go as they pleased and described the community-based activities that they participated in and attended. However, some people living at the service required support to go out due to the nature of their disabilities. Staff supported people to attend activities and appointments. Where people required regular support to attend activities, this was often provided by staff from local outreach services. Staff regularly liaised with these staff to ensure that people received the

support they required when they required it. One person with a disability told us they went out every weekday, either to a day centre or with their outreach worker and that this had been organised by the service. Another person said, "[Staff] arranged for me to have help to go out. I go shopping or to have a meal. I can choose to do whatever I want."

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.

- Information about people's communication needs was included in their support plans. People told us that they knew about their support plans and were provided with copies of these. The registered manager told us that they would always ensure accessible copies of support plans were provided to people should they require these.
- Some information was provided in easy to read or picture assisted formats. This included menus, information about activities and people's tenancy agreements. The registered manager said that staff would always explain any information that people did not understand.
- Staff had worked with people with learning disabilities who used the service to develop personal photo albums. The albums included pictures of individuals, events and activities that people had decided were important to them. One person showed us a photo album and described the activities that were shown. They said, "I put everything important in it. I have more than one photo book now."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People knew how to make a complaint. One person told us, "I speak to [registered manager] if I am not happy about anything. She has always sorted things out for me." Another person said, "I don't hesitate to complain. The staff must think I am a nuisance but I have to say what I think." This person told us that they had complained about the fact that a communal bath was broken but acknowledged that staff were doing their best to try to resolve this.
- Staff knew that they needed to report any complaints about the service that were brought to their attention by people using the service, people's relatives or others.
- Complaints records showed that action had been taken to address complaints and to minimise the likelihood of similar complaints recurring. The complaints and maintenance records regarding broken specialist baths showed that staff had taken ongoing action had been taken to expedite repairs on people's behalf. Staff had liaised with the housing provider and ensured that people who preferred to use a bath rather than their personal shower had been updated on progress and had been offered the opportunity to use a bath in one of the other properties.

End of life care and support

- At the end of their lives people were supported to remain at the service if they so wished, in familiar surroundings, supported by their family and staff who knew them well.
- Healthcare professionals including GPs, district nurses and palliative care nurses had provided the service with guidance and support when people were being supported at the end of life.
- The provider had commissioned a specialist advocacy organisation to work with people to develop end of life care and support plans. We saw that these included information about how and where people wished to be supported when they were nearing the end of life. Some people had chosen not to engage with the development of end of life care plans. The registered manager told us people did not always wish to discuss their wishes. However, they said they would continue to engage with people to ensure that their end of life

support needs were discussed and considered.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- People spoke positively about the registered manager. One person told us "[Registered manager] is brilliant. Since she has been here she has worked with me to make sure things are good." Another said, "[Registered manager] is here every day. I know her well and she is always very helpful."
- Staff members spoke positively of the management of the home. One said, "I can't fault the management. They are approachable and supportive and available at any time if I need to talk." Another staff member said, "This is a good service to work for. There is lots of support to do your job and help to develop if you want a career in care."
- The registered manager knew the importance of being open and transparent with relevant persons and of taking responsibility when things go wrong. The registered manager reported notifiable incidents to CQC and commissioning local authorities.

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

- The registered manager was clear about their role and responsibilities and had the skills, experience and qualifications to lead the service with assistance from other management staff.
- There were systems in place to monitor the quality of the service and any risks to people's safety. A range of regular audits and checks were carried out and immediate action was taken to address any concerns arising from these. The provider used learning from these to develop and improve the quality of the service provided to people.
- The registered manager and compliance manager showed us a template that they were developing to improve the service's quality monitoring to ensure that it more fully addresses performance, risk and regulatory requirements. They told us this had been developed on the basis of the individual needs of people who used the service, and that they planned to introduce more detailed monitoring in the near future.
- Staff were familiar with the aims and objectives of the service, which promoted personalised support, dignity, privacy and independence. They were clear about their roles in supporting those goals.

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

- People had the opportunity to complete feedback surveys about their views of the service. The most recent survey indicated people were happy with the service.

- Regular staff meetings had taken place. These were used to discuss quality issues, people's needs and to discuss best practice guidance. Relatives and residents meeting also took place, so people had the opportunity to discuss issues to do with the service. A recent relatives and residents meeting had been attended by representatives from the local authority who had provided positive feedback.
- People's equality and diversity needs were understood by the service and supported. Details of these were reflected in people's support plans with guidance provided for staff to enable them to meet these needs. For example, people's learning and physical disabilities, behavioural and mental health needs were fully recorded in their support records. Changes in their needs were immediately updated and appropriate guidance was provided to staff to enable them to meet these.

Continuous learning and improving care

- The provider used information gathered from quality assurances processes to make improvements. For example, additional training and support had been provided to staff where there were identified concerns.
- The provider was in the process of improving their quality monitoring systems to ensure that it fully addressed the needs of people using the service.

Working in partnership with others

- Staff and management worked in partnership with health and social care professionals to improve the service for people.
- People's care records showed that staff had liaised with family members and health and social care professionals to address any concerns. For example, ongoing partnership working was in place to improve outcomes for people whose behaviours had put their tenancy agreements at risk.