

Options Autism (8) Limited

Options The Old Vicarage

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and/ or who are autistic.

About the service

Options the Old Vicarage provides accommodation and personal care for up to 8 people who have a range of needs including autism, mental health needs and/or learning disabilities. There were 6 people using the service at the time of this inspection. The provider has a range of registered care services including several adult social care services across the country.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

People who used the service were supported by caring and dedicated staff to exercise their choices and remain as independent as possible. The staff worked in a highly person-centred way, knew people's individual needs and how to meet these. The staff were supported by the management team to work together and find creative ways to promote learning and for people to develop new skills. People told us they were very happy and had meaningful and fulfilling lives. 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.

The staff worked in a holistic way and always focused on people's strengths to help ensure they could meet the needs of all the people, regardless of how complex these were. The registered manager had implemented a system whereby people and their representatives were involved in the planning of their care and support and care plans were based on the individual according to their choices and wishes. People were supported to pursue their interests and achieve aspirations and goals. The staff had used people's

individual strengths to build meaningful relationships between them. This included teaching each other skills and knowledge. People took part in a wide range of social activities of their choice. Staff supported people with de-escalation techniques when they became anxious or agitated, which prevented them from restraining people. The environment had been developed to benefit and meet the individual needs of people. Staff enabled people to access specialist health and social care support in the community. People received their medicines safely and as prescribed.

Right Care

The staff provided kind and compassionate care and people told us they felt respected, valued and happy. Staff protected and respected people's privacy and dignity. People's individual wishes and needs were met by staff who were well trained and supported, and put people's needs at the centre of everything they did. Staff received training in safeguarding adults and understood how to protect people from poor care and abuse. People were supported to improve their skills and learn new ones. This meant one person had been able to move on to a more independent service and was thriving. The registered manager had worked with each person to develop a comprehensive range of communication methods so they understood their needs fully. They ensured the staff had a full understanding of these and responded to these appropriately.

Right Culture

People, relatives and staff told us the culture of the service had gone from strength to strength and this was evident. People's quality of life and their health had greatly improved and this was attributed to the service's culture of improvement and inclusivity. The registered manager and staff worked with people to empower them to lead happy and meaningful lives. The provider's ethos and values were shared by all and this had contributed to a happy staff team who enjoyed their work and felt appreciated. This meant people received good quality care and support.

The management supported staff to receive regular training so they could understand best practice in relation to the range of needs people with a learning disability and/or autistic people may have. This meant people were empowered and received compassionate care that was tailored to their needs. Staff were happy working at the service and enjoyed their jobs, so turnover was low. This resulted in people being supported by regular staff who knew them well. This contributed to a consistent support which people benefited from. The provider enabled people and those important to them to work with staff to develop 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 good (published 17 August 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Options The Old Vicarage

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Options the Old Vicarage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Options the Old Vicarage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 1 relative about their experience of the care provided. We spoke with 3 members of staff including the registered manager, deputy manager and support staff. We reviewed a range of records. These included 4 people's care records and the medicines records for all the people who used the service. We looked at 3 staff files in relation to recruitment and staff supervision. 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 looked at quality assurance records and written feedback about the service from people and staff. We emailed and received feedback from 4 members of staff and 3 professionals who regularly visit the service.



Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us they felt safe and happy living at the service. They said, "They are really nice here, I like it." A relative echoed this and said, "[Family member] would tell me straight away if things were not right. We are really happy with this place."
- Staff knew people well and understood their body language and communication so they could identify if people felt unsafe or uncomfortable in situations.
- The provider reported safeguarding concerns and worked with the local authority's safeguarding team to investigate these. We saw they took appropriate action to make improvements where this was required.
- The provider had a safeguarding policy and procedure in place and staff had access to these. There was a whistleblowing policy which staff were aware of. People were given information about safeguarding and what to do if they had a concern or felt unsafe. This was available in an easy-read format.

Assessing risk, safety monitoring and management

- There were processes to assess, manage and mitigate risk to people's safety and wellbeing.
- Risk assessments were clear, detailed and contained guidelines on how to support people to manage and reduce risk. Staff were familiar with the needs of people who could not always manage their own safety, along with the measures in place to manage these. For example, those who went out unaccompanied, people with mobility risks and those at risk of self-neglect.
- People had personal emergency evacuation plans in place which were regularly reviewed. These considered each person's ability and how staff were to support them to safely evacuate the building should there be a fire or other emergency.
- The provider's system for the management of people's personal money ensured only authorised staff had access to people's money and the registered manager carried out monthly audits to ensure nothing was amiss.
- There were regular safety checks undertaken including fire safety and these were up to date. We saw evidence there were regular fire tests and drills undertaken. There was an up to date fire risk assessment in place. We saw fire equipment was regularly inspected and included fire extinguishers, fire doors and door

stops and emergency lighting.

- The provider had reinforced the security of the building and had installed CCTV cameras in communal areas to monitor movement. They had also added a system where only authorised persons could come through doors using a fob.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. Staffing levels enabled people to be supported to attend appointments, college and any activities or trips they chose to undertake.
- The registered manager had put in place a new staffing system to benefit people who used the service. They explained, "I ensured that staff had overlap time between shifts so that the welfare of the residents could be discussed, tasks completed or passed on and messages from management to staff relayed so change over time became seamless."
- They had also introduced 24 hour working, which meant that if a person woke up at night or needed support, there was always someone present for them to talk to, to listen to them and reassure them. The registered manager told us, "This is really important for residents with autism as very often they will need reassurance that they are 'thinking' the right things or behaving in the 'correct' way."
- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. Following successful recruitment, the staff underwent training and were assessed as part of an induction, before they were able to work independently.

Using medicines safely

- People received their medicines safely and as prescribed. There were systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. Medicines were safely stored, and records were appropriate.
- People's medicines were recorded on medicines administration record (MAR) charts. These were signed appropriately by staff to indicate people had received their medicines as prescribed. We checked stocks of people's medicines and found these to correspond with the signatures on the MAR charts.
- Where people were prescribed 'as required' (PRN) medicines, there were protocols in place and these were followed by staff to help ensure people received these medicines as needed. People's medicines were reviewed by the GP and relevant healthcare professionals to ensure these were appropriate to their needs.
- People had medicines care plans and risk assessments in place. Risk assessments recorded the level of support the person required depending on their understanding. Where possible people signed these to evidence they understood and agreed the content. Where people had specific health conditions and medicines were prescribed for these, for example, epilepsy, a care plan was in place explaining the reason

for the medicines, how these should be administered and how to recognise signs the person may need these.

- Medicines were kept in a clean and well-ventilated room. Staff recorded the temperatures of the room and medicines cabinet, and these were within a safe range.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Friends and relatives were encouraged and supported to visit people whenever they wished and were always welcome.

Learning lessons when things go wrong

- The provider had put in place a robust system to ensure lessons were learned when things went wrong. The staff and management met regularly to review any incident or accident, discuss what went wrong, and any learning from these.
- Accidents and incidents were recorded appropriately. These included the nature of the incident, events leading to it, actions taken and outcome. There had been a marked reduction in incidents, accidents and complaints since our last inspection.
- Auditing systems were robust and this helped identify and address any errors or concerns promptly and learn from these.



Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The provider was exceptionally responsive to people's individual needs and was dedicated to improving each person's quality of life. They ensured they understood each person's needs, and involved them, their relatives and the staff team to provide the best care and support they could. This was regularly reviewed to help ensure the care and support was successful.
- The registered manager and staff had developed a person-centred approach and worked with individual people to help and support them and meet their needs, regardless of how complex these were.
- We saw an example where the perseverance of the registered manager and their team had improved a person's health and quality of life. The person was not eating or showering and would spend hours in the corner of their room, not interacting with anyone. This meant their weight and quality of life had declined dramatically. Staff who spoke the same language were allocated to communicate with the person, and with time and patience, they helped develop a daily structure with the person to support them with showering and eating healthily.
- The person was supported to trust the staff and to learn to communicate their needs including improving their English. The registered manager told us, "[They] smile more and appear relaxed and happy. [Their] weight is now normal and healthy. [They are] now trusting people more and understand [their] needs are being met... [They] now understand boundaries and feel safe."
- The staff were observant and responsive to people's emotional and personal needs. We saw an example where a person had been supported in a highly respectful way to meet their diverse needs and this had enabled them to understand boundaries and feel good about themselves. A healthcare professional told us, "They have helped to look at ways to meet [their] needs as a young [person] that don't put [them] in a vulnerable situation."
- The provider consistently placed people at the heart of the service. For example, the registered manager had worked with people to involve them in work and education and some people were now attending

college. One person had gained an internship and was working part-time. The staff had supported them to manage their anxiety and buy suitable clothing for the job. This had contributed to their increased confidence and wellbeing.

- The registered manager was planning for all the people to be engaged in some form of educational training by September. This was to encourage them to look forward and develop their skills. To ensure people got the best out of their education, staff helped them to talk about their experiences and complete any homework they were given. The registered manager told us, "Education is the key to this. For instance, we have a resident who will attend an art course next year, this is already encouraging [them] to look at the world in a different way."
- The staff team were always thinking of innovative ways to improve people's lives and wellbeing. Some people were reluctant to visit a hair salon to get their hair cut. Following a discussion with people and staff, a decision was made to develop a salon within the home. People and staff were supported to contribute their ideas for this, such as décor and style. During our inspection, we saw the salon had been completed and was being used regularly. One person whose hair had not been cut for a long time had developed trust in the staff and was a regular visitor. A member of staff told us, "The staff and residents, even those who are non-verbal were involved ... [The registered manager] could have done whatever [they] wanted, but [they] did not. Residents felt they were important and staff's involvement was great."
- Healthcare professionals told us the whole staff team encouraged people to get the best of their time at the service and get the best out of themselves. One healthcare professional said, "I am so impressed with the changes they have made to make it a safe and stimulating environment for the residents."
- People's care plans were developed from the initial assessments and were regularly reviewed. These were detailed and personalised and included all aspects of the person's care and support. They included detailed guidelines for staff to follow about how to meet each person's specific care needs, according to their wishes and choices. People's care plans included information about their background so staff could understand the person better and meet their needs.

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 supported in a highly personalised way to achieve their own goals and aspirations and achieve the best possible outcome. One person who used the service was spending time teaching others maths and English, and this had helped people improve their knowledge and self-esteem and build relationships with others.
- The environment had been developed and improved with people's needs at the heart of it, and to improve their wellbeing. For example, the registered manager had introduced a sensory room which was a calm space that people could access if they were feeling stressed. The room contained soft toys which could be touched. There were essential oils to provide scents which stimulated memory and paintings and photos supplied or chosen by people.
- People also chose their favourite music which they could play while they were in the sensory room. The registered manager told us, "We try to encourage people to pick music which they find calming. This only works because staff talk to the residents and help them to think through their choices." A relative stated, "There is a lovely atmosphere, we like the sensory area, and there is a lot of room. The garden is great and [Person] loves to use it. It has put our minds at rest for the future."
- People were supported to exercise and keep themselves fit and healthy whatever their abilities. A room had been converted into a gym which contained simple apparatus for people to try with the support of staff.
- People were supported develop meaningful relationships with each other. For example, during meetings, they were supported to plan trips out together. This contributed to shared experiences which they were able to discuss on their return.
- Although people were able to eat and drink whenever they wished, improved relationships between them

meant they spent more valuable time together, including at mealtime. The registered manager told us, "Every resident has a chance to choose their own menu, they are supported in preparing the meal and all the residents gather to enjoy eating together. This sounds simple but it requires a lot of pre-planning for staff, a lot of discussion and interaction to ensure that the meals happen as the residents wish."

- The group activities were designed to help people work together. For example, the staff supported people to grow vegetables and flowers in the garden and this enabled people to discuss, plan and cooperate together.
- People were consulted about what they wanted to do and we saw their needs were met in line with their wishes. Care plans contained documents entitled 'My living choices'. These detailed people's life history and background, their preferred methods of communication, what activities they preferred and what they disliked.
- People were supported to take part in a wide range of social events. A staff member told us, "The residents are asked what they would like to do and what excursions would they like to go on, we take their suggestions on board and make it happen. There is even a trip planned shortly to Ireland, which the residents are really looking forward to." Each person had an individual activity rota which aimed to engage them in establishing interests and improving their quality of life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had very good awareness, skills and understanding of people's individual communication needs, and demonstrated this during the inspection. People's communication needs were recorded in their care plans and met. One person told us, "They're nice here. They always listen to me."
- Some people were able to communicate verbally but others required the use of pictures and photographs to communicate their needs. Information was available in easy-read and pictorial format and clearly displayed in people's rooms and communal areas.
- Communication care plans were clear and person-centred and included guidelines for staff on how to meet each person's needs. For example, "Speak clearly in short simple sentences", "Give me time to process what you just said to me" and "Use visuals and objects to communicate with me."
- For those for whom English was not their first language, we saw the staff had put in place a list of useful words to enable communication with them, and to learn. For example, the care plan for one person clearly described how the person expressed pain in their language so staff would be able to understand and take appropriate action. They also had details of basic words such as 'yes' and 'no', 'open', 'close' and 'car'.
- People had sensory support profiles in place. These detailed each person's sensory experience of the world, in relation to their senses such as hearing, touch, vision and smell. For example, how they experienced loud noises. One person tended to create additional auditory stimuli by humming loudly, and when anxious, would cover their ears to block out external noise. These plans contained guidelines for staff on how to support the person with these needs.

Improving care quality in response to complaints or concerns

- The provider was open and transparent when dealing with concerns. There were regular meetings with people and relatives who felt able to raise concerns. People knew they could speak with staff if they were unhappy about anything.
- The provider provided easy-read information about how to complain to people who used the service and

this was displayed prominently in communal areas. People told us they were happy and did not have any complaints.

- Relatives felt that any minor concern was addressed without delay and this meant they did not feel the need to complain. One relative told us, "When something happens, they address this straight away, it's all done very well. There is a lovely rapport with them. Communication is really good."

End of life care and support

- The provider had an end of life policy. However, the registered manager told us none of the people living at the service were willing to discuss this as they were still young and this was an uncomfortable subject at present.



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 our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture which was person-centred, open and inclusive.
- Feedback from external professionals and family members was positive. We received some direct feedback and viewed emails and comments from stakeholders made directly to the service. Comments included, "They are compassionate, transparent and we adore them", "I just want to thank the manager for changing the atmosphere for the best. I have never seen [my relative] so happy. I think this is the best care [they have] ever received" and "Nothing is too much trouble for staff and management and are very friendly and approachable", "We are so grateful our [relative] is living at the Old Vicarage and thankful to the staff who do such an amazing job" and "I am so impressed with the changes they have made to make it a safe and stimulating environment for the residents."
- People who used the service were empowered and involved in the service and their care and support. For example, the staff recorded daily logs to evidence the support offered to people, people's daily activities or any changes to their wellbeing. Every evening, people were invited to sit with staff to read what was written about them. This allowed them to agree or disagree with the comments and comment in writing. One person chose to review logs weekly and the staff ensured these were available for them to read on their chosen day.
- The registered manager was planning to create a social room for people and staff to spend time together, play games and listen to music. They told us, "Given the success of the sensory room I would like to extend the idea to the garden and create an area as a sensory garden. This will incorporate a set of garden furniture and a selection of plants chosen by the residents to both bring back memories and give them somewhere peaceful to rest in the summertime."

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

- The provider understood the need to be open and transparent, to report any concerns to the relevant agencies and to offer an apology if things went wrong.

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

- The registered manager and deputy manager were excellent role models for all staff, and this had contributed to a visible improvement in all aspects of the service. They were genuinely interested in people's and staff's views and acted on these. The management team supported each other and worked very well together.
- The staff spoke positively about the management team and were enthusiastic about their work. Their comments included, "The manager has an open-door policy, we can raise any concerns with [them] and we can make suggestions which are taken on board and utilised", "The Old Vicarage is now a fantastic place to work, the residents are treated like individuals and they are all healthy and happy", "[Managers] have shown me what good, and person centred care looks like, and supported me and others to develop our working practices" and "One thing I love about my job is that the home manager is our mentor not just our manager. [They are] very approachable and listen at all time."
- There were robust systems and processes in place to monitor the quality of the service. The senior staff undertook regular audits in all aspects of the service and these were detailed and highly effective. These included medicines audits, people's care records, staff records such as training, supervision and appraisals. We saw when a concern was identified, this was addressed without delay. In addition, the registered manager undertook out of hours visits, to help ensure the staff were carrying out their duties and meeting people's needs at all times.
- The management team kept themselves informed of developments within the social care sector and attended regular training courses and workshops to keep their skills up.
- The registered manager attended provider forums organised by the local authority and liaised with other managers in order to learn from each other, share information and discuss any concerns they may have. Relevant information was cascaded to the staff team during meetings to ensure they also kept up to date with changes within social care.

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

- The provider was highly supportive of the staff and gave them praise and encouragement when this was deserved. Staff told us, "We have 'Employee of the month'. This shows appreciation. The manager says thank you and buys a card and flowers. This is really nice", "This is an amazing place to work, I like the way I am respected, supported and trained. I feel valued and appreciated", "We all have the best support anyone could ask for. Our manager is an amazing human being and always listens to everyone which we all do appreciate" and "This is the best place I have ever worked. I can say the home manager is one of the best managers I have known."
- The provider had worked closely with all staff to monitor performance through meetings and regular supervision. This enabled them to identify any concerns, celebrate successes and support them with training and career opportunity. As a result, some staff had been supported to undertake professional qualifications to improve their skills.
- People and relatives had the opportunity to give their views of the service they received via regular quality surveys. The results of these were analysed and any areas for improvements were included in an action plan. The latest survey indicated people and relatives were very happy with the service. They were also given the opportunity to get involved in the service development and volunteer ideas for improvement, which were taken on board.

- People and relatives were invited to monthly meetings. This was an opportunity to discuss changes in the home, listen to any concerns or complaints and consult them about developments. The registered manager told us, "This has greatly improved relations between the home and the wider community with great benefits for all sides." We saw evidence that people and relatives' ideas and suggestions were listened to and influenced change. This included the development of the gym and sensory area.
- Feedback from the staff survey indicated a much improved morale and a positive willingness and enjoyment at being at work. The provider had received two nominations for the British Care Awards and had won both nominations. The registered manager told us, "This was a great achievement overall as a company and staff."

Working in partnership with others

- The registered manager had developed extremely positive working relationships with various external professionals in order to improve people's lives and wellbeing. A healthcare professional told us, "[Registered manager] has had to address so many areas of concern and [they have] done it systematically and with transparency."
- They had worked closely with a clinical specialist and mental health professionals to build a person-centred care plan for a person who had complex needs, and for whom very little information was available. They involved relatives who had previously been discouraged to visit the person and participate in their care. One of the relatives stated, "This is the first time I have seen my [family member's] face in the last 3 years, I was asked not to come or call [them] by the previous management." We saw evidence the person's quality of life had greatly improved and the service was meeting their needs.
- The provider had a positive working relationship with the local authority who had been supportive to the registered manager. Representatives had visited the service on a number of occasions and had found the home to be 'well managed with happy residents and staff'.
- The provider had made links with local community groups such as colleges and shops to ensure people using the service could be involved in education, work and community projects.