

The Royal School for the Blind

SeeAbility - Fir Tree Lodge Residential Home

Inspection report

Fir Tree Lodge
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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

SeeAbility - Fir Tree Lodge is a residential care home on one level, which is fully accessible. People have access to their own garden and a communal garden. It provides personal care and accommodation to young adults with a physical disability, learning disability, sensory impairment and autism spectrum disorder.

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.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. This is larger than current best practice guidance. However, the size of the service potentially having a negative impact on people was mitigated by the building design fitting into the residential area. Staff were also discouraged from wearing anything that suggested they were support workers when coming and going with people. Staff ensured people were able to access and be part of their local community.

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

A relative told us "It's a home. Everyone gets on with each other wonderfully." Another told us, "We can come any time and there is the same lovely atmosphere."

The provider had robust processes in place which ensured people received their medicines safely. Staff assessed potential risks to people and measures were in place to manage them safely. There were sufficient numbers of competent staff rostered to keep people safe and to meet their needs. The provider had appropriate processes, policies and staff training in place to keep people safe. People were protected from the risk of acquiring an infection.

People's needs were assessed and the delivery of their care reflected good practice guidance and legal requirements. People were supported by well trained and competent staff, who had the required skills and knowledge to deliver people's care effectively. Staff offered people a choice of nutritious food and drinks. People were supported to access a range of internal and external health services as required. People's needs were met by the design and decoration of the premises.

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.

Staff treated people kindly and compassionately. They cared about people and were concerned for their welfare. Staff respected people's human rights and endeavoured to involve them in as many decisions as possible. Staff promoted people's privacy, dignity and independence.

People's care was planned to ensure it was personalised and reflected their preferences. People participated in a range of activities both inside the service and in their local community. They were supported to maintain relationships which were important to them. Staff used technology to promote people's independence.

Processes were in place to monitor the quality of the service provided and to continuously drive improvements. The provider investigated and acted upon any complaints received from relatives on people's behalf. The registered manager sought the views of people's families and staff on the service and promoted engagement with the local community.

The registered manager created a positive and person-centred culture focused on providing people with person centred care. Staff understood their role and responsibilities. The provider worked with local statutory and non-statutory services to improve people's care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (05 March 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was 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.

SeeAbility - Fir Tree Lodge Residential Home

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 completed by two inspectors.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We asked for feedback from the local authority and professionals who work with the service.

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 all of this information to plan our inspection.

During the inspection

We were unable to seek people's views of the service, so we observed their interactions with staff in the communal areas of the home and during medicines administration. We spoke with one person's relative. We spoke with three support workers, the housekeeper, assistant physiotherapist, the deputy manager and the registered manager. We also spoke with a complementary therapist who was visiting people.

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

After the inspection

We spoke with a further two relatives and a quality assurance officer from the local authority. We also received written feedback on the service from a GP. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our previous two inspections the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider required staff complete medicines training and an annual competency assessment to ensure their knowledge remained current. People's medicines were administered by the staff shift leader to ensure consistency. They were supported by a second member of staff which reduced the risk of medicine errors.
- Staff were observed to work together and administered people's medicines safely, following the guidance and protocols provided. They then documented the administration of people's medicines on their medicine administration record. This demonstrated what medicines people had received.
- Staff followed the provider's guidance and ensured people's medicines were stored safely. People's room temperatures where medicines were stored and the temperature of the communal medicine's fridge were monitored daily. Staff were able to describe safe medicine storage temperatures and the action they would take, for example, if the fridge temperature was too high.
- The provider had robust processes in place to ensure the safe cleaning and storage of syringes used in the administration of people's medicines where they had a Percutaneous Endoscopic Gastrostomy (PEG). This is a tube passed into a person's stomach through the abdominal wall to if they are unable to eat or drink. This reduced the risk of people acquiring an infection.

Systems and processes to safeguard people from the risk of abuse

- Staff completed safeguarding training which was followed up with an annual refresher to ensure their knowledge was current. They had access to up to date policies and guidance. Staff demonstrated their understanding of what constituted safeguarding and their role in keeping people safe.
- Staff knew the process to escalate any concerns they had about people's welfare or safety. The provider had subscribed to an independent external reporting line, to ensure staff could raise concerns externally if required.
- The registered manager understood their duties in relation to safeguarding people and ensured referrals had been made where required to relevant agencies.

- People had access to accessible information about how to safeguard themselves if required. A relative said their loved one was, "Very safe in the care of staff."

Assessing risk, safety monitoring and management

- Staff assessed potential risks to people and where risks were identified, measures were in place to manage them. A range of risks to people had been assessed for example, in relation to their mobility, skin care and health. Where relevant, staff were provided with pictorial guidance to assist them in managing potential risks, for example, if a person choked. Where people had health conditions such as epilepsy, there were instructions for staff to about how to keep them safe when they bathed.
- People's care plans identified what equipment was required to transfer them safely and the number of staff needed. The provider ensured staff had received relevant moving and handling training. Staff demonstrated a good knowledge of people's individual risks and understood how to manage these safely.
- People were involved in how risks to them were managed where possible. For example, a person's care records stated how they assisted with the positioning of their sling, which was used to transfer them.
- People had personal emergency evacuation plans in place in case they needed to be evacuated. The provider ensured the vehicles and equipment used in the provision of people's care were safe and regularly checked. Relevant checks had been completed in relation to fire, electrical, gas and water safety.

Staffing and recruitment

- The registered manager told us they had been recruiting staff and there were currently two full-time vacancies. The provider used their pool of bank staff to cover vacant shifts and consistent agency staff from their preferred supplier. Staff told us, if there were any gaps on the roster due to staff sickness for example, senior staff provided cover. There were sufficient competent staff rostered to meet people's needs.
- Support workers were supported in their role by senior support workers and management. There was also an allocated shift leader, to lead and direct staff daily. A relative told us, "There is always a senior [staff] even at weekends."
- The provider had completed pre-employment checks before they recruited staff. These included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Two staff records reviewed did not contain a full employment history as required. The registered manager took prompt action to ensure this information was provided during the inspection. Following the inspection, they provided written evidence of the actions they had taken, to assure themselves all remaining staff files contained a full employment history.

Preventing and controlling infection

- Processes were in place to protect the people from the risk of acquiring an infection. Staff had completed infection control training and had access to personal protective equipment which they used. Staff were seen to wash their hands regularly. Processes were in place to ensure the service was cleaned regularly and it was visibly clean.
- Staff had also completed food hygiene training, as they served people's meals. This ensured they understood how to handle and prepare food safely. The service had an environmental health food safety rating of five which is very good.

Learning lessons when things go wrong

- Staff understood their responsibility to raise any concerns and report incidents. There was an open culture of reporting which encouraged staff to speak up if required. Incidents were thoroughly investigated and used as an opportunity for learning and to consider if any improvements could be made.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide written evidence of staff's training in relation to people who received their medicines and food through a Percutaneous Endoscopic Gastrostomy (PEG). This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Staffing.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staffing records showed staff had received face to face training on how to care for people's gastrostomy site to ensure it remained healthy. They were also trained on how to administer people's medicines and provide their food and drink using the PEG. Staff were required to undergo a competency assessment to demonstrate their knowledge. Staff confirmed they had received relevant training in this area and felt confident.
- New staff were paired with a more experienced 'buddy' and shadowed other staff initially until they felt confident to work alone. Staff were required to successfully complete a probationary period, during which those new to social care completed the Care Certificate which is the standard industry induction.
- The provider required staff to complete a range of training, this included their mandatory training and training specific to the needs of the people living there. This included for example, training in how to support people living with sight loss, learning disability and acquired brain injury. A staff member told us they had, "plenty of training." A relative confirmed, "Staff are very knowledgeable."
- Staff received regular supervision of their work both individually and in groups where they were supported to identify any areas for their professional development.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed. The provision of their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance to achieve effective outcomes. For example, in accordance with best practice guidance, staff had completed oral health care training. People's oral health needs had been assessed using a tool and they had oral health plans in place which addressed how their needs in this area were to be met and any associated risks managed.

- The provider supported the NHS, 'STOMP' guidance, which aims to stop the over medication of people with a learning disability with psychotropic medicines, which can be used to control people's behaviours. People had an annual review of their medications by their GP to ensure they only took those medications they required. Where required people had positive behaviour support plans in place to support staff in managing behaviours which could challenge.
- The provider's policies were up to date and reflected legislative requirements and current guidance to inform and guide staff.

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

- People's potential risks related to their swallowing had been assessed and plans were in place to protect them from the risk of choking. Where required people had been referred to the speech and language therapist (SALT) for assessment and guidance. People had their fluids thickened and meals modified as required to manage any risks from them choking. Staff ensured they were correctly positioned when they ate or drank for their safety.
- People had 'mealtime mats' which provided staff with a pictorial guide to the person's support needs, how their meal and drinks needed to be prepared and any equipment they used. Staff were observed to prepare people's meals in line with their guidance.
- Staff were observed to offer people drinks throughout the day and had a good understanding of people's food and drink preferences. Staff offered people a choice for each meal and this included healthy options. For example, one of the supper choices was a roasted vegetable soup.
- Staff sat with people on stools with castors as they supported them with their meals. This ensured they were able to sit at the person's level and close to them as they provided support. Staff did not rush people with their food or drinks, but waited until people were ready for another mouthful.

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

- People were able to access the providers range of specialists to promote their health and meet their identified needs. People could readily access the SALT, positive behaviour support, physiotherapy and a visual rehabilitation worker. People were supported by physiotherapy staff to use the hydrotherapy pool, gym and trampoline, based in one of the provider's other services for therapy. People had access to a comprehensive range of professionals and equipment internally to promote their health.
- People were also registered with their local GP and dentist.
- The physiotherapy assistant told us how they liaised with wheelchair services and the orthotics service for people as required, to ensure they had access to the support they needed. They had also completed a rebound therapy course funded by the provider. This enabled them to provide this therapy using the provider's trampoline and at a community-based service. Rebound therapy provides people with opportunities for movement and therapeutic exercise.

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

- The service was spacious and fully accessible for wheelchair users. There was a large communal space people used for dining and activities, in addition to a sensory room for therapy. The provider was in the process of re-fitting the sensory room for people as part of the current re-decoration of the service. This room provided people with the opportunity to use sensory lights and equipment for stimulation and therapy.
- People's bedrooms were spacious with their own en-suite bathroom. They were individualised and reflected their personalities and interests. People's bedrooms were gradually being re-decorated according to their tastes. A relative told us, "[Person] was involved in choosing the colour of their room."
- People had access to outside space. Their bedrooms opened onto their own private gardens, which they

had decorated and there was a large communal garden. This contained items such as an adapted swing, suitable for use by people who used a wheelchair.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed MCA and Deprivation of Liberty Safeguards training and understood their application in their daily work with people. Where people were able to express their opinions about aspects of their care, this was reflected in their care plans. Staff were provided with information about how to support people to make decisions, such as not rushing them and giving them time to respond.
- Where people lacked the capacity to consent to aspects of their care and any associated restrictions in place, for their safety. Such as the use of a lap belt or high sides on their bed to prevent them from rolling onto the floor or the use of covert medicines, legal requirements had been met. People had MCA assessments and best interest decisions in place. Everyone was either subject to a DoLS to authorise any restrictions or the required application had been made, to protect their rights.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Staff were observed to treat people in a kind and caring manner at all times and this was reflected in relatives' and professional feedback. Their comments included, "Staff are very caring" and "It's very, very good."
- Staff demonstrated a good level of knowledge about each person and their background, preferences and interests. They knew each person as an individual and knew what they liked and what gave them pleasure. A staff member told us, "You have to understand each person." Another staff member said, "People's preferences change depending on their mood." A relative confirmed, "Even the new staff know people well."
- Staff showed a genuine warmth towards the people they cared for, they were interested in them. People were observed to enjoy positive relationships with staff, they smiled and reacted with pleasure when they saw them. We saw staff gently stroked a person's hand and spoke with them to provide reassurance as they supported them.
- People had communication passports, which provided practical and personalised information about their communication methods and needs. They took full account of any needs people had related to their sight impairment or learning disability. One person's passport informed staff where to stand when communicating with them to enable them to use their partial sight effectively. Another person's records described what their non-verbal communications meant. A person also had a communication book which staff could use with them to understand what they wanted.
- Staff had the required knowledge and skills to understand people's communications, care and support needs and wishes. Staff were quick to respond to people's verbal and non-verbal communications and understood them.

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

- People's care plans documented their level of involvement and who else they wanted to be involved, such as their families, staff who knew them well and professionals. A relative confirmed, "I am completely involved in decisions." This ensured people's care plans were informed by those who knew and understood them.
- Staff understood and recognised people's human rights and the need for them to be involved in any decisions they could make. Throughout the inspection we saw staff offer people choices about what they ate and drank and how they spent their time.
- Staff consulted people about their care. Staff asked people whether they wanted their light on and how

they wanted to be positioned for their comfort. A relative confirmed, "They [staff] continually offer [person] choices, they don't worry it takes time." People had been supported to join the local library and staff took them there, so they could choose their own audio books.

- Staff told us they worked hard, but ensured they made time for people. Staff had time for people, they did not rush the provision of their care. They had undertaken relevant training in areas such as how to provide person centred care, which is when the provision of a person's care is focused on them as an individual. In addition to training in communication and positive behaviour support. We observed and a relative confirmed, "It [the service] feels very relaxed."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's personal care was provided in private to ensure their dignity. On each shift there were staff of both genders, a relative confirmed, "There is a good cross-section of staff and male and female staff for people."

- People were supported by staff to be as independent as they could be. Staff told us how activities such as hydrotherapy supported people's independence. People could not weight bear and used wheelchairs to mobilise, but with the buoyancy of the water and staff support, people were able to stand for themselves.

- Staff ensured where people could not undertake activities such as cooking or washing their clothes, they were able to watch what staff were doing. Staff chatted with people about what they were doing, which involved them.

- Relatives told us they felt welcome to visit as they wished. A relative said, "We can come any time and there is the same lovely atmosphere."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 care plans were holistic and developed in consultation with those who knew them well. They addressed all of their physical and emotional needs, including those related to their protected characteristics as defined by the Equality Act 2010. For example, people had a vision passport, to enable staff and others to understand their needs related to their vision and how best to support them. The registered manager told us how staff respected and met people's needs related to their culture. A professional had recently given a compliment to the service, which read, "Comprehensive [care plan], great documentation."
- People's care plans were kept under review monthly by staff, in order to identify any areas which required updating. People had an annual review of their care with their families. Where actions and people's desires were identified from their review, these were noted. The steps staff then took with the person to achieve them and the date they were met were recorded. Goals could be anything from buying an item of clothing to going on holiday. This provided evidence staff supported people to identify and achieve their personal goals and the steps taken in achieving them.
- People's care plans documented their strengths, what was important to them, how best to support them and their preferences. Staff were well supported to understand people's individual needs through their learning and development. For example, staff completed training in assistive technology and rehabilitation and impairment to enable them to understand how best to support people. Assistive technology refers to devices or equipment used to support a person's independence.
- Staff used technology to enhance people's independence and communication. For example, one person's wheelchair was fitted with technology which enabled them to use a floor 'track' to take themselves from their bedroom to the lounge independently. Other people used adapted switches for people with impaired movement, which enabled them to turn on and off items such as a foot spa and hairdryer. People were able to use access a floor standing interactive computer screen for people with a visual impairment.

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 provided with information in formats which were accessible to them. For example, easy read and audio, no-one required information to be provided in braille. Staff also read information to people

where required.

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

- Staff ensured people were able to maintain relationships with people who mattered to them including their families and volunteers. A relative told us how they had completed the required checks to enable them to use the provider's minibus. This enabled them to take their loved one out with the rest of the family for lunch, rather than being restricted to seeing them in the service or hiring a taxi. A volunteer also used the minibus to take the person to support their sports team, which they thoroughly enjoyed.
- People were supported to participate in activities which were of interest to them, both inside the service and externally. Each person had an activity plan which showed their personal activities across the week and weekends, including evenings. People were provided with a variety of opportunities for stimulation and social interaction.
- During the inspection we saw people were involved either individually or in small groups with a variety of different activities which appealed to them such as walks, cooking and reading. People had also been supported by staff to attend pop concerts and to go away on holiday. People's activities were captured in their individual 'scrapbooks' which provided a pictorial record of the range of activities and trips they enjoyed.
- Staff supported people to realise their dreams and ambitions. One person had a keen interest in animals and staff had supported them to rescue two animals and to buy everything they needed to care for them properly. This included writing a care plan to instruct staff on their care. The person's relative told us "[Person] is getting a lot out of them."
- People were also supported to make use of their local community. They used the local shops, social clubs and the library. Some people accessed a local sports facility for one of their weekly physical activities. People had community presence and participation.

Improving care quality in response to complaints or concerns

- The provider's complaints policy was provided in accessible format. People's relatives understood how to raise any issues if required. Records showed where complaints had been received, these had been thoroughly investigated and resolved for people.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

Continuous learning and improving care

At our previous three inspections the provider had failed to ensure there were robust systems for monitoring quality and safety within the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The processes the registered manager had implemented to ensure people received their medicines safely, such as two staff administering people's medicines, the change in pharmacy and the introduction of a medicines monitored dosage system had been embedded. The changes had significantly reduced the number of reported medicine errors, in 2019 there were two.
- There was an open reporting culture and records showed when a medicines error was made, it was thoroughly investigated and assessed. This enabled the registered manager to identify any individual or organisational learning in order to reduce the risk of repetition. The registered manager monitored incidents monthly to identify any trends.
- There were a range of processes to check the day to day safety of the service and to assess the quality of the service provided. For example, shift leaders completed daily checks on the medicine storage temperatures, to ensure they were in a safe range.
- The registered manager completed a medicines audit and a health and safety audit. In addition to reviews of people's care, monthly keyworker reports, the staff training matrix, staff observations and supervisions, to monitor the quality of the service provided. We saw actions to improve the service had been identified and completed, for example, worn carpets had been replaced.
- The provider completed their annual audit of the service in January 2020, which demonstrated a significant amount of improvement since the previous year. The auditor had commented the registered manager was, "laying a foundation of solid foundation practice, rather than delivering 'quick fixes'." This demonstrated the focus was on implementing robust and sustainable practices.
- There was also an annual development plan for the service, based on the Care Quality Commission's (CQC) key lines of enquiry, which was regularly updated to demonstrate the improvements planned and completed. For example, communications with families had been improved through the introduction of a

quarterly newsletter. A relative confirmed, "Newsletters come out and the keyworker keeps us updated." Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's relatives and staff told us the service was well-led by the registered manager and the management team. Their feedback included, "It's well run and managed" and "Management are lovely and supportive, we can walk in with questions."
- The provider's aims for the service were set out in their purpose, mission, vision and values which staff told us they learnt about during their induction. The registered manager supported staff to implement these in their day to day work with people. By supporting people to meet their personal goals, for example, people had been enabled to go on holiday and experience the joy brought from looking after their own pets.
- The registered manager sought to be creative and enabling. This attitude had led to a relative and a volunteer being enabled to utilise the minibus to enrich a person's experiences. It had also led to people's families being provided with clear information about people's planned holidays, which included the holiday policy and risk assessment. This informed families and helped manage any anxieties they had.
- Teamwork was core to the provider's values. Staff told us they "worked as a team, giving people quality of life." They also told us the registered manager had "revamped the house, it feels like a home."

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 registered manager understood the duty of candour and ensured people's families were informed of any incidents. A relative told us, "We are informed of anything, even minor things."

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

- The provider had clear and effective governance, management and accountability processes. The service was led by a registered manager who understood the importance and responsibility of their role. They understood their responsibilities in reporting significant events to CQC through statutory notifications.

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

- People could not express their views on the service; however, their families were asked for their views at their reviews and through the annual survey which was underway. Staff's views on the service were sought through the regular staff meetings.
- There were good links to local community resources which people used. The registered manager had also met with a local charity to request their support in funding a lodge in the garden. This will enable people to meet with their families in a private space other than their bedrooms. It would also be used to provide families with overnight accommodation as required.
- The registered manager encouraged volunteers, to engage with the service and support people, once they had completed relevant safety checks such as a DBS. This encouraged members of the local community into the service to develop a greater understanding of peoples' needs as they supported them. People benefited from having additional input from people who were not staff or their family.

Working in partnership with others

- The service was transparent and collaborative. They worked openly with external stakeholders and agencies, to ensure people received joined up care. This included working with social services and the local clinical commissioning group. In addition they worked with their local pharmacy, community groups and local therapists.