New Directions (Robertsbridge) Limited

Bishops Croft

Inspection report

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Date of inspection visit:
15 March 2019

Date of publication:
30 April 2019

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?	Requires Improvement

Summary of findings

Overall summary

About the service:
Bishops Croft provides residential care for up to eight people with Prader-Willi Syndrome (PWS). The main house provides accommodation for up to seven people and a single unit annexe is situated next to the main house. At the time of inspection there were four people living within the main house.

The service worked in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The operations director told us the service was being reviewed along with other services within the organisation and this would take account of all design recommendations made within Registering the Right Support.

People's experience of using this service:
•Since the previous inspection, improvements had been implemented. Risks to people's safety were assessed and responded to. Staffing arrangements were suitable and medicines were safely managed. People's capacity was assessed when decisions were made including those around people's health. Record keeping and quality monitoring systems had improved.
•However, some records needed further improvement to ensure all information was used to improve quality and practice. We also found communication between the organisation and people's representatives was not always effective. These areas needed improvement.

•The outcomes for people living at Bishops Croft were positive with person centred care provided by kind and supportive staff. Staff were committed to ensuring people had a full and active life that they enjoyed. People told us they had the opportunity to do lots of activity that they enjoyed. One person told us and showed us pictures of a celebrity that they had recently met during filming of a TV show.

•Staff knew how to keep people safe. They responded to any risks and took measures to reduce these. Staff had a good understanding of how to identify and respond to any suspicion or allegation of abuse.

•Staff supported people in the least restrictive way possible. Staff had attended Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training.

•Staff had a good understanding of the care and support needs of people and had developed positive relationships with them. People were supported to ensure their health needs were responded to and health needs were reviewed on a regular basis. People had their privacy and dignity protected.

•People's needs were effectively met because staff had the training and skills they needed to do so. Specialist training was provided to ensure people's needs could be met and refresher courses were booked when due. This included in depth training on PWS, which is a genetic disorder where people are constantly hungry.

•Staff attended regular supervision meetings and told us they were well supported. There were listened to and could influence how the service was run.

•The registered manager led by example and had an established a supportive environment for staff and people. She interacted positively with everyone at the service and ensured that a good relationship was maintained with all professionals. Staff felt appreciated and well supported. Complaints were recorded and responded to in an open way. Accidents and incidents were responded to appropriately.

Rating at last inspection:
Requires Improvement. The last inspection report was published on 04 October 2018. There were breaches and two warning notices served.

Why we inspected:
•At our last inspection of the service in June 2018 we found breaches in Regulation 12 in relation to safety, Regulation 18 regarding staffing arrangements, and Regulation 17 in relation to good governance. We issued warning notices in respect of Regulation 12 and 17 as these were repeated breaches.

•This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

•At this inspection we followed up on progress made. The Regulations had been met.

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

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

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 not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Bishops Croft

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was completed by an inspector.

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

The service works 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 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 visit because it is small. The registered manager, staff and people may have been out of the service.

What we did:
Before our inspection we reviewed the information, we held about the service including previous inspection reports. We used information the provider sent us in the Provider Information Return. This is information we

require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the information provided, spoke to people and staff and gathered information about the management of the service.
This included:
• Notifications we received from the service
• Staff recruitment files
• Training records
• Two people's care records
• Records of accidents, incidents and complaints
• Audits and quality assurance reports
• We spoke two people using the service.
• We spoke with three members of staff, including the registered manager. We also met with quality and operations manager.

Following our inspection, we spoke with two visiting professionals who provided their view on aspects of specialist support provided to people who lived in the service and one relative.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection in June 2018, this key question was rated "requires improvement". We asked the provider to make improvements This was because we could not be sure people received care that was safe. Risks to people's care were not always addressed. Staffing arrangements were not always suitable and practice relating to medicine administration were not consistently safe. At this inspection, we found the provider and registered manager had taken action to address these matters.

Using medicines safely:
• The management of medicines was safe. Medicines were stored securely in a locked room and were disposed of safely when no longer required. Policies and procedures were available for staff to follow. Staff who gave medicines were trained to do so and had their competency with this task assessed and reviewed regularly.

• We saw that medicines were administered in an individual way to ensure effectiveness. One person told us, "I have my medicines given to me from the medicines room." Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them. For example, people used topical creams when they needed them to respond to changing skin conditions. A copy of each person's PRN protocols was stored within the MAR charts to support staff to administer medicines in a consistent way.

• The registered manager ensured that people's medicines were reviewed. Monthly medicine audits were completed and staff knew to report any errors or concerns relating to medicines immediately to the registered manager.

Staffing and recruitment:
•There were sufficient numbers of staff deployed to meet the needs of people. Staffing levels were flexible and were determined based on people's needs, activities taking place and one to one support required. Records confirmed consistent levels of staff were maintained and the staff team was stable. Agency staff were rarely used.

•Staff told us staffing levels were suitable and took account of people's changing needs. One staff member said. "We have enough staff to keep people safe. We have more time now to provide one to one support."

•People told us staff were available when they needed them and there was enough staff to support them in what they wanted to do. "I can do things with staff when I want." Visiting professionals were confident the staffing arrangements allowed for people to be supported safely in their daily activities.

•Robust recruitment procedures were followed. All potential staff were required to complete an application form and attend an interview so that their knowledge, skills and values could be assessed. Checks were undertaken before staff started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. DBS is the disclosure barring service. This is used to identify potential staff who would not be appropriate to work within social care.

Systems and processes to safeguard people from the risk of abuse:
•Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. They were familiar with the safeguarding procedures and were confident in raising concerns with the local authority to make a referral if need be. Staff had received regular training on safeguarding.

•The registered manager worked with the local authority and other care professionals to ensure any safeguarding issue was responded to appropriately. One visiting professional was complimentary about the way a recent safeguarding issue had been dealt with. "The Registered manager has been responsive and open. "

•Individualised person-centred care planning and staff approach promoted an equality of care for people who lived at the service. People were not discriminated against and supported to lead full lives. For example, staff supported people to have meaningful relationships where they were safe.

Assessing risk, safety monitoring and management:
•Arrangements were in place to manage individual risks safely and appropriately. For example, risks associated with overeating, associated with PWS were considered. Staff understood peoples risks and the need to follow people's individual guidelines in a consistent way. This ensured people were safe and kept the number of incidents to a minimum.

•Risk assessments were used to identify risks and then recorded how that risk was to be managed in an individual way. These helped people to stay safe while their independence was promoted as much as possible. One person used public transport on their own. Staff made sure risks were minimised, for example ensuring they had a mobile telephone with them that was fully charged.

•Staff used the principles of positive behavioural support and recorded these within the care plans. These helped staff to recognise signs that indicated a person's anxiety was increasing. There was guidance on how to respond to people's behaviour to reduce anxiety and so keeping people and staff safe.

•Risks associated with the safety of the environment and equipment were identified and managed appropriately. A fire risk assessment had been completed and routine fire checks and training had been completed. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP). There was an emergency grab bag containing emergency information.

•Routine health and safety checks were completed along with required maintenance to ensure people's safety. For example. a legionella risk assessment and water testing were undertaken to ensure safety guidelines were met. All the relevant safety checks had been completed, such as gas, electrical appliance safety and monitoring of water temperatures. There was a business continuity plan that provided detailed advice and guidance to assist staff in a range of emergencies such as extreme weather, damage to the premises and loss of utilities.

Learning lessons when things go wrong
•When people displayed behaviours that were perceived as challenging, incident reports were written. These were used to inform and understand what led to the incident and inform care reviews. For example, one persons' incident reports were used to secure further funding to ensure staff were able to support this person in the community.

•Staff knew how to report and record accidents and incidents. Staff had the opportunity to discuss and reflect on these with senior staff. Staff were listened to and they learned from each other on what approaches worked best. For example, one staff member told us, "Touch support works really well and we can share this approach."

•Meetings are used at an organisational level to learn from experiences at all the services. Accidents and incidents were discussed and good practice was shared. Systems used to record accident and incidents also recorded lessons learnt.

Preventing and controlling infection
•All areas of Bishops Croft were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed on a weekly basis. Hand hygiene was promoted and appropriate hand washing facilities were available. For example, liquid soap and individual hand towels were provided in a communal toilet.

•People were supported to clean their bedrooms and other areas in the service. Staff encouraged people to follow good hygiene practice. For example, staff reminded people to wash their hands and to wear an apron when preparing food.

Good

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.

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

At the last inspection in June 2018, this key question was rated "requires improvement". We asked the provider to make improvements. This was because the provider had not acted in a timely manner to assess a person's capacity to make a decision about a health issue. A recommendation was made to ensure best practice guidance was followed. At this inspection, we found the provider had taken action and the recommendation had been actioned.

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. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

•Referrals had been made for authorisations for the restrictions made on people. Consideration was given to ensure these were the least restrictive possible. Any restriction was agreed in line with meeting the needs of people living with PWS. For example, the locking of fridge and kitchen doors. Detailed information had been recorded in people's support plans regarding DoLS authorisations requested and authorised. Best interest decisions had been completed and when a DoLS was authorised this was referred to within their care file to support how people's care and support was provided.

•Staff understood to gain consent for any care and support and had received regular training on the MCA and DoLS. Staff supported people to be as autonomous as possible and encouraged positive risk taking. One person travelled on the train independently.

Staff support: induction, training, skills and experience
•Staff had the knowledge, skills and experience to support people effectively. New staff received induction training and shadowed established staff for three days. They complete a six-month probationary period within which they complete all essential training. A new member of staff told us the induction training prepared them well for their new role. Staff who were new to the industry completed the Skills for Care 'care

certificate'. Skills for Care are an organisation that provide resources on training and development. Promoting appropriate training to ensure health and social care workers working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

•There was an essential training programme for all staff that covered core training needs for staff working in care homes. Additional specialist training which reflected the complex needs of people who lived at Bishops Croft was also provided. For example, training on healthy diets. Staff received specialist Prader Willi Syndrome and associated behaviours training. In addition, staff completed PROACT-SCIP training that gave them skills in managing anxiety and reducing escalation.

•Staff told us recent improved training had improved their skills when supporting people at Bishops Croft. One told us, "There has been more training on SKIP for all staff. That is a really positive thing." A visiting professional praised the staff and said, "Staff have an understanding of PWS and are eager to receive training."

•Staff told us they felt very well supported and received regular supervision and an annual appraisal. Staff told us this gave them the opportunity to discuss any concerns or additional support or training that they needed.

Supporting people to eat and drink enough to maintain a balanced diet
•People were supported to eat and drink a healthy balanced diet to meet their individual needs and preferences. People with PWS require structured support and management in relation to nutrition, fluids and any consumable items. Each person had their individual needs assessed including an individual calorific intake. This was reviewed and amended taking account of people's weights. Staff were skilled at assessing the calorific content of food and supported people in adhering to their calorie controlled diet.

•Staff worked with people to plan and prepare menus that people wanted. Staff were skilled at discussing and planning menus without raising people's anxiety around food. Improved menus had been negotiated and established and gave people varied and interesting options that did not limit their choices due to their condition. For example, people could have an adapted banoffee pie and breakfast included an option of pancakes.

•People told us the food available was good. One person said, "I like helping prepare the food and enjoy it." Staff supported people in food preparation and ate with them. Meals were a social event. A visiting professional told us, "Reviewed menus are diverse with lots of fresh and quality ingredients."

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care:
•Staff supported people to maintain good health and received ongoing healthcare support from professionals. People had annual health reviews with their GP and staff supported them to attend these and any other appointment. Any outcomes from appointments were recorded within health support plans and included a review of medicines. Routine appointments included the dentist and optician.

•People were encouraged to live active healthy life's. For example, people used leisure centres to support healthy activity. One person, had been prescribed a number of exercises that staff encouraged them to complete.

•Staff recognised the varied needs of people and responded to changing needs seeking professional advice

when needed. For example, one person had changes in their mental health and wellbeing. A referral was made to a psychiatrist and identified support and medicines that improved the condition and staff understanding. This ensured a consistent and effective approach for staff to follow.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
•People had their needs fully assessed before admission. This was a comprehensive process that took account of people living at the service to ensure people would gel and benefit from positive relationships within the service.

•People were central and influenced the assessment and review process which was a continuous process. All care was evaluated each month and changing needs reflected within support plans. People were included as they wanted in any review completed and asked for their feedback and views. This ensured people's views and choices were taken into account. A monthly review with their 'keyworker' supported this feedback.

•Staff constantly referred to professionals and good practice guidelines to ensure care and support was suitable and appropriate. For example, the service had close links with a PWS association using the resources it provided and engaging with fund raising events.

Adapting service, design, decoration to meet people's needs:
•The premises had been adapted to accommodate the needs of people. For example, the kitchen had been designed to enable people to be supported in preparing meals as independently as possible.

•People had access to all parts of the accommodation including the garden. People could choose where to spend their time. Communal areas included a main lounge and a separate quiet lounge. A separate building in the garden was also available to provide a different social setting. Different areas to spend time was important to people living in the service. Some appreciated time away from other people.

•Suitable bathing facilities were available and people had a choice of using a shower/wet room or a bathroom. Those who wanted, had mobile phones. Some had a computer tablet and others had access to a communal computer. People were supported to use the local amenities and told us they felt part of the local community.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:
• People had lived in the service for a long time and staff knew people well. Staff knew about people's individual needs, choices and personal histories and interests. They understood what people liked to do, how they liked to be supported and promoted their individuality.

•People were treated with kindness and staff genuinely cared about people's well-being. They took pride in ensuring they had a fulfilling life. For example, one staff member described how one person was working independently with food while being supervised. They said, "Its great watching their progress and gaining more control and power." A relative told us, "Staff are generally kind and care about people living at Bishops Croft."

•Staff had positive relationships with people. They communicated effectively with people and in a way, they could understand. People responded warmly to staff and enjoyed their company sharing jokes and general chats. A visiting professional praised the caring and supportive approach they had witnessed in the service. A relative told us, "Staff are generally kind and care about people living at Bishops Croft."

•Staff talked about treating people equally regardless of their needs, disability and life style choices. Staff recognised the importance of maintaining links with friends and families and forming new relationships and friendships. Staff encouraged and supported people to do this in a safe way. For example, staff had received training on healthy relationships and guidance for people and staff was also displayed in the service. People were supported to meet their spiritual needs, for example attending any religious group or service that they wanted to. A relative told us, "One staff member had taken my relative to Lourdes. A very important trip for them."

Supporting people to express their views and be involved in making decisions about their care:
•Staff were caring and respected people's choices and this was seen as part of the daily care. One staff member told us, "We do not choose for people, they tell us what they want to do. No one is made to do anything, it's what they want, always their choice."

•Each person had a 'key worker' who worked closely with them to promote people's individual rights and to support how they wanted their care delivered. People told us they were involved in choosing a key worker. One person said, "I really get on with my key worker, we talk a lot." Regular meetings were held between people and their keyworker and feedback from people was gained in this way.

•Monthly 'your voice meetings' were held and used to encourage people to be involved in making decisions

about the service and care provided. For example, decisions around menus, outings and holidays were made at these meetings.

Respecting and promoting people's privacy, dignity and independence:
•People's right to privacy and confidentiality was respected. Staff recognised people's rooms as their own private space. They were decorated, furnished to reflect people's individuality and a comfortable homely environment. Staff did not enter people's rooms without asking and gaining consent.

•Confidential information was secured appropriately. Staff understood their responsibilities in maintaining confidentiality.

•Staff maintained people's dignity. People dealt with their own personal care needs. However, staff supported and reminded people discreetly when further attention was needed. One staff member told us, "One person needs a little help and support with shaving. They sometimes forget."

•Staff encouraged people to be as independent as possible. This maintained people's feeling of self-worth and promoted independent living skills. For example, people were supported to complete their own laundry and to clean areas in the service. One person showed us their room, and told us how much they liked it and enjoyed organising its contents.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
•People received personalised care that was responsive to their care and support needs. People were involved and consulted in the assessment of care needs and the follow up reviews completed. Listening to what people wanted was central to the support provided. Staff supported people in a person-centred way and adapted their approach from person to person. Each person had detailed care plans that identified and recorded their needs and any goals they had. For example, one person had discussed goals within a key worker meeting. These goals including learning the guitar had been included within their records.

•When people's needs changed staff worked closely with other professionals. Re-assessments were completed and changes made accordingly to ensure care and support was responsive to people's needs. For example, extra one to one staffing has been secured for one person who was displaying high levels of anxiety to enable an increase in community activities.

•All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.

•Communication was part of the individual assessment tool completed for each person. This included a sensory assessment and any identified needs were recorded and responded to. For example, short sentences were used to communicate effectively, and easy read information was available in the service

People were supported to take part in meaningful activities that reflected their individuality. Whilst people liked consistency in their days and structure in their activity and entertainment was important. Staff had recently developed different activities with more one to one time, people had moved away from strict routines. This had allowed people to explore different activities in a different way. One staff member said, "People have reduced anxieties now were happier and more fulfilled".

•Activities were varied and reflected people's preferences and individual goals. A visiting professional told us, "Residents are offered a wide range of meaningful activity." People visited other services within the organisation, where people could socialise. People enjoyed physical activities like horse-riding and swimming. People were encouraged to engage in further learning and work placements. For example, a key worker was supporting a person apply to volunteer at an animal rescue centre.

Improving care quality in response to complaints or concerns:
•There were processes, forms and policies for recording and investigating complaints. The complaints

procedure had been shared with people in an easy read format and their representatives.

•Records confirmed people were supported in raising formal complaints. Any concerns raised were taken seriously and responded to. The registered manager investigated any complaint and ensured they were addressed taking account of people's feelings and expected resolutions. For example, complaints raised about other people living at the service were dealt with sensitively with assurances that future concerns would be listened to and responded to effectively.

End of life care and support:
•End of life care assessments do record people's wishes. These were not comprehensive as people living at Bishops Croft were young. Staff were aware of who people would want involved in their end of life care and decisions.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection in June 2018, this key question was rated "requires improvement". We asked the provider to make improvements. This was because record keeping was not always up to date or accurate and governance systems were not always embedded into daily practice and effective. At this inspection, we found the provider and registered manager had taken action to address these matters.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:
•Improvements had been made to record keeping and the use of information within the quality monitoring systems. However, some records to support quality monitoring were not always complete and did not inform quality systems. For example, the ways of recording and tracking complaints, safeguarding and incidents did not ensure lessons learnt were clearly recorded along with the analysis and identification of trends. This did not however have an impact on people's care and support. The registered manager was amending records to inform quality systems more effectively and recognised this as an area for improvement.

•Feedback received identified that communication between the organisation and people's representatives was not always effective. For example, representatives felt information on the future for Bishops Croft had not been shared on a regular basis this had left them with a level of anxiety about the future for people who, lived at Bishops Croft. This was an area that needed improvement and was discussed with a quality manager.

•There were a number of quality monitoring tools to review and improve the quality of the service. These included various audits covering management, medicines, infection control and health and safety. A quality improvement lead worked with the registered manager and a compliance team conducted mock inspections for the organisation. Action plans were used to progress and record any findings to sustain improvements. For example, the action plan developed in response to the last CQC inspection confirmed improvements and changes. This included ensuring all staff had completed SKIP training.

•Quality assurance included tools included a governance framework completed within regular meetings with a set agenda items that focus on quality governance. The operations and quality managers were involved in these and had an oversight of risks and quality.

•The registered manager had an oversight and high profile in the service. She was committed to providing an individual and quality service. She was well respected by staff and visiting professionals. One professional

said, "The manager worked very hard and has been resilient to work through issues in the service in a kind and compassionate manner."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• People's views were sought and listened to and could influence how the service was delivered. People had many opportunities to share their views. This included meetings with key workers and a weekly 'your voice' meeting. People had asked for a wildlife area in the garden and this was being progressed.

•There was a positive workplace culture at the service. Staff said they had been able to raise concerns and felt any suggestions or concerns would be listened to and acted on. Staff told us they felt supported and were positive about the management of the service. One staff member told they had attended a recent manager meeting at an organisational level to represent staff views. Staff meetings and surveys were undertaken and records confirmed staff views were taken into account. One staff member told us, "Actions from meetings are now progressed. We are holding a fun day that we have wanted to hold for a while."

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; Working in partnership with others:
• Staff promoted a person-centred and inclusive culture where values of providing a supportive framework where people could flourish and maintain their individuality. Staff were trained in equality and diversity and demonstrated they were committed to the values of treating people equally irrespective of any disability.

•Staff supported each other and were proud of the team work they maintained and the way they worked with people. For example, one staff member told us, "We work and support each other covering shifts etc. There is no them and us here, it's all WE."

•Communication between staff members was effective. We saw staff sharing information in a relaxed way at all levels. Staffing arrangements including on call staff ensured there were senior staff to respond to any concerns.

•The registered manager was fully aware of her responsibilities including those of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The service had notified us of all significant events which had occurred in line with their legal obligations. She acted in an open and transparent way when dealing with incidents, accidents and complaints within the service.

•The registered manager and staff worked closely with health and social care professionals. The staff had good relationships with local GPs who supported any required referrals. The Learning disability team were constantly involved and worked on quality care with staff. For example, when staff raised the possibility of people being on the autistic spectrum. This was followed up quickly and positively.