

## WESC Foundation

# WESC Foundation

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

St David's House is a specialist residential care home providing nursing and personal care and support for up to 21 people within the 14 acre campus of the West of England School and College (WESC) Foundation. The service is made up of three separate lodges, Maple, Ash and Mulberry. At the time of this inspection, 19 people were living at St David's House.

The WESC Foundation provides specialist services for children, young people and adults with a visual impairment and other complex needs. WESC offers school and college education provision, supported internships and work experience in the community and through their own retail and horticulture enterprises. WESC vision and mission is to promote a society where visually impaired young people with additional needs are valued for their contribution and their rights and independence are promoted. People living at St David's House had often, but not always, transitioned from their education provision with WESC towards a more independent adulthood, developing their skills and accessing opportunities in their community. They were able to continue to access all WESC specialist services, including healthcare and day centre.

The service was a larger home, bigger than most domestic style properties. It was registered for the support of up to 21 people. At the time of this inspection 19 people were using the service. This is larger than current best practice guidance. The service understood the principles and values that underpinned Registering the Right Support which ensures people can live as full life as possible and achieve the best outcomes. People received planned and co-ordinated person-centred support that was appropriate and inclusive for them. However, the size of the service having a negative impact on people was mitigated by the building design being divided into three lodges. People, staff and visitors were able to access St David's House separately from WESC School and College at any time although on the same campus.

People and staff worked together to campaign for inclusion into the community, working on positively educating society in general and celebrating their contribution. People were able to access the community in many ways and were now planning sports teams and events to encourage the community to also visit the campus. People enjoyed visiting a wide range of activities in the community including work experience whilst also being able to access the specialist facilities on site for those visually impaired. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service:

Relatives and our observations confirmed the care and support people received was exceptional. A comment from a relative summed this up by saying, "We know how much [person's name] loves [St David's House], she is so well looked after and treated. There's always something going on. Staff have to be something special to work with these young adults." Relatives, professionals and our observations confirmed staff provided exceptionally safe care. Risks to people's safety had been thoroughly assessed, monitored and managed so they were supported to stay safe while their freedom was encouraged and

respected. People were supported by a small team of consistent staff that fully understood their needs, whilst understanding the beneficial outcomes of supporting people to take risks to achieve. For example, a person who had previously only been able to mobilise all their life with a support worker was now independently enjoying new freedom, going out safely using a cane.

Robust systems, processes and practices were followed and sustained effectively to safeguard people from situations in which they may experience harm. People understood what safeguarding was and told us how they would talk to support staff. Staff worked closely with families, for example, to ensure they knew how to understand peoples' behaviours and how to promote positive visits and maintain close family relationships.

People received personalised care that was exceptionally responsive to their needs. The service also worked closely with regular agencies, however agency staff did not work with people who needed a more consistent knowledge approach. There was a strong sense of leadership in the service that was open and inclusive. Key worker roles were very meaningful and enabled managers to praise, share and comment on staff ideas to enhance peoples' lives regularly.

People were fully supported creatively to live healthier lives by having on-going support to access suitable healthcare services from specialists who understood peoples' complexities, supported by a nursing team. A GP who ran a weekly clinic told us, "We take our time to understand people, their communication and what is in their best interests for them. We work as a team."

People who used the service were treated with compassion and kindness and staff developed meaningful relationships respecting privacy and dignity. Safe recruitment practices were followed. Innovative methods to include people in the recruitment process were in place to ensure suitable staff were employed to work with vulnerable people.

Medicine records confirmed people received medicines safely. People lived in an environment that was clean and free from the risk of the spread of infection and was fully adapted to enable people to be as independent as possible.

Staff were given the support, specialist training and opportunities to progress within the organisation. This included people's experiences and ideas when developing relevant training that made a difference to people's lives in positive ways. 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 live data recording systems in the service supported this practice.

People had been fully involved in agreeing their care plans and participated in reviews of the care and support provided to them. For example, communication and hospital passports were excellent and innovative ways were found to help people ensure their voices were heard using effective methods of communication. People and relatives benefited from a robust data management recording that helped support staff understand their responsibilities so that risks and regulatory requirements were met.

The provider had flexible ways of encouraging regular feedback from people who used the service, relatives, care staff and professionals. Full analysis and actions taken were reported on and shared throughout the staff teams across WESC. A comprehensive complaint process ensured a multi-disciplinary approach, so people could be sure their concerns were addressed in partnership.

Comprehensive quality checks were available in real time as the provider could access a live data recording system which could review all records and incidents instantly and on a regular basis. Excellent team work

was promoted and staff were clear about the vision and values of the service. The registered persons worked in partnership with other agencies, local businesses and stakeholders to support the development of joined-up care. They actively promoted peoples' value within the community and constantly looked for ways for people to be fully embraced within society and for others to understand living with visual impairment and other complex needs. People also were able to tell us how they were passionate about educating society saying, "We can go anywhere, I'm off to work now. I love it!"

Rating at last inspection:

Good (report published 4 April 2017)

Why we inspected:

This was a planned inspection based on the rating at the last inspection when we rated the service as good overall. At this inspection there had been further improvements which resulted in the service being rated outstanding overall.

Follow up:

We received further feedback via emails from support staff and relatives. We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection 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](http://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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

Details are in our well led findings below.

# WESC Foundation

## 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:

One adult social care inspector carried out this inspection.

#### Service and service type:

St David's House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a registered manager who was the Head of Care. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

#### Notice of inspection:

The inspection took place on 14 and 20 November 2019 with the first day being unannounced.

#### What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as potential abuse, safeguarding concerns and information shared with us by local commissioners who commission care services at the home. We sent the provider a provider information return (PIR). This is a form which gives them an opportunity to tell us about their service and what they do well. The provider had completed the form in detail and during our inspection we gave the management and staff an opportunity to tell us and show us how the information in the PIR translated into practice.

During our inspection visit, with staff support, we spoke with six people to understand their experience of

living at St David's House. Staff translated what people said and how they were feeling. Due to people's complex needs, we could not have detailed conversations with them, however we saw how people and staff worked with each other to ensure people's feelings and thoughts were shared and valued.

We spoke with the registered manager (Director of Care and Support Services), St David's House manager, deputy manager, (Chief Executive Officer (CEO), training manager, catering manager, and lead nurse. We spoke with nine support staff and four relatives.

We reviewed a range of records. For example, we looked at four people's care records, multiple medication records and a range people's individual communication methods, progress report such as Rebound and case studies. We also looked at records relating to the management of the home. These included systems for managing any complaints, recruitment and supervision. We looked at the provider's checks on the quality of care provided that assured them they delivered the best service they could.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Relatives, professionals and our observations confirmed staff provided exceptionally safe care balancing real risk with independence. People were supported by a small team of consistent staff that fully understood their needs, whilst understanding the beneficial outcomes of supporting people to take risks to achieve. For example, a person who had previously only been able to mobilise all their life holding onto a support worker was now independently enjoying new freedom, going out safely using a cane. Staff were very emotional showing us the person walking off round the school track on their own, waving and saying 'bye bye'.
- Risk assessments were very detailed with clear control measures and instructions for staff. These were often complex such as care of shunts (medical device which alleviates pressure in the brain), communicating by banging and psychological issues such as choosing not to speak. For example, staff had improved communication, reduced infection and promoted verbal word usage for people who had been self mute. Risk assessments were also cross peer reviewed to ensure they were comprehensive and effective. For example, personal fire protection plans (PEEPS) had been revisited following the new re-furbishment.
- Because people were living with visual impairments and associated learning disabilities this meant they could be very sensitive to how they understood and reacted to their environments. Staff were trained to understand peoples' needs very clearly as they knew if staff did not support people in the correct way, behaviours could be challenging for others and restrict opportunities. One person had found small changes to their routine resulted in distressing, negative behaviours. Staff had worked hard to write a clear risk assessment and daily routine, including detailed instructions such as "[Person's name] likes to hear staff put the lid on their toiletries now" before moving on. Their negative behaviours had hugely decreased.
- Staff all told us about how they wanted people to access the community safely. This often meant long, patient periods of training with people. One person had been able to become almost independent travelling by bus through repeated route training and could now get off to buy their favourite treat safely.
- All behaviour incidents were monitored closely using graphs to try to understand how to enable people to do what they wanted without endangering themselves or others. For example, one graph had shown how a change in weather and seasonal clothing was affecting a person's behaviour. Time was factored into an outing to allow the person to get used to new clothing. Their previously distressing behaviours had decreased and they had enjoyed a day out sailing. An external learning disability senior nurse practitioner fed back, "They always maintain a safe environment. Staff always inform me of incidents in a timely way so we can react, review and de-brief."
- Communication for people living with visual impairments is very important. Staff told us how they made sure people knew what was happening at all times so as not to frighten people and trigger negative behaviours. One care plan said, "If [person's name] is copying what you are saying, please stop talking and then talk quietly as new voices can be overwhelming" and "Give [person's name] space, as when anxious they may try to strike out." The person could also become very distressed when feeling homesick for their



family. The keyworker had worked with staff and the family, getting them to record stories and saving them to the person's phone so they could listen to them whenever they wanted. Their anxieties had reduced.

- To further educate society staff, with peoples' consent, explained to people working in shops or venues they regularly accessed, how people living with their disability needed them to interact with them. For example, one person loved to go to a coffee shop and another person loved to visit a pet store. To ensure people and the public were safe, staff were formalising written 'My top tips' to share with shop employees of what to do or not do in relation to that person and environment. One person had enjoyed holding a rabbit and staff were now sourcing a rabbit for them at St David's House. This support enabled people to remain safe when accessing their local community.
- People were enabled to take positive risks at home and out in the community. Examples included people accessing their private spaces in their home such as having a safe, sensory rug to lie on where they wouldn't get hurt, favourite local parks and places of interest. The environment had been considered to allow space, so people did not bump into each other. People were shown around new spaces repeatedly, so they got to know the placement of furniture and others' routines.
- There were comprehensive risk assessments for all community outings. For example, when people attended music festivals in a group, thought was given to what aspects of the outing people enjoyed or benefitted from. Some people liked the loud noise, others liked to dance, or others enjoyed the atmosphere lying down or needed ear defenders. They were also developing clearer ID badges, so the public could identify and contact WESC as part of the campaign to share and promote good care.
- Hospital passports also had a 'How I feel safe' section. This detailed, 'I feel safe with a bed by the wall, I need 2:1 support with my key worker in hospital and I need to follow this routine.' And 'I am not safe to use my cane in hospital.'

### Staffing and recruitment

- People using the service were fully involved in the recruitment of new staff. This was important as the provider was looking for long term staff who needed time and thorough training investment to get to know people's complex needs. Feedback was gathered from people after new applicants were observed spending time interacting with people during daily activities. A relative told us, "It's so reassuring for us to know staff really understand him." WESC recruitment videos were also made with people to give new applicants a flavour of life at the home.
- Relatives, people and professionals confirmed there were always sufficient staff to meet their needs. This included accompanying people to their activities and health appointments. Staff also were freed up to escort people on public transport to enable them to visit their family if they lived away. One relative told us, "[Person's name] now loves the train journey (they wouldn't go out before) with minimal stress on the rest of the family, knowing they are safe."

### Using medicines safely

- Staff worked creatively with people and GPs to closely involve them in the management and administration of their medicines, including medicines that were not prescribed. Each person had a detailed medicines folder showing how they understood their medicines in line with the Mental Capacity Act and their best interests. One person was now able to ask for a particular tablet for a specific pain. The folder also included details of what, why and when to give medicines on an 'as required' basis. There were individual health summaries, how people expressed pain and clear monitoring of any new medicines. Medicines were seen as part of the whole person, for example, staff used exercise when managing people's constipation as they had found this was fun for people and reduced the need for medication.
- Staff were very knowledgeable about medicines and had received regular medication training and competency checks. There was a 'drug of the week' scheme and staff all knew what medicine they had recently learnt about, why it was used and what its actions and side effects were.
- Staff promoted medicines optimisation having adopted the STOMP initiative, meaning they regularly

looked at whether medicines affecting mind, body and behaviour remained effective and required so people were using the least medicines possible for optimum health. The medicines lead told us, "Since implementing these protocols I have observed successful reduction in a number of medications for our young people therefore achieving the original goal as outlined by the STOMP initiative."

- Medicines records were completed accurately and audited very regularly. Relatives confirmed they were very happy with the support they received. This meant people could safely take medicines in a variety of places, and family were empowered to provide support which they may have previously not been involved with, enabling more quality time to be spent with family.

Systems and processes to safeguard people from the risk of abuse

- Staff all had very good knowledge on safeguarding and how to keep people safe. There was a WESC safeguarding manager and if concerns were raised, prompt investigations were made and referrals made to the local authorities. 'Safeguarding is everybody's responsibility' and contact detail reminders were across the service for staff and visitors. Safeguarding was also regularly discussed at staff supervisions and team meetings and staff considered safeguarding issues in all areas of peoples' lives. This included sensitive issues relating to family dynamics and support using Operation Encompass about domestic abuse.

Preventing and controlling infection

- The home was clean and hygienic which reduced the risk of infection. Policies and practices in the service ensured people were protected by the prevention and control of infection.
- The service involved people in identifying and managing risks relating to infection and hygiene and promoted awareness and independence when doing so.

Learning lessons when things go wrong

- When things went wrong, relatives were invited to attend the service to discuss how improvements could be made and they spoke positively about their involvement and how it had a positive impact on their loved one. For example, discussing behaviours and how visits could be more person centred to achieve positive outcomes.
- The data management system was accessed by all staff and management. It gave real time analysis and information that could be broken down to share learning from incidents with people and staff. For example, following a person becoming distressed in a shop staff now used a bag of distraction toys so the person could still enjoy shopping safely.
- Regular team meetings with management and staff took place to analyse and review people's safety. A relative said, "When things have gone wrong the service have learned and improved immediately."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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 gave many examples of how they supported people to make their own decisions. Each care plan section had reference to decisions required and best interest meetings. Staff observed people to find out what they liked and didn't like, ensuring a wide range of repeated experiences so people could make decisions based on those experiences and change their ideas. Information was very detailed describing peoples' body language or words used to indicate consent or choice. For example, whether they enjoyed a bath and/or shower or wanted perfume on and how they showed this. One person was able to show 'yes' and 'no' using I-Talk (by pressing coloured buttons). Staff ensured the person always had the I-Talk and communicated using yes and no questions. The person had become skilful with staff support and now joked using the I-Talk, sending staff for something then changing their mind halfway.
- Staff were respectful of people's choices and decisions. Some people had up to date DoLS applications which were pro-actively reviewed. For example, one person had previously had to use bed rails when receiving regular treatment, which had frustrated them risking stopping the treatment. Staff trained them to feel the bed rail when they needed to be in bed, lowered the bed, provided soft flooring and practiced with the person getting onto the floor independently. This had reduced the risk and time using bed rails. Staff had worked slowly through a dental treatment de-sensitising process with one person to ensure they were comfortable receiving treatment.

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

- Peoples' room designs were carefully thought through with people so the space worked for them and was linked to their needs and vision. Rooms were kept organised which was important for people with visual impairment. For example, the soft rug needed to be in a certain place for the person to find to lie on after lunch. Another person had their play items near the bed for when they got up in the night for a play on the floor.

- One person who was non-verbal loved music. Staff sourced a metal cabinet they could sit on to be able to feel the music vibrations. They showed us how it worked by banging the cabinet with their foot in time with the rhythm. They also loved to dance and had disco lights in their room as well as a shower so personal care was a happy time. A clear night routine and a daylight lamp also helped with regulating sleep patterns and the person was sleeping better, which then helped their weight loss by reducing energy expenditure.
- Each lodge was part of a re-decoration programme with one lodge completed. People had been supported to touch and smell the items for their new rooms and clearly enjoyed the communal spaces, which enabled circular travel, reduced dead ends and were uncluttered for free movement. Thought had been given to comfortable flooring as some people exercised by crawling. One person proudly showed us how far they could go on the new flooring. WESC was working on making the entrance to St David's House homelier as the building was not purpose built for residential living, perhaps with separate lodge front doors.
- The kitchens were fully adapted to promote independence with wheelchair level worktops, talking microwave and a tool for beakers that beeped when full. A staff member said, "Absolutely everything had been thought about here at WESC."
- People could access communal sensory areas when they wanted, including a large cinema screen, water features and soft furnishings. There was also an adapted playground, garden area and sports track with a wide range of bicycles such as side by side and trike accessible for all.

#### Staff support: induction, training, skills and experience

- Staff fully understood their roles and responsibilities and training programmes included the nationally recognised Care Certificate qualification. Induction programmes were very comprehensive including WESC videos on braille, visual impairment with practical blindfold experience, time in each department including WESC college education classes and meeting the executive team. This ensured potential staff helped support people taking part in hydro sessions, rebound and wheelchair mobility. This was all followed by at least a week of supernumerary shadowing an experienced staff member and getting to know the people they would support.
- Staff training was extremely thorough due to peoples' complex needs. Training focussed on ensuring people lived their best lives and staff often further embedded their learning by applying it to practice by completing individual people's case studies. For example, staff, the dietician and catering team worked together looking at a person's dysphagia (poor swallowing) and poor lip seal to come up with a plan to manage low body weight. This included going out for meals to experience new sensations and environments and a routine including fun exercise in a wide open, grassy space. Mobility training (specialist training to equip people visually impaired with essential skills for independence) was put into practice for another person who was now more confident and able to move around the grounds with only verbal guidance. Training included, the grip, changing sides and single file technique, stairs and sitting down. The person had gone on to win an award at the annual WESC achievers' ceremony for mobility due to the dedicated work with staff.
- A training manager worked on site and ensured staff had all attended the provider's mandatory training which included; first aid, MCA, fire, epilepsy awareness, safeguarding, communication, medication and manual handling.
- Most training was very specialised, often completely person-centred and all staff were very knowledgeable. For example, training in cerebral vision impairments (CVI) with the in house CVI practitioner, looked at how people perceive their world. Training included, environmental adaptations and interventions based on individual's CVI scores, using motivating objects, practicing finding items and body use. Staff completed individual reports on progress. One person's CVI score had improved so they could now regard faces, make eye contact and reach out for a sighted guide. All departments completed training such as this as people living at St David's House were able to access internships and work experience in various

departments.

- Staff attended specialist training on vagus nerve stimulators (VNS, a magnet in the brain to manage epilepsy). The nurse lead said, "With specialist management of this device this young person should be able to reduce sedating medications and enjoy a better quality of life whilst maintaining optimal seizure management."
- Other training included practical pre-cane and cane training, mobility training run by the in-house mobility team, visual impairment awareness training, gastro re-assessment (digestive disorders), sensory room training, nail care and cutting with a podiatrist, sepsis awareness and understanding disability. Staff were trained in each individual person's needs.
- WESC always looked at how training could benefit people. For example, some staff had completed training in Rebound therapy and lifeguard skills so that staff at St David's House could access on site facilities at weekends. Rebound therapy had proved to be very beneficial holistically for people. Rebound therapy uses trampolines to promote fun, exercise, body awareness, communication and achieving. Each person has different goals, for example some sessions are quieter for relaxation, others are for groups and friendship. A staff member said, "It's wonderful for people usually in a wheelchair to move and get out of breath and have fun." Staff had recorded many improvements in people's overall health.
- Staff also received wheelchair training. This was particularly important to enable staff to support people generally but also for wheelchair dancing sessions, so people could practice their skills in a fun way.
- People themselves also received a wide range of training such as life skills, music, sexuality and a session on pregnancy as some staff were pregnant. There was also training on non-binary gender and the use of different pronouns.
- Staff attended appraisals and one to one meetings, where their learning and development was discussed. There were regular competency assessments in a range of topics including activities. The Rebound assessments looked at checking of the trampoline, reading the person's Rebound folder and being ready to take photos to record progress. One form stated, "It was clear the person was growing in confidence with [staff member's name] which made them feel proud of themselves." The focus was always on how staff made people feel.
- Staff meetings were held regularly, including mini training sessions, where staff discussed people's current needs, good practice guidance and policies and procedures. For example, one person's needs had increased so they had been involved in taking photos of their physiotherapy exercises to teach the staff how to support them as well as details of how they were supported to take their meals in bed and use fairy lights to reduce light sensitivity. Focus was on how to improve people's quality of life.
- Staff continued to feel very well supported by the managers. It was evident that they worked with staff closely and regularly booked themselves on shift to work with people. All staff were extremely positive about their work at WESC. Staff told us, "I've been given amazing job opportunities here at WESC. The support is continuous, and my managers want me to be the best that I can be for our young people but also for myself."
- The key worker programme was very comprehensive and essential for staff to know people's needs well. The role was clearly defined and relatives all knew who they could speak to. A key worker section within online care files included a manager audit with comments of praise and ideas. Staff used this to increase key worker input to improve people's lives and share ideas. Key worker input was recorded most days for people. For example, internet safety training for people, writing up possible outings and organising, ordering equipment, sorting property, family and friend relationships and capturing people's views.

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

- Staff knew people extremely well and picked up when they were not acting in their usual manner. Plans clearly showed how people communicated pain or discomfort for example such as pointing, saying 'need

nurse' or 'hospital' which meant they had tummy ache. One person had a complex and life limiting condition cared for by a range of specialists. Staff said, "We identified a deterioration recently. We worked in a dynamic way, referring to a palliative care consultant, attended a hospice open day and met as a multidisciplinary team each week to co-ordinate the care." WESC had a team of nurses on site, a speech and language team, clinical psychologist and a regular GP clinic. The GP said, "The support workers know people, they spot issues because they all want WESC to be the best place it can be. For example, we devised Medicine Abroad Kits so people could easily prepare for holidays." A visiting specialist learning disability senior nurse practitioner said, "The team have always been effective, and the manager is forward thinking and pro-active." Preventative measures were clearly shared with the staff team using detailed care plans for every occasion with photos. For example, showing the equipment needed to go in the pool to prevent grazed toes.

- Relatives confirmed people's health needs were well met. Relatives told us, "[Staff] are brilliant, always on it". Another family told us, "[Person's name] regularly does "rebound" therapy. After several serious eye operations, staff managed his eye drop regime perfectly.
- De-sensitisation programmes were on-going to ensure people with visual impairment were prepared for a hospital stay. Hospital passports were very detailed showing 'things you should know about me' including how to go about carrying out medical interventions. For example, 'Before a blood test, [person's name] is to be booked onto a ward and have their meal there, bounce on their ball to music before bed and have a light sedative in the morning.' Staff said it was essential people had staff they knew with them, CDs, particular soft toys and routines, for example they may not like to be touched.
- A Pathways project with the local hospital ensured people always had a named person link on wards. The GP said, "People have complex and specific needs and don't just use the children's ward any more. We need the hospital staff to be familiar, we work together with them and parents so its not a case of each speciality knowing a part but coming together as a whole." A Diabetic Clinical Lead fed back, "[Person's name]'s hospital visits have always been traumatic. Your team have always been extraordinarily professional, extremely sensitive and caring with remarkable skill. You help us understand needs better. I don't know of a better service that shows such high standards towards a challenging patient group."

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

- Prior to people moving in to the service their needs were fully assessed and used to develop support plans and make the decisions about the staffing hours and skills needed to support the person. They included people's independent abilities, diversity needs, religion (such as pagan), culture and expressing their sexuality.
- A transition to the service for new people was arranged at a pace to suit the person, often lasting months with family input.

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

- People were supported to maintain a healthy balanced diet and plans included healthy eating training for people and specific MCA best interest discussion and reports to ensure people were on board. One person had struggled with healthy eating but had achieved a personal progress qualification in 'preparing drinks and snacks' and cooking with healthy snacks. They had also been runner up in a Devon and Cornwall Police campaign 'Be active, safe and healthy' (BASH).
- Main meals were provided by the central catering team or could be made by people and staff depending on what they were doing. There was a varied menu, which was planned each week and people were involved in planning meals and shopping where possible with pictures available if needed. The catering team won 'Catering Team of the Year 2019' for their work with young people and support staff. They were part of the WESC Community Council, well-being groups and received training in people's complex needs, including a special dysphagia menu (swallowing difficulties). They won due to their commitment to 'learning

happens everywhere', new food opportunities with theme days, using local suppliers and work with student internships and work placements. People at St David's House had opportunity to work in a commercial kitchen and enter annual school catering competitions. This year was themed 'Noisy food meal' and there were lovely photographs of people working in the main kitchen as well as in the lodges.

- People had their nutritional needs and weight assessed to promote healthy living. Suitable referrals were made to dieticians and onsite speech and language team and the NHS. Peoples' needs were complex and although people were often on a normal diet many factors could affect swallowing such as mood, having a cold or positioning. This meant staff had to be vigilant and we saw many SALT referrals relating to one off issues that had been addressed and detailed reports showing actions taken. One SALT team member was training to be a dysphagia assessor (poor swallowing) to replace the previous assessor, which would mean WESC used staff who fully understood peoples' needs. They kept fully up to date with national guidance.



# 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 improved to Outstanding. This meant people were truly respected and treated as individuals; and treated as partners in their care in an exceptional service.

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

- The person-centred culture focused on the promotion of people's rights to make choices and live a fulfilled life as independently as possible. Regular key worker input and staff exceptional knowledge of peoples' complex needs and caring, committed attitude promoted this. One staff member said, "I first visited St David's house as a work experience student. I felt inspired by the caring nature of the staff, evidenced by how well they knew the young people they were supporting." Another staff member told us, "I felt I was very fortunate to be given a chance to work here at WESC and work with all the amazing individuals."
- There was a happy, engaging and lively atmosphere in the home. Staff were vigilant about supporting people with visual impairment and always communicated using peoples' preferred methods, ensuring people knew what was happening around them. For example, "The right hand end of the sofa is free if you want it". They told us how to approach people, put a hand out or approach from a particular side. People enjoyed being with each other or relaxing quietly. People were relaxed in the company of staff and there was lots of smiling and laughter. This showed how good communication had supported the development of important relationships between people who used the service and staff. Staff knew what sort of environment people needed such as enjoying the lighted bubble tubes for relaxation, being quieter or enjoying really loud music and singing. One staff member played the piano with a person who was clearly enjoying making music together.
- Relatives said family members were exceptionally well cared for and were consistently positive about the staff team. One relative said, "We know much she loves WESC, she is so well looked after and treated. There's always something going on. We have great admiration for all the staff as you have to be something special to work with these special needs young adults. We would like to take this opportunity to thank them all". Another relative said, "When the renovations were done, everyone had to move to temporary accommodation. [Person's name] was insistent he move back to his college student room. The staff accommodated him, at quite considerable trouble, because their priority was to make sure he was happy above all else."
- Staff were highly motivated to provide people with excellent care. All staff spoke about how outstanding WESC was and sent us emails following the inspection. Staff said, "Staff are all good caring people whose aim is to promote independence, and choices in a person centred way, helping the young people input into their care plans, listening to them and their families. We want them to achieve the life style they want." One staff member said they went the extra mile so people could live their best lives. Another staff member said, "We encourage our young people to be as independent as possible, increasing independence, self-worth and something to achieve each day. We took a long time slowly encouraging [person's name] to go sailing, smelling the sea, feeling the harness etc. Now when we are near the beach they say, "Harness" and we laugh



about our lovely sailing memories which we will do again".

- Staff demonstrated empathy and gave people time to express themselves fully, valuing their opinion. People were involved in the recruitment of new staff and staff were matched to work with people based on their interests and shared values, such as staff who liked horses, dogs or certain types of music. This gave people and staff, shared interests to further develop communication based on knowledge. For example, patience had been key in supporting a person with selective mutism (a phobia of speaking). Staff sought advice from the SALT team and read information sheets, devising guidance. For example, keep a running commentary, ask and answer questions yourself moving on smoothly with no pressure for them to answer. Staff told us, "[Person's name] has recently gained her confidence back and now uses her voice to communicate to staff and her friends which is great as she can now talk to us about what she wants and how she is feeling."

- People were supported to maintain friendships and relationships that were integral to their emotional wellbeing. People had regular contact with friends and family with staff supporting them to use transport, accompanying them, celebrating family birthdays and events and making videos to send to family. There were many examples of thank you comments from relatives. One person had a complex family history. Staff had worked with a family member to promote a closer relationship after separation. They had gradually prepared for the family visits, building up a rapport and ensuring the family member understood the complex needs using a 'day in the life' observations. A clear plan for guidance was recorded so staff were consistent. The relative told us, "We all sat down together so contact was in [person's name]'s best interests. Her needs are so complex, it has impressed me how many staff have gone beyond and out of their way to help her maintain a constant and structured life even in the times she has had to go into hospital. With staff taking time to come in on their time off just to be with her and make sure she is happy. It is a family away from home. It gives me peace of mind knowing that people like [manager's name] always give me 100% of her time when I visit, giving me all the information I need. Brilliant is the word."

- All staff and the management team were extremely caring about people. One staff member said, "My favourite part of our care plans is the page called: 'what people admire about me', you can see how lucky we are to be able to work here." The manager said, "I have not only got to know the people that live here but I have got to know families too. Getting to know families has given me such a valuable insight to their lives as they were growing up. It has helped me to understand them better and create the best care plans with their key workers to meet their needs and make sure they live the most fulfilling lives. I am lucky enough to have office space in the entrance of one of the lodges. I am able to spend lots of time with the people that live here. When I walk around and see people laughing or smiling sometimes I ask them why they are laughing or what is making them smile. I am always interested in what makes them happy and I love it when they can tell me. One lady tells me she is happy because of the person she is working with. She says this whilst dancing in her wheelchair."

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

- Relatives told us staff respected and championed people's ability and right to 'take control' of their own decision making. This was achieved through staff's commitment to developing individual communication strategies that worked. As a result, people became a valued participant in their care reviews.

- Staff had an exceptional understanding of how people communicated, using creative approaches to maximise people's ability. Almost everyone living at the home, communicated through pictures, comic strips, Makaton or other techniques. Staff used innovative practice such as talking care plans, using peoples' voices to explain photographs of their lives at St David's House, their needs and relationships in simple terms. Staff were trained in braille, I-Talk and individual's body language and word choices to support people's individual levels of understanding and to enable them to make their own choices. This meant people demonstrated their choice through their own unique methods and could communicate personal choice in following their dreams and aspirations. When staff discovered what people liked this was moved

forward to the wider community such as enhancing a love of music to attending music festivals and having various instruments. This often resulted in another person seeing what was happening and trying an activity out.

- People and staff worked together to continually focus on improving engagement. This helped people engage and communicate with others in the wider community so people's views and choices could be heard and they could lead a more independent life. For example, some people were able to participate in the campaign to increase visual impairment and disability awareness in the community.

Respecting and promoting people's privacy, dignity and independence;

- Respect for privacy and dignity was at the heart of the service, with a sense of equality between people and staff. The registered manager and management team were passionate about promoting people's human rights. One staff member said, "Sometimes it's just nice in the evening when we've been doing activities all day together, just to sit on the sofa and listen to them interacting with each other and be a part of their lives. It's a very rewarding experience and sometimes it's not just about the large things, it's the little things as well. I just love how working at WESC, it feels like going from home to home."

- Staff created an inclusive, comfortable and safe environment where people were encouraged to overcome obstacles. Staff ensured people's privacy and choices were supported and respected. People were enabled to explore and express their sexual feelings and staff shared information about intimacy and privacy in a way people understood.

- Promoting people's independence through enhanced communication was central to the service provided at St David's House. People had successfully grown in confidence and independence, to lead more fulfilled lives due to their person centred care and forward thinking management style. The manager said, "We know they can do anything, we just need to do it and find their way."

- Relatives spoke about how people had grown and achieved whilst at WESC, helping their family member develop and widen their experiences which they could not have done at the family home. Success stories included a person using an electric razor themselves for the first time, "a huge achievement for them". For some people independence was feeling comfortable in a group of people, a significant achievement for those living with autism. One person had lived alone before moving to WESC. Staff had supported them to adjust and enabled them to have social integration in the community, including access to pubs, shops and walks to the beach. By slowly introducing new opportunities using behaviour support plans, the person was enjoying discos and pantomimes. Staff said, "She has achieved so much since moving to WESC and accessing the facility's here. I'm so proud." Another person used to struggle to find motivation to exercise. She was now enjoying doing her crawling and physio and asking to do these things telling everyone how well she's done! These successes, big or small, gave people a sense of personal value and self-belief.

## 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 improved to Outstanding. 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

- Staff had an excellent understanding of people's individual needs which protected their values and beliefs in a way the person wanted to receive care and support. The approach to care and support meant there was a multi-professional process which aimed at maintaining continuity, independence and autonomy for the person. Ensuring staff were knowledgeable and developed close relationships with people and families was important due to peoples' disabilities and visual impairment. The key worker role was strongly developed to promote fulfilled lives, new opportunities and achievements.
- Care plans were live documents updated online and were extremely detailed. Important information was in red, so staff could see. Support centred on choice and promoting independence as well as finding ways to ensure people did not get frustrated. Routines were very important for most people. For example, one person could get fixated on clothes items, so staff helped them feel when their laundry basket was full to avoid over washing. Another person had been practising following voices, so staff kept these to a minimum, so the person was now independent mobilising around their lodge. Signs of health changes were clear, so staff knew what to look out for such as dark circles around the eyes.
- People had been supported to increase their levels of independence and build their confidence, by working with people using the service, listening to them and liaising with other health and social care professionals. This had also led to a positive improvement in their emotional wellbeing and had reduced the number of behaviours presented which could be perceived as challenging. Regular analysis ensured details were noticed such as who people were with, what events were happening or the change in weather, so staff could act to reduce distress.
- Care plans reflected the principles and values of Registering the Right Support. Records referred to promoting people's independence, their diverse needs and inclusion within the local community. Choice was central to the care planning. Each care plan had details about how people responded to choices, what phrases they may use to indicate yes and no or body language. This included how staff should speak with people to provide effective encouragement. One relative said, "I am very, very impressed with the staff within St David's House that I have dealt with during my visits. They all are very friendly and have peoples' best interests in mind." One person had wanted to attend another person's activity even though this may not have been suitable for them. Staff supported them to try the activity, so the person could make an informed choice not to attend further, which made the person more relaxed once they had been. Another person had become more accepting of sighted guides and no longer needed a handling belt or two staff for safe mobility. This had meant they could now participate in sailing trips.

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

- The service was exceptional in the way they supported people to learn new skills and maintain their independence. For example, identifying that peoples' health improved with Rebound and ensuring people could access this activity with trained staff at all times. The key worker role included researching and organising events and activities for individuals. All staff told us how they prided themselves in making things happen for people. The manager set targets for key worker input and staff said this was regularly 100%. Emails were sent to the staff team, so everyone knew peoples' goals and upcoming events and had access to detailed guidance for each person and activity. For example, "[person's name] needs to enjoy music events sitting near an exit so they can leave if it is too much" and "only use one voice for Rebound and give regular praise."
- WESC had a wide range of on site activities. Much use was made of the sports track with people being able to safely move independently after individualised mobility training. They accessed the adapted play park, sensory areas, ball pool, gym, garden areas and bikes during our inspection. Each person had a clear activity plan with staff allocated each shift. Items were sourced for people such as a drum kit activated by music. There was a rambling club, WESC choir run by a community musician, weekly jazz night, discos, wheelchair dancing club and swimming. Staff said, "We aim to be really creative with exercise making it really fun. If someone wants to lie down at a disco and feel the vibrations that's ok." People were supported to get to know their environment with repeated practice at moving around and new environments were given a verbal commentary until people were comfortable. Plans included 'anchor point' guidance to reduce frustration if people had to wait anywhere.
- People were constantly encouraged and supported to engage in the local community. People and staff worked together campaigning to educate society and promote inclusion and understanding. They were devising information cards to share with people they engaged with when out such as coffee shops. A weekly WESC football and rugby training group aimed to form a team and reach out to the community to challenge other community teams to visit WESC for a tournament. Goals could include pushing a shopping trolley, paying for items and using a road crossing.
- Staff spent time preparing and discussing holidays, using items of reference or talking about good memories to engage and build peoples' confidence. One person previously unable to step out of their routine had enjoyed a group holiday because staff had arranged separate accommodation and their favourite music playing. It was found that they also loved noisy fair grounds. Their care plan said, "[Person's name] was hesitant at first but then didn't want the experience to end."
- Music was important for people. People loved to go to music festivals. Staff made plans showing how people liked to experience these. For example, by lying down to listen to the music, wearing noise defenders to enjoy the atmosphere or being very active. People had met some of the performers and enjoyed sensory glitter face paint. People were able to enjoy a group outing but experience it in their own ways. Another person had asked to go to a classical concert, had met the musicians and staff said they shouted, "I love this so much."
- Staff looked at people's preferences and matched them to events. One person loved horses and another loved loud crowds. They both went to a local horse race, they cheered and enjoyed listening to the loud commentator whilst being able to identify jockey colours close up.
- People received care and support which took account of their individual needs and wishes. Staff knew people well and worked around their preferred routines. One person loved bracelets and sorting beads. Staff said she had aspired to work in a jewellery shop. Staff set up a work placement at a WESC charity shop. The person told us they were off to work, saying, "I love it." By sorting beads by colour, they had improved their vision massively. They could now tell most colours up close whereas before they could only see primary colours.
- Another person loved books and had a job at the local library. When this was not initially successful staff recognised the person benefitted from a day at the library the day before their working day. This then resulted in the person focussing on their work and becoming a valued member of the library team. Their

relative told us, "They are hyper literate but before would never willingly socialise. Now they thrive in this community where they enjoy outings, work experience and therapies and joins in with others at mealtimes and evenings." Each relative felt very involved as care plans included personalised photo and video logs of activities people had taken part in. One relative said, "There's always something going on, whether it's going shopping, swimming, pop concerts, even horse racing." People shared these events with loved ones regularly. Some people had siblings at St David's House and told us they enjoyed hanging out or face timing their parents together. Staff had practised crawling techniques with one person, so they could go and see their friends independently.

### 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 had their communication methods assessed and recorded in their support plans in great detail due to their visual impairment with additional disabilities. This ensured people were able to make their needs and wishes known. For example, some people used touch, specific voices, technology or used yes and no only. Communication was an integral part of the training programme. One person was responding with the piano, replying to staff playing during our inspection. Another person was excellent on the computer and had been named the computer expert to help everyone else.
- Support plans were produced with pictures and visual prompts to make them more accessible to people. Sound was also used. Talking care plans were being completed and people were heard laughing and enjoying making them. By patiently encouraging a person selectively mute to communicate, staff had found out they loved to express themselves with colourful hair and had decorated their bedroom with the person's input.

### Improving care quality in response to complaints or concerns

- Complaints were recorded and responded to in line with the organisations policies and procedures.
- Easy read information was available to help people understand the complaints procedure or staff recorded they had discussed these with people and what they had been able to understand. Where families may have different treatment and goals for people, this was addressed sensitively and involved the multidisciplinary team. Findings were explained and focussed on what was best for the person.

### End of life care and support

- Although people at St David's House were young people, end of life plans were in place and people were encouraged to think about and discuss what they would like to happen at this stage of their lives. Where people were uncomfortable about this it was respected.
- End of life planning was pro-active and discussed sensitively and included people's close friends and family so they knew what to expect. The GP told us how they were working with one family, discussing the changes in care and signs of deterioration. Recording these changes was very important due to the rare medical condition. Little was known about this nationally so WESC were ensuring information could be gathered and shared with consent for research for the future. The family had contacted WESC saying, "A big thank you for the time you gave over to sharing your insights into [person's name]." Following the inspection, the registered manager let us now that the person had sadly passed away. They told us how staff had taken a party to the hospital, spent time sharing memories and holding the person close. Loved ones had made it to the hospital in time and the group had listened to them reading the person's favourite story books. The registered manager said although a difficult time for everyone, the passing had been beautiful.

# Is the service well-led?

## Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The vision and mission of WESC Foundation was a world where visually impaired young people with additional needs are able to take their place in society. They aimed to provide outstanding services centred around the young people valuing their contribution and promoting their rights and independence. The service demonstrated this clear vision and a highly positive person-centred culture was seen throughout as reported here. Staff had set high standards for themselves and this promoted an exceptionally positive culture which challenged disability perceptions, improved the confidence of people and had very positive impacts on the lives of the people using the service. For example, the exceptional way people were supported to re-kindle relationships with family, understanding very complex needs required forward planning and detailed care plans and embedding a meaningful key worker system. People had achieved many successes and increased confidence meaning increased independence and self-worth, new opportunities, less medical intervention and staff support.
- Staff all shared their positive experience of working at WESC, feeling privileged to work with the 'amazing' people they supported. Comments included, "There are so many good things I could write about the staff and the things they do for the people" and "We make sure people have a positive experience and achieve something every day. It makes them feel good about themselves."
- There was a strong focus on community involvement and inclusion. Staff all had a deep understanding of how this could be achieved for each person. People accessed activities in their local community as well as campaigning together and educating society as a whole. For example, engaging with local businesses, work placements and sports teams.
- An open and transparent culture was promoted which focused on effective communication. People were involved throughout the development and review of their care plans, daily chores, organising holidays, work placements and staff recruitment. Each element ensured choice and peoples' understanding. Staff were constantly supported and praised for their efforts and worked hard to enable people to live their best lives. Key worker input was particularly high, and staff were excited to see what people could do next, being inspired by people and what they could achieve. House meeting minutes included peoples' achievements, young peoples' voices and a range of topics. Recently people had been choosing fun things to do for half term, sourcing appropriate objects of reference for people.
- There was a strong and visible person-centred culture, which had a positive effect on people. People were really valued and treated with compassion, kindness, dignity and respect by a dedicated, motivated and committed staff team including a devoted Director of Care and Support Services and manager. The service



was particularly sensitive to times when people needed care and compassion, supporting people through sensitive and emotional personal issues. Staff used non-verbal prompts to identify mood or emotion before interacting with people and were vigilant about maintaining a calm environment for people with visual impairment. Staff said, "We are successful to a high standard as we are managed by a committed manager who goes above and beyond her duty of care. She will work alongside the staff giving them guidance and mentoring and genuinely cares about everyone in our care. She and the Director of Care and Support Services lead by example with the deputy." Relatives said of management, "What a shining star you have been in [person's name]'s life and ours. To leave him in such capable hands meant a lot to us and we are so grateful for your support, thoughtfulness and love."

#### Continuous learning and improving care

- The culture of the service was to continuously look at ways of improving the outcomes for people living at St David's House and show how people contributed to society. People were encouraged to show off their skills, such as being involved in the catering department, radio station and giving training to others about their complex needs or computer skills. Examples throughout the report demonstrated how the service used their in-depth knowledge of peoples' needs to achieve the best outcomes for people. Training was bespoke to peoples' needs and included research projects and case studies to share with others. For example, in CVI and rare conditions. Agency staff were trained well and fully informed. Staff said, "We have a brilliant relationship with the agency staff whom we value, who also attend our written and verbal handovers and team meetings and are encouraged to be a part of the team."

#### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- Effective quality assurance checks were carried out, including checks on people's medicine understanding, care plans, finances, key workers and monitoring of the care being delivered. Findings were shared with staff. Health professionals told us how there was a committed team working ethos, including sharing information with external professionals and promoting holistic care delivery. For example, the Pathways project and regular multidisciplinary reviews.
- There were systems in place for the manager to recognise and respond in a timely way when things were not going well. For example, open and transparent communication with all stakeholders. Professionals told us, staff were very responsive to any situation which they felt would pose anxiety or risk to a person. The GP said, "If there was a safeguarding issue I would know about it."
- There was a dedicated staff team who were passionate about delivering the aims and values of the organisation. Staff knew who the executive team were and there was a clear director of care reporting structure including regular trustee board meetings, sub-committee meetings, executive meetings and managers' meetings. Managers completed self-assessments to the board termly. A five-year strategy plan showed commitment to expanding services for more young people with visual impairment and additional disabilities with community values, operational values and expanding opportunities. This clearly looked at how to promote Registering the Right Support and enabling people to live inclusively in their communities. Objectives included continuing to share their specialist knowledge through training and research with professionals and the community. A new sports hall and multi-purpose social space were being planned for the future along with the ongoing refurbishment programme with plans for access at any time for people living at St David's House and to open up the site to more community groups. Future expansion would be within the community.

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

- People benefitted from a provider who was open and honest. Where complaints or concerns had been

raised, full investigations had been carried out to identify what had gone wrong and what lessons could be learnt. The management of the home had worked with other relevant parties, such as the local authority, to make sure people's health and well-being was promoted. Any recommendations were thoroughly addressed with reports and measurable outcomes.