

Creative Support Limited

Creative Support - Pelham House

Inspection report

Craven Dene
London Road
Newbury
RG14 2FL

Tel: 0163538101
Website: www.creativesupport.co.uk

Date of inspection visit:
04 March 2021
08 March 2021

Date of publication:
22 March 2021

Ratings

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

Summary of findings

Overall summary

About the service

Creative Support Pelham House (Pelham House) is a supported living service, which can provide support for up to 16 people living with autism or learning disabilities, with associated needs. There were 16 people receiving support at the time of the inspection, living in their individual self-contained flats within Pelham House.

Not everyone who uses the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were protected from discrimination, neglect and avoidable harm by staff who understood their responsibilities to safeguard people from abuse. The registered manager supported people to understand what keeping safe means, and how to raise any concerns they may have. Risks to people's safety had been identified, assessed thoroughly and were managed safely by staff. Robust recruitment procedures ensured only staff assessed to be suitable to work with people living with autism or a learning disability were appointed. There were enough staff to provide care to meet people's needs. Senior staff completed regular competency assessments and observations, to ensure staff administered medicines and delivered support safely in accordance with their training, current guidance and regulations. Safe infection, prevention and control practices were being followed by people and staff, including the appropriate use of personal protective equipment (PPE).

The registered manager and senior staff effectively operated a system of supervision, appraisal, training and competency assessments, which enabled staff to deliver high quality care. Where required, staff completed additional training to meet individual complex needs. People experienced a healthy, balanced diet of their choice, which protected them from the risks of malnutrition and dehydration. The registered manager ensured people were referred promptly to appropriate healthcare professionals whenever their needs changed.

People experienced good continuity and consistency of care from staff who were kind and compassionate. The registered manager had created an inclusive, family atmosphere within the service. People were relaxed and comfortable in the presence of staff who invested time to develop meaningful relationships with them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected these principles and values.

People were fully involved in decisions about their care and were supported to make choices. Staff

understood how people communicated their needs and wishes and delivered care which respected people's likes and dislikes. People's care was centred around their needs by staff who supported them to engage in activities which enriched the quality of their life and had a positive impact on their well-being. Staff consistently treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights.

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

People were protected from the risks associated with social isolation and were supported by staff to maintain special relationships with friends and relatives. The provider investigated complaints to drive improvement of the service. Compliments and complaints illustrated honesty and transparency in the management of the service.

The service was well managed and well-led by the registered manager who provided clear and direct leadership, which inspired staff to provide good quality care. The safety and quality of support people received was effectively monitored and assessed. This ensured identified shortfalls were acted upon.

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

Rating at last inspection

This service was registered with us on 15 November 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was first registered with us.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Creative Support - Pelham House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in their own flats, within one building namely Pelham House, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection

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

Inspection activity started on 4 March 2021 and ended on 15 March 2021. We visited the office location on 4 March 2021 and 8 March 2021.

What we did before the inspection

We reviewed information we had received about the service since it was first registered, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority, community professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed the provider's website. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who use the service about their experience of the care provided. We spoke with nine members of staff, including the registered manager, three senior staff, five staff and the service director.

We reviewed a range of records. This included five people's care records, medication records and daily notes. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures, quality assurance audits, accident and incident reports.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with five community professionals who engaged with the service. We spoke with relatives of five people who had limited verbal communication and six staff members who were unavailable on the days of our site visit.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported to stay safe at Pelham House. Staff had developed positive and trusting relationships with people that helped to keep them safe. People, relatives, advocates and supporting health and social care professionals consistently told us that people were safe. One person told us, "Yes I feel very safe because I can talk to [named staff] if I am worried or need help."
- People were protected from avoidable harm and discrimination by staff who had completed safeguarding training and knew how to recognise and report potential abuse and poor practice. The provider's customer service manager spoke with all staff individually to ensure they understood and were confident in the provider's whistleblowing processes and the Red Alert initiative. Staff consistently explained their responsibility, how to escalate concerns, and duty of care to protect people.
- Senior staff thoroughly investigated any allegation of abuse to keep people safe from harm. The registered manager dealt with safeguarding concerns in accordance with local authority guidance and government legislation.

Assessing risk, safety monitoring and management

- People experienced safe care from staff who were aware of people's individual risks. Staff effectively identified and assessed risks to people, which they managed safely. For example, people had management plans to protect them from the risks of choking, malnutrition, moving and positioning, epilepsy and those associated with their learning disability.
- Staff knew people's individual risks and how to support them safely to reduce these risks. This helped to keep people safe, whilst promoting their independence and undertaking activities that they enjoyed. Risks to people associated with their behaviours were managed safely. Restrictions were minimised to ensure people felt safe but also experienced the most freedom possible, regardless of any disability or other complex needs. Staff shared information about risks during shift handovers, staff meetings and one-to-one supervision, to ensure they were managed safely.
- There were arrangements in place to address any foreseeable emergency, such as fire, flooding or infections. All relevant safety information such as the evacuation plan and fire safety plans were readily accessible. Each person had a personal emergency evacuation plan.

Staffing and recruitment

- People told us they experienced good continuity and consistency of care from regular staff who knew them well.
- The provider had completed relevant pre-employment checks to ensure staff were suitable and had the necessary skills and character to work with people living with autism or a learning disability in their own home. The provider effectively recruited and retained staff, who were able to develop meaningful

relationships and nurture trust in people.

- There were enough staff, with the right mix of skills, to support people safely, in accordance with their support plans. Staff consistently told us their workload was manageable and well organised to enable them to spend quality time with people.

Using medicines safely

- Staff managed medicines consistently and safely and involved people in regular medicines reviews and risk assessments.
- Staff had completed the safe management of medicines training and had their competency to administer medicines regularly assessed by the management team. People who lived with epilepsy were supported by staff who had completed additional training to safely administer medicine if they experienced a seizure.
- The service had a medicine's lead and senior staff completed regular audits to check staff administered medicines in line with the provider's policies, procedures and best practice. These clearly identified any issues or actions to be taken. Staff were aware of the action to take if a mistake was made, to ensure potential harm and risk of future recurrence was minimised.
- Where people had medicines 'as required', for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and on how to record their use.

Preventing and controlling infection

- Staff supported people to maintain high standards of cleanliness and hygiene in their homes, which reduced the risk of infection, in accordance with the provider's policies and procedures. Staff consistently wore personal protective equipment (PPE), such as aprons or gloves to prevent cross contamination, when required.
- People told us staff had reassured and supported them to understand the risks in relation to Covid-19 and the protective measures implemented to protect them. For example, whilst providing information about PPE some people requested their own masks. We spoke with two people who were proudly wearing their own face masks, which staff had supported them to choose and purchase.
- The provider implemented recognised infection prevention and control practice in relation to people visiting the service office, including temperature checks. Highly visible posters detailed questions to ensure visitors had no Covid-19 symptoms before entering.
- Staff promoted people's independence by encouraging them to follow good food hygiene practice. Staff had completed food hygiene training and we observed staff followed correct procedures whenever food was prepared.

Learning lessons when things go wrong

- Staff understood their responsibility to report accidents, incidents and near misses to the management team.
- All reports were reviewed, analysed and action was taken to prevent any further occurrences.
- Action taken included, reflective practice discussions within the staff team to ascertain if anything could have been done differently following an incident and referring people to specialists or health care professionals.
- Staff were aware of the provider's whistle blowing policy, which allied to the approachability of the management team, gave them confidence to speak up if they had concerns.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's assessments and care plans considered relevant standards and guidance. Staff understood and delivered care in accordance with the standards from recognised bodies and advice from specialist healthcare professionals.
- Staff consistently delivered effective care based on comprehensive care plans, which achieved good outcomes for people. Care and support plans considered all aspects of people's lives, clearly detailing their needs, individual choices and how they wished to be supported.
- Professionals made positive comments regarding the skill and expertise of staff, particularly their understanding about how to support people living with learning disabilities and associated complex needs.

Staff support: induction, training, skills and experience

- Staff had been supported to develop and maintain the required knowledge, skills and experience to support people effectively and safely. Induction for new staff was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector. New staff spent time working with experienced colleagues to learn people's specific care needs and how to support them. This ensured they had the appropriate knowledge and skills to support people effectively.
- Staff were supported to access training and develop skills relevant to their role. Staff also underwent further training specific to the needs of the people they supported, including autism, learning disability, epilepsy and positive behaviour management. This ensured staff understood how to meet people's support and care needs.
- Supervision and appraisal were used to develop and motivate staff, whilst assessing and monitoring their performance and practice during delivery of everyday care and support. Staff consistently told us they received effective supervision, appraisal, training and support, which prepared and enabled them to carry out their roles effectively.

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

- The registered manager placed strong emphasis on the importance of eating and drinking well to maintain people's health and well-being. People were supported to have enough to eat and drink to remain healthy. Staff knew about people's specific diets and personal preferences.
- Staff effectively protected people with complex needs from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affected their health. Where people were identified as being at risk of malnutrition or being overweight, records were kept, to ensure their nutritional intake was monitored. For example, one person had been supported to make more healthy choices in relation to their diet. This person had lost a considerable amount of weight, which had a significant positive impact on their

self-esteem, emotional well-being and serious physical health issues. This person proudly showed us their new wardrobe and told us how they could now go shopping with confidence.

- Records illustrated that staff had promptly sought support from relevant healthcare professionals when necessary.
- We observed staff provided appropriate support to enable people to eat and drink at their own pace. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks. Staff involved people in choices about what they ate and offered a selection of their preferred food and drinks.

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

- Staff worked well together to ensure that people received consistent, well-coordinated, person-centred care and support. The service worked well with other agencies to achieve good outcomes for people, who were supported to access healthcare services and support when required. The registered manager and staff effectively shared information and communicated with other agencies to ensure people experienced well-organised, joined-up care, for example; admissions and discharges from hospital.
- Health care professionals consistently told us that staff supported people well, in accordance with their guidance and liaised promptly regarding concerns about people's health and mental well-being.

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

- People had annual health checks with their GP surgery. Where there were concerns noted about someone's health, staff raised these with the registered manager who promptly referred these to the relevant health professionals. Staff clearly understood the importance of people's oral health and the potential effect on their general health, wellbeing and dignity.
- People had access to healthcare services when required to support their mental health needs. Staff worked effectively with the community learning disability team and other community professionals, to achieve effective outcomes for people and to promote their health and emotional well-being.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The registered manager had a sound understanding of the principles of the MCA and the culture of the service was to provide people with positive experiences, which promoted their independence and enabled them to lead a fulfilling life. Care plans clearly detailed how staff should support people to make choices, using their preferred methods of communication.
- Applications had been made, where required, to the local authority to refer to the Court of Protection for authorisation. These were being monitored to ensure the least restrictive support was used whilst awaiting authorisation.
- Staff demonstrated their understanding of mental capacity and how this impacted people. People's

capacity to consent to their care had been assessed and accurately recorded. Where people lacked capacity to make decisions, staff followed effective best interest decision making processes.

Is the service caring?

Our findings

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

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

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

- Staff consistently treated people with compassion and respect, whilst promoting their happiness and well-being. People and their relatives praised the registered manager and staff for their kindness and consideration.
- Staff consistently spoke with pride and fondness about people they supported and their achievements, which demonstrated how they were valued as individuals. For example, one staff member told us, "You probably hear this all the time, but it is such a privilege to work here and it's so rewarding, especially if someone achieves something new." Another staff member told us, "No matter what else is happening in your life, just a smile from [people] makes you forget all of your troubles and realise how special your work is."
- People were relaxed and comfortable around staff, who consistently interacted with people in a calm and sensitive manner, in accordance with their communication plans. We observed the positive impact of staff relationships with people and how these contributed towards their wellbeing. Staff were able to encourage people to experience new things to increase their independence and enrich the quality of their lives. For example, pursuing their interests and going on holidays.
- People's care records included an assessment of their needs in relation to equality and diversity. Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures. People's diverse needs were clearly identified in their care plans and staff provided support to meet them, including those related to disability, gender and faith.
- Staff supervisions and competency assessments ensured that people experienced care which respected their privacy and dignity, whilst protecting their human rights.

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

- People were supported to be as involved as possible in making decisions about their care. Care plans and risk assessments were reviewed regularly, which ensured they were accurate and reflected people's current needs and preferences.
- Staff knew people's methods of communication well and were skilled at supporting people to express their views and make choices around their care.
- We observed people consistently making choices about how they wanted to spend their time.

Respecting and promoting people's privacy, dignity and independence

- People received care which promoted their independence and respected their privacy. Respect for people's privacy and dignity was reflected in people's day-to-day care and support. Relatives consistently told us that staff were skilled in persuading people to engage in decisions about their care, taking an

encouraging approach.

- Care plans were written using respectful language, promoting people's dignity and choice. People's needs were regularly reviewed and any change in their independence was noted. People and relatives consistently told us staff encouraged them to be as independent as they could be.
- Staff clearly understood people's social needs. People were supported to maintain and develop relationships with those close to them, their social networks and links to the wider community.
- People told us that staff respected their individuality, their personal wishes and goals. Staff knew how to support people in ways which comforted them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff were proud of the personalised service they provided, including their prompt response to people's changing needs, based on their in-depth knowledge of the people they supported. Support plans clearly reflected things that were important to people, as well as their support needs and clearly demonstrated an effective multi-disciplinary approach.
- People received personalised care which met their needs and enabled them to live a full and independent life. Care planning was focused on the person's whole life; including their goals, skills, abilities and how they preferred to manage their health. Relatives felt fully involved in the development and review of people's support plans and associated care records. One relative told us, "We are always kept informed and asked for our views whenever there is a review."

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.

- Staff provided care in accordance with the AIS. People's communication needs had been assessed and people had a communication support plan which detailed what support they required to communicate effectively.
- People and relatives confirmed that staff knew how different people expressed themselves and took time to listen and engage with people. People were provided with information in a way they could understand which helped them make decisions about their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff planned and promoted high-quality, person-centred care to deliver good outcomes for people. This encompassed the physical, psychological, emotional and social aspects of a person's life and provided opportunities for people to enhance their social lives and addressed their health needs.
- Staff supported people to take part in activities according to their wishes and abilities. Some people usually attended day services, which were closed due to the pandemic. In response to these closures and to support people with their anxieties, the service created their own day service within Pelham House. This service matched the activities provided externally and offered imaginative and innovative support to stimulate people's involvement and interaction with others.

Improving care quality in response to complaints or concerns

- People and their relatives were given the opportunity to give their feedback on the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided.
- There were effective systems to deal with complaints. The provider had a complaints policy which detailed how and to whom a complaint could be made. People's relatives and representatives were aware of the provider's complaints process and knew how to use it. Relatives were confident that if they raised concerns these would be addressed, and appropriate action taken as a result.
- People and relatives told us that when they had raised concerns, these had been dealt with by the registered manager and staff. For example, one relative told us when they identified any problems, "They [the registered manager and senior staff] always listen and quickly sort out any niggles." Another relative told us, "She [the registered manager] is always approachable and willing to help which is reassuring. She wants to know [about any issues] so she can put it right."

End of life care and support

- People's needs in relation to their autism or learning disability needs had been sensitively considered as part of the end of life care planning process, to provide people and relatives with reassurance and reduce any worries they may have.
- People received compassionate care from staff, which respected their wishes and ensured they experienced comfortable, dignified and pain-free end of life care.
- The registered manager and staff understood the needs of people and their families in relation to emotional support and the practical assistance they need at the end of the person's life. For example, staff supported a person receiving end of life care to visit their next of kin who was unable to visit Pelham House.
- Staff were also supported compassionately by the management team, when a person was formally diagnosed to require end of life care.

Is the service well-led?

Our findings

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

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

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

- The provider had established management systems to effectively promote person-centred care. The registered manager and staff consistently placed people at the heart of the service and clearly demonstrated the caring values and ethos of the provider. People, relatives and professionals described the registered manager to be conscientious and committed to the people living at Pelham House, who led by example and provided a good role model for staff. People and relatives consistently praised the registered manager for being empathetic and responsive, whenever they were worried or required support.
- Staff consistently told us they were inspired and motivated by the registered manager to provide the best care possible to people. The management team were passionate about empowering people and promoting their independence. The registered manager had developed an open, inclusive culture; with a strong team spirit amongst the staff who were supportive and appreciative of one another. The collective responsibility of the registered manager and staff ensured people experienced high quality care which achieved their desired outcomes.
- People experienced personalised care from a stable staff team who were committed to ensuring they received care which was individual to them. Staff recognised the importance of knowing people well and could share comprehensive details about the people they supported.

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

- The provider had a policy that clearly identified the actions staff must take in situations where the duty of candour applied. The registered manager and staff consistently spoke of the need for accountability when mistakes were made so that lessons could be learned to improve the service.
- The service was managed in an open, transparent way with honest communication with people and their families. When relatives raised issues, the registered manager listened to the concerns, apologised where necessary and took swift action to address the concern.
- The registered manager had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service.

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

- The management team operated effective quality assurance and governance systems within the service. The registered manager was supported by the provider's service director through weekly meetings and

regular quality assurance visits to the service. This ensured there was continuity of management and that standards were maintained. There was a comprehensive system of weekly, monthly and quarterly quality audits by staff. The registered manager reviewed those audits where other staff were responsible and kept an overview of the quality of service provided. Where audits identified issues, relevant action plans had been completed to drive continuous improvement in the service.

- There was a clearly defined management structure within the service. The registered manager and staff understood their individual roles and responsibilities, and the importance of working together to achieve the best outcomes for people. The registered manager worked alongside staff. This allowed them to carry out informal competency observations to monitor quality and individual staff practice. This ensured people experienced a consistent level of support.
- The registered manager was aware of their responsibilities to report significant events to us and other agencies. Notifications had been received, which meant that we could check that appropriate action had been taken.

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

- The registered manager was highly visible within the service and readily approachable. They spent meaningful time with people, relatives and staff. People, relatives and professionals told us their views were listened to and were acted upon.
- Staff were enthusiastic about their role in supporting people and spoke positively about the service, the registered manager and the provider. The registered manager recognised good work by individuals in supervisions and team meetings. Staff consistently told us that the registered manager encouraged them to share their ideas to improve the quality of care people received, particularly in relation to the provision of stimulating activities to enrich the quality of their lives.
- Staff worked in collaboration with external agencies to ensure people received high quality care. Professionals consistently told us they were impressed by the person-centred approach of the registered manager and had confidence in the staff's willingness and ability to follow their guidance to meet people's needs.

Continuous learning and improving care

- The management team effectively operated systems and processes to improve the service. Staff recorded accidents and incidents, which were reviewed daily by the registered manager to identify other areas for improvement. The registered manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented.
- Staff received constructive feedback from the registered manager, which motivated them to improve, enabled them to develop and understand what action they need to take.
- The provider had recently joined the Restraint Reduction Network and the management team had pledged to reduce the use of any restraint within the service. At the time of inspection, the registered manager was developing the service's strategy in relation to the pledge. The service director demonstrated recent work completed to identify the risks to prevent closed cultures developing. These initiatives will be subject to future quality assurance reviews by the provider. A closed culture is a poor culture in a health or care service that increases the risk of harm to people, including abuse and breaches of people's human rights.

Working in partnership with others

- The registered manager had developed good links with local community resources which reflected the needs and preferences of the people who used the service. The provider worked effectively in partnership with other agencies.

- The service collaborated effectively with a variety of health and social care professionals, which consistently achieved good outcomes for people.