Freedom Care Limited

The Chantry

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

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

The accommodation was over two floors. The service is a detached property located on a private road. All the bedrooms are single occupancy with an en-suite facility. Kitchens are included in some of the bedrooms other people have access to small kitchenette areas. There are communal rooms including an activities room, snoozelyn room and fully enclosed garden. At the time of our inspection there were 13 people in residence.
The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion and promote people with learning disabilities and autism using the service to live as ordinary a life as any citizen.

People's experience of using this service:
• People received exceptional person-centred, responsive care from staff who had a clear understanding of their support needs. Support plans were in place, which provided detailed and refined information about the care people required.

• People felt safe and staff ensured that risks to their health and safety were reduced. We found that sufficient staff were deployed to safely meet people's needs and that staff had received detailed training to ensure they had the knowledge to protect people from the risk of avoidable harm or abuse, whilst providing care.

• People were protected from the risk of infection. The service ensured staff were trained to keep the environment clean and staff followed policies and procedures to monitor and reduce the risk.

• Systems were in place to support people to take their medicines safely. Staff received relevant training and felt well supported. People were asked for their consent to their care and appropriate steps were taken to support people who lacked capacity to make decisions.

• People were supported to eat and drink enough to maintain good health.

• We saw there were positive and caring relationships between people using the service and the staff who cared for them. Staff promoted people's rights and to make their own decisions about their care wherever possible.

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

• People were treated with dignity and respect by staff who understood the importance of this.

• People's relatives knew how to make a complaint and there was a clear complaints procedure in place.

• The service had effective measures in place to support people when they reached the end of their life and ensure their wishes and needs were planned for.

• An open and transparent culture enabled people and staff to speak up if they wished to. The management team provided strong leadership and a clear direction to staff.

• There were robust quality monitoring procedures in place. The management structure of the service was clear.

• People's safety had been considered and risks had been reduced by the introduction of equipment or guidance. Staff had received training in relation to safeguarding and knew how to protect people from harm.

• Information was provided in a range of formats to support people's understanding.

• People's cultural needs were recognised and supported.

• There was a registered manager at the home and the rating was displayed at the home and on their website. When required notifications had been completed to inform us of events and incidents, this helped us the monitor the action the provider had taken.

Rating at last inspection: Good (Published June 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found the service had retained a Good, and in one area improved to Outstanding.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was exceptionally responsive Details are in our Responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

The Chantry

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was undertaken by one inspector.

Service and service type:
The Chantry is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:
This inspection was unannounced

What we did:
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 abuse. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection, we spoke with three people who used the service. Following the inspection, we telephoned three relatives to ask about their experience of the care provided for their relation. In addition, we spoke with a visiting healthcare professional.

We spoke with three members of support staff, the registered and deputy managers and an administrative

assistant. We reviewed a range of records which included three people's care records and other associated care records. We did not look at staff recruitment files but ascertained form staff the process mirrored the safe practice we witnessed at our last inspection. We looked at other records relating to the management of the home and a variety of policies and procedures developed and introduced by the provider.

Good

Is the service safe?

Our findings

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

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

Systems and processes
• People and their relatives told us they felt the service was safe. When we asked if people were safe one relative said, "Absolutely, [named] has two staff when they are out. They are safe in their room as the staff have arranged it that way." Another relative said, "[Named] is a challenging character, and they [staff] have managed their behaviour very well."
• People were relaxed around staff and there was a peaceful and tranquil feeling around the home. We saw positive interactions between people and staff. This would suggest people were relaxed and accepting of staffs' presence.
• The provider had a safeguarding policy in place. Safeguarding concerns had been reported and acted upon, involving all relevant professionals when appropriate.
• People living in the home and the staff group were encouraged to take part in a companywide questionnaire on safeguarding. This was produced as a paper questionnaire, in an internet 'survey monkey' and as an easy read format. Easy read forms of communication use meaningful pictures to convey information to people who could not read text. These combined formats allowed the maximum amount of people to take part in the survey.
• Staff explained what action to take to ensure people were safe and protected from harm and abuse. One member of staff said, "I would report any safeguarding on to the manager, or deputy, I know they would follow it up."

Assessing risk, safety monitoring and management
• Regular safety checks took place to help ensure the premises and equipment were safe. People who lived in the home were included in the checks.
• A fire risk assessment was in place for staff to follow. Personal Emergency Evacuation Plans (PEEPs) were in place to support the evacuation of people using the service in the event of an emergency.
• Support plans contained detailed risk assessments and provided instruction to staff to reduce the likelihood of harm to people when being supported. For example, one person who was being restrained for their safety, due to their variable behaviour had their risk assessments detailed with intricate instructions. This guided staff to deflect the person's attention and so improved their wellbeing.
• Other strategies had been developed to assist people to control their own anxieties. One person said, "I go out for a walk when I am stressed." This helped the person's wellbeing and reduced the need for staff intervention or medicine use as a control method.
• When we were inspecting a member of staff reported a cutlery drawer had broken. This meant the cutlery could not be secured properly and presented a danger to those living and working in the home. This was reported to an external professional who arrived very promptly to repair the drawer. This was excellent practice, as the person who lived there was sensitive to environmental changes which could profoundly affect their wellbeing, and the repair was scheduled to lessen the impact on them.

Staffing and recruitment
• Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. Staff told us, "I had an interview and all the security checks were undertaken before I started to work here. My Disclosure and Barring Service (DBS) check was done and my references obtained."
• Relatives told us there were enough staff on duty to support the needs of people and keep them safe. One relative said, "Staff [numbers] have never been an issue, they [staff] regularly take [named] out."
• Most care staff told us they felt enough staff were employed to meet peoples' needs, though there were a number of vacant posts awaiting to be filled. A member of staff said, "We are short staffed at times, but it doesn't stop people getting out." We spoke to the registered manager and they said they were actively recruiting following a change in how vacancies were advertised.
• People living in the home were actively encouraged to take part in the staff recruitment process. One person we spoke with enjoyed the process, and when we spoke with them asked pertinent questions about the inspection and the process behind how we inspected care homes.

Using medicines safely
• We observed good management and security of medicines. Storage facilities were kept locked and only trained members of staff had access to the medicines.
• Staff confirmed they completed medication training and their competency at administering medicines safely was undertaken by the registered manager or deputy. We observed staff who administered people's medicines safely. Medicines were stored, administered and recorded safely.
• We noted that people prescribed topical preparations (creams) did not have body maps in place to instruct where the creams should be applied. The deputy manager acted swiftly to put these in place before we left the home.
• People's relatives told us they were happy with the support their relation received with their medicines.

Preventing and controlling infection
• The service had systems in place to manage the control and prevention of infection.
• People's relatives told us they felt the building was cleaned to good standards.
• Staff received training in infection control and were provided with personal protective equipment (PPE) to help prevent the spread of acquired infections.
• Staff shared good practice around prevention of infections as part of team meetings and supervisions.

Learning lessons when things go wrong
• The management team use a debriefing tool when staff have interactions with people have a significant outcome. Care plans were reinforced where these actions were positive, and changes made where actions were less so.
• Information from any outcomes from complaints or updates was shared with the staff through the communication book, as well as individual and group meetings.
• The company also produced documents for staff to read and sign. That provided proof that staff were aware and were expected to action safety improvements.
• More generalised safety information was also circulated in the weekly staff bulletin which included all the company homes. This was to encourage consistency of practice between homes.

Good

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• Peoples received a comprehensive assessment of their needs prior to admission to The Chantry and these were regularly reviewed following their admission.
• The transition from the point of a person choosing to live at The Chantry could last up to six months, and involved staff working with and getting to know people in detail, to inform the assessment document and assist in planning the move. That demonstrated the process was individualised to meet people's complex needs.

Staff skills, knowledge and experience:
• Staff received a comprehensive induction and training programme and received regular support and supervision from senior staff. One relative said, "The staff know what they need to do with autistic people." A member of staff said, "I respect the staff here, they've been well trained to deal with people's behaviours and we just don't have the number of incidents we used to."
• Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported them to have a good, improving quality of life.
• Staff were competent, knowledgeable and skilled at carrying out their roles effectively.
• Staff received detailed training from the in-house trainer and all staff were offered regular supervision. Staff supervision was used to advance staff knowledge, training and development by regular meetings between the management and staff group.

Supporting people to eat and drink enough with choice in a balanced diet:
• Staff assisted people to cater for themselves. A food budget was provided to people each week and people were encouraged to take part in compiling menus purchasing the items and using budgeting skills.
• People told us they enjoyed the food they prepared. Staff told us that people were guided to make positive choices and there was information to help maintain a healthy diet. One person said, "I like cooking, I do roast dinners and pizza, I like lamb when its well done."

Staff working with other agencies to provide consistent, effective, timely care:
• We saw people from the home were engaged in further education, one person was studying a catering course which they were encouraged to continue in the home to develop their self-help and independence skills.
• We saw where other people had volunteering opportunities and others developed meaningful activities such as an allotment.
• Staff worked well with other agencies including the local authority, health care, the GP, district nurse, psychologists, psychiatrists and other homes staff.

Adapting service, design, decoration to meet people's needs:
• The provider was awarded the Pinder award for changes to the physical environment, and enabling people with Autism to lead a normal day to day life.
• People were engaged in the decoration of their own rooms and communal spaces. Peoples' rooms were well presented and individualised with personal belongings and furniture.
• People had access to grounds outside the home. These were well maintained and allowed people to exercise within a fenced area for their safety.

Supporting people to live healthier lives, access healthcare services and support:
• Where people required support from healthcare professionals this was arranged. One relative said, "[Named] had a dental problem, they [staff] took him to the dentist, without the staff support they never would have gone."
• People were supported to attend the local GP's surgery. Visits were arranged for routine health appointments such as an annual health check.
• We saw people had extended treatment from specialist healthcare professionals such as psychologists and psychiatrists.

Ensuring consent to care and treatment in line with law and guidance:
• The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
• We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• Where people had capacity, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. One member of staff said, "[Named] cannot communicate their grocery needs so we offer choices which they can choose from."
• Where people did not have capacity to make decisions, best interests meetings were held on their behalf. These included people's close relatives and other professionals interested in the care of the person.
• The company has recently sent out a safeguarding questionnaire, for people living in the home and staff. This can be accessed by a printed and easy read questionnaire or by the internet with a 'survey monkey' survey.

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity:
• During our visit, we observed a warm, caring culture and relaxed atmosphere. We observed positive, caring and friendly interactions between staff and people. One person said, "I like the staff and the way they treat me well." Another person said, "There's one staff I like, [named] is really nice, we go out together a lot."
• One relative said, "[Named key worker adores him and other staff are really friendly."
• Conversations with staff demonstrated they found their work stimulating and knew the people they supported well. Staff were knowledgeable about people's history, preferences and individual needs.
• People's individual needs are preferences were recorded and updated on their records.
• People's relatives recognised the caring attitude and professionalism of the staff that supported their relations.
• People's relatives commented on the supportive culture from the staff.

Supporting people to express their views and be involved in making decisions about their care:
• People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences.
• People's individual needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's cultural and individual needs, and what was important to them.
• People who found it difficult to express their opinions were supported by their relatives and staff.
• Relatives were able to be involved in their relation's care and attended care plan reviews.

Respecting and promoting people's privacy, dignity and independence:
• People's relatives told us that staff respected their relations privacy and dignity.
• Staff were aware of their responsibilities for maintaining people's privacy and dignity when providing support. One member of staff said, "I make sure the door is closed when [named] is having personal care and getting dressed."
• People were encouraged and supported to maintain their independence whenever possible.
• A relative said, "Sometimes [named] needs to be encouraged, but they get them to do as much as he can."
• Peoples information was stored and managed securely which protected their confidentiality.

Outstanding ☆

Is the service responsive?

Our findings

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

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

Personalised care:
• People received care that was exceptionally personalised and responsive to their specific and complex needs. The provider and staff were committed to supporting people to live their lives in a way that promoted an improving quality of life, their wellbeing and individuality.
• Staff embraced best practice guidance such as 'Registering the Right Support' and displayed an excellent understanding of people's specific needs and wishes. Through this staff were able to achieve excellent levels of improvement in people's normal day to day life. Staff were able to demonstrate this through examples such as one person's compulsion to spend excessive amounts of time in the shower on a number of occasions each day, and another where they were declining to attend to their personal hygiene. The person who had declining personal care was engaged by staff in a survey around other people's hygiene preferences. This subtle message filtered through to the person who's bathing became a regular occurrence. This had a positive benefit with others in the home and the person's relatives.
• Staff had a detailed understanding of attachment disorders and obsessive behaviours. They were able to help people overcome the limitations that these disorders and behaviours had imposed on their lives. That had resulted in people and their relatives regaining normal relationships with decreasing support from staff. For example, for one person that meant overnight and holiday stays re-commenced at their parents' home. These had initially stopped due to the person's compulsions, but through the persistence of staff meant the person was enabled to re-establish a normal visiting regime, something which was a massive achievement for the person.
• Care Plans were personalised, extremely detailed and included social stories which were used to reduce people's anxieties. This was done by using the picture exchange communication system (PECS). These picture stories were person centred and gave staff a detailed explanation about the persons' needs and how to overcome the anxiety. For example, these were regularly used as several people in the home had a fear of dogs. The PECS pictures were used to desensitise people's fears, slowly introducing people to an acceptance of dogs. People progressed at their own pace, some using visits to a local dog charity and others accompanying dogs on walks. That resulted people being enabled to gain a greater freedom. For example, one person dramatically improved and was able to accompany staff to purchase their groceries without the fear of meeting a dog.
• Information about the person's life history, important people and events were included in care plans to ensure the reader and staff understood the person's needs fully.
• The registered manager and staff had embraced the company slogan which was; 'Make every day amazing'. Staff continued a project where they focussed on people's planned outcomes in detail with people and included their close relatives in the process. They identified the areas that were dear to people and worked to make this happen. We saw that many people had benefited from the project and they and their relatives were overjoyed with the outcomes. For example, one person had a close affiliation with the

fire service, though was easily distressed when the fire alarm was tested in the home. The registered manager and staff arranged for the person to visit a fire station and meet the fire crew. They also arranged for the person to be included in the weekly fire alarm test and through perseverance and encouragement they were enabled to engage in the test and set the fire alarm off. The result of these actions was to pass control of their anxieties back to the person which resulted in their distress levels being notably reduced. We noted other examples of exemplary work with people which empowered people and so allowed them to assert control in a positive way with lessened anxieties.

• The service had excellent community involvement and worked to ensure The Chantry was an open and important part of the community. People worked closely with a local hospice and assisted in events to raise funds. People and staff also helped to decorate an area of the hospice and parts of the home. Staff provided photographic evidence of these and other projects, such as a local gardening project. One person had also obtained work experience with a local grocery retailer.

• People were supported toward independence and were encouraged to participate in normal day to day tasks of laundry, cleaning and catering. Most people were supported to shop for their own cooking ingredients and with staff support and prepare their own meals. One member of staff told us some people were unable to cook and said, "[Named] can't cook but they will help set the table and get the bowls plates and utensils out, it still helps toward their self-help skills." Another staff member told us, "You have to be hands on and engage with people that helps them overcome their fears and live a normal life."

• Two people who used the service had gained employment and volunteer opportunities following completion of their education. People were accompanied by staff to interview and at times to the job, to support the person and act as a go between for the employer. This had resulted in people's self-esteem being heightened and them being enabled to live as ordinary a life as any citizen.

• Staff developed each person's support in collaboration with the person and where appropriate the person's relatives and achieved dramatic improvements in people's wellbeing and health. For example, a person who spent an excessive amount of time with their personal hygiene. They benefitted from less health interventions through the decrease in excessive bathing. They also then had time to develop their social life and increased the activities they had time to undertake. Staff provided consistent motivation over extended periods of time which provided substantial lifestyle changes and people achieving their personal goals.

• Staff used their professional knowledge to teach people techniques that would reduce their anxieties in social situations. Staff worked diligently to support people's cultural needs whilst continuing with transitions. Where people presented challenging behaviours, staff used their extensive training and professionalism to assist people toward independence.

• Other significant outcomes that staff had supported people to achieve included a person and staff, both with a fear of flying, managing to fly to America. The person from the service was invited to the set of Sesame Street and starred in their own video with their favourite characters. Other people have been supported to overcome similar fears and anxieties leading to holidays in Spain and Disneyland Paris and others building toward independence. Staff worked methodically and therapeutically to achieve these outcomes, and where people relapsed, staff demonstrated tenacity and determination in supporting the person back on the road to recovery.

• There was no dedicated activities coordinator but all staff were involved in supporting people to access a wide range of meaningful self-help skills, for example exercises to reduce their own anxieties and stress. Other activities were planned to guide people to be more independent with individual and group work. For example, one person cultivated their own allotment because of their interests in gardening and others gained useful employment. This increased people's individual capacity to cope with day to day situations and improved their social skills.

• The focus for staff was to assist people with individual activities, however, people were offered the opportunity to take part in group outings. One person said, "We go out for meals and day trips, I've been to Nottingham and St. Pauls cathedral." Another person said, "Staff take us out to the local pub I like going out." A relative told us, "[Named] is regularly occupied, there are plenty of opportunities for him to be

engaged, his calendar is always full." A member of staff said, "They all have independent lives, the biggest group activity is the outing to the pub on Tuesday and Sunday night, they all enjoy those." That had a positive impact on people's lives by re-enforcing choice and the chance to share social time with others living in the home.
• The registered manager is looking to set up an informal support and social group for the relations of people living in the home. What became apparent to the staff was though people living at the home had very diverse and individual health conditions, their relatives had similar support needs. This process had begun, and information letters were in the process of being sent to people's relatives.
• The management team had an excellent understanding of the Accessible Information Standards (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand.
• Information was available in large format, PECS and easy read versions and could be provided in different languages and spoken versions when required.

Improving care quality in response to complaints or concerns:
• People and their relatives knew how to raise a complaint and had confidence that the registered manager would respond appropriately. One person said, "I would tell my key worker, they would sort it." A relative said, "If needed I would tell [named] if I had a complaint. They would sort it out, I haven't complained as such but passed a comment which was acted on promptly".
• The providers complaints policy was displayed prominently in print and in an 'easy read' format. Easy read documents allowed people with restricted understanding of type or writing to understand a document using pictures.

End of life care and support:
• Some people were supported to make decisions about their preferences for end of life care. Staff supported people and when appropriate their relatives to develop care and treatment plans. Professionals were involved as appropriate.
• End of life (EOL) support was included amongst the training offered by the provider to the staff group.
• Staff understood people's preferences and choices around end of life care and recognised the potential for people's religious beliefs and preferences to determine their final wishes.

Good

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
• People's support was planned and reviewed regularly. Support plans contained very detailed information on how a person could be supported and included people's wishes. A debriefing tool was used with staff to reinforce changes to people's care plans.
• There was a registered manager at the home.
• The registered manager fulfilled their role in overseeing the development of people's support plans and staff training and competencies to ensure people's lives were enhanced.
• Staff were highly motivated and provided good outcomes for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• The service was well led. The registered manager had auditing systems in place to monitor the quality and safety of the service and used these to check all aspects of the home on a regular basis.
• There were clear monitoring systems to ensure the service was well run. Staff were aware of their roles and responsibilities.
• Staff performance was monitored with regular meetings, individual supervisions and their competency was reviewed regularly.
• The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.
• The registered manager and management team provided good person-centred care which impacted positively on people's lives and wellbeing.
• The registered manager was also aware of their responsibility to display their rating when this report was published.

Engaging and involving people using the service, the public and staff:
• People and their relatives had the opportunity to give their feedback about their experiences of the service.
• Quality assurance questionnaires were circulated from the provider as well as the registered manager. These were provided in a multitude of formats to ensure as many people, their relatives and staff were able to complete them. Recent surveys for the people and staff was based on people being safeguarded. A further staff survey was about their training.
• Regular meetings were held for people in the home and their relatives. Feedback from those, staff

meetings and satisfaction surveys provided guidance for improvements in people's support and care plans.
• Commissioners and local authority staff gave positive feedback regarding the management team and quality of the service.
• Staff were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions and day to day conversations with the management team.

Continuous learning and improving care:
• Staff told us the registered manager had an open-door policy and welcomed staff discussion regarding suggested improvements to peoples care plans and any issues or concerns.
• We recognised where people's lives had dramatically improved with the care supplied by the staff team. People had experienced positive outcomes since living at the home.
• The registered manager regularly reviewed the service provided for people. Learning from reviews, meetings and feedback from people's relatives were used to enhance people's care and support.

Working in partnership with others:
• The registered manager demonstrated how they worked in partnership with local hospitals, health commissioners, the local authority safeguarding team and other healthcare professionals to ensure people received care that was consistent with their needs.
• The service had recently taken part in the Quality Assessment Framework (QAF) award from the local authority. The QAF is a tool used by the local authority to measure the quality of services being delivered and ensures providers deliver services to an acceptable standard and accordance with their contractual expectations.