

Cambian Signpost Limited

Kimberley House

Inspection report

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Date of inspection visit:

26 July 2022

27 July 2022

03 August 2022

24 August 2022

30 August 2022

01 September 2022

Date of publication:

03 October 2022

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

Kimberley House is a small residential care home providing the regulated activity of personal care to up to four people. The service is also registered to provide nursing care but is not currently set up to provide clinical support. The service provides support to young adults with learning disabilities and autism. At the time of our inspection there were two people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support: People's independence was promoted and staff encouraged people to take control of their own care. The service specialised in supporting people who were deaf and recruited staff who were also deaf; this enabled British Sign Language (BSL) and people's adapted variations of sign to be the primary language used at the service. Hearing staff were trained to a basic level of BSL and the provider planned to offer higher levels of BSL qualifications. People's care and support needs were assessed in a person centred way and risks associated with the provision of people's care were assessed to ensure support was provided safely. Staff supported people to achieve their goals, take part in their chosen activities and pursue their interests. Staffing levels and consistency within the staff team had been impacted during and following the COVID-19 pandemic; however, the provider had maintained a continued recruitment drive and decided to pause any new placements at the service until they could be managed by sufficient staffing levels.

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.

Right Care: People received kind and compassionate care. Staff protected people's privacy and dignity. They understood and responded to individuals needs in a way they were comfortable with. People had access to health care professionals when they needed them. Medicines were administered safely; however, we found inconsistencies in some records relating to the management of medication. Following our inspection, the provider shared additional evidence to demonstrate these issues had been addressed with staff and amendments had been made to records to promote consistent record keeping.

We have made a recommendation the provider monitors these improvements to ensure they are embedded.

Right Culture: People received quality care and support because staff worked closely with the registered

manager and demonstrated a commitment to positive outcomes for people. Staff received regular supervision and staff were identified by the registered manager to be mentored as team leaders. The provider's difficulties in recruiting and retaining staff had caused some staff to have not completed all their training. This was also impacted, due to the provider sourcing a BSL interpreter for staff who were deaf to complete their mandatory training. However, we saw clear evidence the provider was proactive in their plan to bring compliance with all training up to date. People and relatives praised the service, it's staff and the registered manager for supporting people to achieve things they had not done in the past; this included, accessing community based activities, working in local shops and promoting healthy and positive relationships with friends, staff and partners.

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

Rating at last inspection

The last rating for the service at the previous premises was good (published on 15 April 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Kimberley 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, an Expert by Experience and a BSL interpreter.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kimberley House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kimberley House is a care home without nursing care, although it does have this on their registration. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection for our first visit. This was because it is a small service

and we needed to be sure that the provider or registered manager would be at the service to support the inspection. Subsequent inspection visits were unannounced in line with our methodology of inspecting services who support people with learning disabilities and/or autism.

Inspection activity started on 26 July 2022 and ended on 1 September 2022. We visited the location's service on the 3, 20, 24 and 30 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We communicated with two people who lived at the service with support of a BSL interpreter to understand their experience of care and support at the service. We also spoke with relatives to obtain their feedback. We spoke with seven staff including the area manager, the registered manager, acting team leaders and support workers. Additionally, we spoke with a BSL interpreter who regularly supports staff and people at the service during team meetings, training sessions, supervisions and during resident meetings.

We reviewed a range of records. This included two people's care and support plans, risk assessments, records related to daily care and medication records. We also reviewed records relating to the governance and management of the service, these included audits, policies and procedures and team meetings minutes. Finally, we reviewed four staff records such as recruitment, supervision and training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medication was managed safely. The medicines management policy on the whole reflected the current national guidance and best practice set out in the NICE guidance. However, we found some inconsistencies in medication records.
- Medicines administration records (MARs) were used by the service to record the administration of medicines. MARs indicated people received their medicines as prescribed. However, some entries on the MARs were written by the service and the information recorded did not include all the information stated on the medicine's label.
- Daily temperature records of the medicine's storage area showed medicines were being stored above 25 degrees Celsius on a regular basis. The manufacturers guidance states medicines should not be stored above 25 degrees Celsius and therefore this may result in the medicines not working as well as they could do.
- We discussed each of these issues with the provider and they responded immediately by addressing each area and provided evidence to demonstrate this. For example, the provider carried out a team meeting with staff to ensure all staff were aware two staff were required to carry out checks on any delivered medicines and ensure the information was accurately recorded on to MARS. We also were provided with evidence of how the registered manager would maintain regular oversight of these improvements.

We recommend the provider and registered manager maintains robust oversight of these areas to ensure improvements are maintained.

- Supporting information to assist staff in administering medicines that had been prescribed on a when required basis were in place. The information reviewed was person centred and was detailed enough to ensure these medicines were administered safely.
- People were supported to go out and visit friends and family. The service had good procedures in place to account for the medicines whilst they were away from the service.
- Medicines were reviewed regularly by healthcare professionals and the outcome of those reviews were documented by the service.
- Required vaccinations had been administered so each person's immunisation programme was up to date.

Staffing and recruitment

- Staffing levels were sufficient and met the needs of the people living at the service. Recruitment systems were robust and checks were carried out to ensure the suitability of staff to work with vulnerable people.

- Recruitment and retention had been impacted due to the COVID-19 pandemic, staff leaving to work in other sectors and due to the service relocating to a new premises in a different part of the geographical area.
- The provider had worked proactively to address the difficulties in relation to the recruitment and retention of staff. They provided evidence they had analysed the reasons for the reduction in applicants and were creative in their attempts to address the issue.
- The area manager said, "We don't have a full staff team if we were at full capacity, so I've blocked both those beds, we will only accept new people into the service that we have staff for. We increased the hourly rate, we pay overtime at time and a half, we've done leaflet drops, we've advertised on buses, we've got our recruitment team focussing on the issues and we've got sponsored ads on recruitment sites. We attend job fairs, we have a 'refer a friend' pay bonus scheme for staff. Brexit hit us the hardest, not just COVID-19 we used to pull from a pool of staff which we don't have access to anymore and other sectors are having to recruit from a smaller pool of staff.'

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt support was provided safely. The provider had robust systems in place to protect people from the risk of abuse and staff had a good understanding of when a safeguarding concern should be raised and who to.
- People fed back to us they felt comfortable and safe at the service. One person fed back, "Yes (I feel safe), my [relatives] is really happy I'm here, the staff look after me really well."
- The safe way in which support was provided to people was praised by relatives. One relative said, "I would say safety is one of the strongest elements at Kimberley House. Staff are very aware (of how to support people safely) and the environment is adapted to [person's] needs."

Assessing risk, safety monitoring and management

- Risks associated with the provision of people's care and support had been assessed in detail. Risk assessments were comprehensive, and person centred.
- Staff understood how to manage, monitor and report risks. They also identified where information relating to risks would be recorded and reviewed. One staff said, "I would inform my manager. I would also record it and risks in people's records. We'd review their risk assessments."
- Risks associated with the environment had been assessed specifically in relation to how it impacted people. Additionally, risks such as how people would require support in the event of an emergency such as a fire had also been assessed.
- Health and safety risk assessments and certificates such as legionella, fire equipment and safety and electrical appliance testing were up to date.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had ensured visiting had been carried out in people's best interests during the COVID-19

pandemic in a safe and manageable way. Relatives reported they were able to visit the service at their request and people were supported to maintain contact when relatives were unable to visit.

- One relative said, "We're very close as a family and we can visit and [person] comes to stay with us at weekends. Staff support [person] to send cards and stay in touch with other family members."
- We observed volumes of evidence throughout the service of families visiting people and the service hosting theme nights with relatives attending.

Learning lessons when things go wrong

- The provider had robust systems in place for the monitoring and recording of accidents and incidents. The provider used these to reflect on what worked and what did not, to inform improvements in practice.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 needs were assessed before they moved into the service. Information was gathered from people, their relatives and professionals involved in people's care. The information was used to develop people's care and support plans and identify people's individual needs.
- The provider promoted people's involvement in reviews which were regularly held to reflect on what people had recently achieved and goals they wanted to achieve in the future. For example, one person required a 'deaf relay interpreter' to support their involvement in reviews and we saw evidence in records this had been sourced by the provider. A 'deaf relay interpreter' is someone who will change their BSL sign language to the persons preferences.
- Protected characteristics such as age, religion and sexuality were considered in people's assessments. Staffs practice promoted people's right to choose and empowered people to be in control of their life and care. For example, one person was supported to maintain a relationship with their partner in a safe way.

Staff support: induction, training, skills and experience

- Staff felt well supported by the provider and the registered manager. Staff felt the registered manager supported them to settle during their induction and worked closely with people as they learnt aspects of their current role or new roles such as team leaders. Staff had access to a robust training programme, and this was made accessible to hearing staff and staff who were deaf.
- The registered manger identified the importance of having staff who were deaf as part of the team at Kimberley house. They also promoted the use of BSL for hearing staff, to ensure people's primary form of communicating was the primary form of communicating throughout the service.
- When discussing the registered managers and the providers support and guidance one staff said, "I couldn't be happier, [the registered manager and provider] support me. I wake up and have a smile on my face when I have to go to work for the first time in my life."
- Staffs compliance with completing all of their training had been impacted by a consistent turnover of staff. However, the provider and registered manager were managing this and throughout the course of our inspection we saw compliance percentages improving. Staff were required to complete training specific to the service, this included positive behavioural support, autism awareness and BSL skills levels training.

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

- People had diet plans in place and these reflected any related medical conditions people had. Where associated risks were identified these had been assessed. However, in some cases further detail was needed for example, foods to avoid being included in people's risk assessments and plans to incorporate people's choices while managing any detrimental impact of consistently having unhealthy meals.

- We discussed this with the provider who addressed this immediately and provided evidence unhealthy meals were being moderated and risk assessments and plans would be updated with people's involvement where appropriate.
- People were involved in the planning, making and choosing of meals.

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

- The provider worked proactively in partnership with external partners, professionals, relatives and people to ensure people's care was effective, consistent and timely. If people required support of external professionals the provider assessed the related risks and worked creatively so external professional support could be provided. In one instance the registered manager and staff team had worked creatively to recreate and role play a visit to the dentist at the service. This was done to support someone in familiarising themselves with the process. The person was then supported to access the dentist and this resulted in them being treated for an issue which was causing them considerable pain.
- Evidence throughout people's records showed the provider supported people to express their views to external professionals by sourcing BSL interpreters.
- The provider assessed appropriately when they needed to seek support for people in their best interests. For example, during the COVID-19 pandemic one person had experienced increased anxiety. During this time the registered manager liaised with the persons family and GP to review their medication in a timely manner.

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

- The provider had robust risk assessments in place in relation to people's interaction with their environment. Where appropriate the provider had adjusted the environment to protect both communal and people's private rooms, as well as the people themselves.
- The provider had begun to further develop a sensory room previously installed at the service. Further work was needed, but once completed this would provide people with an area to relax away from the commonly used communal spaces in the service and benefit from sensory therapy.
- People were able to choose to decorate their rooms how they wished and people had personal belongings on display. The garden area was private, accessible and was also decorated to reflect the personalities of the people living at the service.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA and only used DoL's where appropriate. DoL's reviewed had been applied for appropriately and the provider evidenced external professional involvement was sought when necessary.
- Where people did not have capacity to make a decision the provider worked with relevant parties including relatives, social workers and GP's to make a decision in the persons best interests. They also followed the legislation correctly by considering what the person would want to do so they could be supported in the least restrictive way possible.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People communicated positively about support they received from staff. One person communicated, "(All staff are) good, fantastic." Another person said, "The staff are really helpful. They're all lovely, especially (female staff), I feel really comfortable with them."
- Interactions we observed of staff and people interacting demonstrated people being in control of their care and empowered to be supported how they chose. Interactions were warm, caring and natural.
- There was an emphasis throughout the culture of the home which supported people to celebrate their experiences and memories. Evidence was present throughout the home of holidays, activities and of relationships. These included photographs of friends and holidays including a trip to Florida.

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

- People were supported to express their opinions and were involved in decisions made about their care. People received support to participate in reviews and external professionals were expected to discuss people's care via an interpreter.
- Relatives were given opportunity to feedback on people's care in several ways. Relatives were able to request one to one calls with the registered manager, raise things with the staff team or were invited to feedback on people's care annually. This information along with people's feedback, which was collected daily, was used to tailor people's care to their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff understood how to promote independence and work in accordance with the providers principles of working in the least restrictive way possible.
- One staff communicated, "I like providing care and support, it's important to get to know the people and take time to know what's important to them. I think we should all focus on what makes them happy and promote their independence, helping them achieve what they want to achieve. I think it's important I support my colleagues to do that and then we work as a team for them."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. The rating for this key question has changed to 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

- People's care plans described their health and social care needs and provided staff with clear guidance on how people wished to be supported. Care plans were person centred and identified how people did not want to be supported.
- Care plans reflected the principles of right support, right care and right culture. They clearly stated when people wished to be independent and what they required support with. People's preferences relating to activities and community interaction were also clearly recorded.
- The registered manager and staff had a good understanding of people's needs. They were able to tell us in detail about people's likes, dislikes, needs and preferences and ensured this was consistently the priority of the support provided. For example, on one of our inspection visits we arrived at the service shortly before an activity had been spontaneously arranged by staff at the request of the people living at the service. Staff politely informed the inspector they couldn't cancel this as the people had chosen to go out and asked if we could reschedule; this evidenced staff's commitment to meeting the choices people made as they made them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The providers support in enabling people to communicate was exceptional. The registered manager and staff team demonstrated a commitment to communicating in a way which was familiar and comfortable to people. BSL and people's own version of sign language were promoted as the main form of communication throughout hearing and staff who were deaf. This had a clear and positive impact on people's wellbeing.
- On arriving at the home, there was a notice board which evidenced different ways in which people's needs were being met. Pictures of sign language were placed on the notice board and these were specific to how people used BSL and their own sign language. Additionally, there was evidence of considering how people's autism impacted them with picture boards of staff who were on shift on any given day and this was altered each time we visited to reflect who was on shift. This was identified as being important to one of the people living at the service.
- Relatives were understanding of the impact frequent turnover of staff had on the overall team's ability to use BSL and people's own variation of sign language. They reported the services commitment to training

staff however and said, "All staff have been trained in BSL level 1. [Persons] signing isn't perfect BSL and they have their own version but [person] makes themselves understood. Other [person] is reliant on BSL and it's about staff building their confidence."

- The provider understood the importance of training staff in this area and were committed to continuing to provide staff with skills despite the high turnover of staff. The registered manager said, "With new staff it can be quite difficult because they've not got the level of signing. I'll set staff tasks about telling me what the clients want and what do they need (in relation to what they have signed). We'll cover it in supervision and team meetings as well so we're all always supporting each other to learn and improve our communication. People are very good at telling staff what their needs are. I monitor communication as well and I know they'd say if something wasn't being understood."

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

- People were supported to access social groups and follow their interests. People were supported to take part in day activities but also to go on holiday to places they wished to go.

- The provider was proud of the evidence they were able to show us during the inspection in relation to how people were supported to start and maintain friendships. During our inspection one of the people at the service told us they were having a sleepover with a person from another of the providers services.

- In relation to supporting people to maintain relationships, access activities and be an active part of their community the area and registered manager both felt this support was the services biggest achievement. The area manager said, "There are so many achievements, our people have coped with the COVID-19 lockdown, moving house to a new community, accessing new services, making new and maintaining relationships and that's because of how [the registered manager, staff, relatives and our people] pulled together. Seeing people involved in social clubs, working in local shops, having amazing social lives is a reflection of the work the team has put in and it's incredible, because people are living their lives rightly as they want."

- The provider was not providing support to anyone with any cultural or religious support needs at the time of our inspection. However, policies were in place and staff had a good understanding of how to support people in line with their beliefs. The area manager said, "If we have any staff or people with cultural needs, we'll support them with that. For example, we had one member of staff who raised they needed separate plates, separate microwave and anything they needed, we put in place. Obviously, we'd do that for any [people] who needed similar support"

Improving care quality in response to complaints or concerns

- The service rarely received complaints and any concerns identified in records across the service were identified by the provider and subsequently used to improve practice. This was evidenced in team meeting minutes, people's care records and supervision records.

- When complaints had been raised the registered manager and provider responded by addressing the issues raised and by implementing new systems. For example, one relative said, "I have never made a formal complaint but did complain to the registered manager earlier this year regarding an issue. I knew there were problems at the time with some staff leaving, so within a few days of speaking with the manager, they addressed the issue and I think things have improved since."

End of life care and support

- The provider was not supporting anyone with end of life care at the time of our inspection; however, they were aware of people's wishes on how they would want to be supported at the end of their life. Relatives confirmed this information had been shared with the service.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Evidence gathered from observations of care, our review of records and feedback from people, relatives, staff and professionals who worked with the service evidenced a person-centred culture throughout the home. We found the home to be inclusive wherever possible and people's views were sought and documented.
- Staff demonstrated a commitment to their role and told us they were passionate about their contribution to achieving positive outcomes for people. One staff said, "Yes we're committed to what [people] want. They're in control, if [people] want to do something different we'll check its safe, do a risk assessment and then go somewhere different. Like today were going to the circus, [person] saw a poster and we came home, had a quick meeting about whether it would be safe and now were going there tonight."

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 understood their roles and responsibilities in relation to duty of candour. They understood who should be contacted in the event of accident and incidents.
- Relatives felt confident the provider would inform them if things went wrong. One relative said, "They keep me informed of any changes via WhatsApp and text (message). Otherwise the registered manager would call and notify me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider used a wide range of audits, checks and monitoring systems to assess the quality of care provided. The registered managers time allocated to governance tasks had been impacted by managing the staffing situation at the service consistently over several months. However, they were aware of this and had a robust plan in place to mentor team leaders and share governance tasks with them.
- The registered manager discussed how they analysed all areas of the service to identify where they could make improvements and how the values of the service could be reflected in their systems and processes. For example, the registered manager said of recruitment processes, "When we're interviewing, we want to know why they want to do the job, what they can do to improve the service. We make sure there is a focus on the people. We'll give different scenarios of the challenges we can have at our service and we review candidates answers carefully to make sure they understand it's about supporting people and the team during those challenges. We won't fill roles just for the sake of it."

- The provider carried out overarching audits each month to review the registered managers governance of the service. These included, reviewing health and safety checks, the environment, staff feedback, a review of records, staff practice and a review of people's personal belongings, rooms and activities.
- The provider contracted an independent auditor to carry out a check on the services compliance with their regulatory requirements. These were generally good but did not always identify areas the service could continue to improve and give specific advice for the provider to use in their improvement plans.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider worked in partnership with other professionals and organisations to meet the needs of people and tailor their support. Reviews with families were carried out annually or as and when needed. Reviews were also carried out with social works and where needed advocates and interpreters were sourced for meetings.
- We spoke with the services most regularly used interpreter about their involvement with the service. They said, "I've been the services interpreter for a while and the registered manager will access other interpreters if I'm not available. I support staff with training, supervisions and meetings and I also help staff to adjust their register to meet the needs of people. This would be similar to how we adjust our language. I feel like it works well for staff and people and I'm always made to feel comfortable and welcome, part of the team really."
- Staff felt valued and included in the development of the service. One staff said, "I am thankful for my colleagues, including [the registered manager]. I feel like my contribution to the service is valued, because of that I feel like I am developing quickly, and my confidence grows."