

Apple House Limited

Little Amberwood

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Little Amberwood is a care home that provides accommodation and personal care for up to four people diagnosed with autistic spectrum disorders and learning disabilities. At the time of this inspection there were four people living at the home.

The service is situated in the Walkford area of Christchurch. The premises comprise of a two-story house with four bedrooms, all with en-suite facilities and shared living areas. These included a kitchen, conservatory dining area and separate lounge. The garden provided areas for both recreation and seating for people to use as they wish. The garden included a separate area for chickens, which people particularly enjoyed caring for.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

The model of care and setting maximised people's choice, control and independence. People were supported to make choices about their daily lives and do things they enjoyed. Staff knew people well and supported and encouraged people to live their best lives. Staff understood the importance of social inclusion and supported people to maintain and develop relationships and engage in the wider local community.

Right care:

Care was person-centred and promoted people's dignity, privacy and human rights. Positive behaviour support plans provided clear guidance for staff which ensured people received consistent, person-centred care. Staff were knowledgeable regarding how people preferred to be supported and understood people's individual behaviours and which events may trigger anxiety. People were supported and enabled 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 culture:

The ethos, values, attitudes and behaviours of management and care staff ensured people using the service led confident, inclusive and empowered lives. Staff created a friendly, homely environment where people

were supported to make their own choices regarding how they lived their daily lives.

Relatives told us they felt the staff provided safe care and support and people enjoyed living at Little Amberwood. We observed people were relaxed and happy with staff who knew them well and supported them in ways they preferred. People were treated with dignity and respect that valued them individually. Relatives and health and social care professionals all spoke positively of the management and staff team and told us they were very happy with the support and level of care people received.

There was a clear risk assessment system in place. Risks to people's health, safety and well-being were regularly assessed, reviewed and updated. Risks to the environment were also assessed and reviewed. Where appropriate people and their families were fully included and involved in their care and support. People's and relatives views and opinions were listened to and acted upon.

Staff understood how to identify and report abuse and were well supported in their roles. Staff received regular team meetings, supervision and annual appraisals and completed a variety of training courses to enable them to carry out their roles competently.

Staff were recruited safely. There were enough appropriately trained and experienced staff to support people in ways that suited them.

Medicines were managed, stored and administered safely. People were supported to take their medicines safely by staff who had received the appropriate levels of training and had their competency regularly checked.

Cleaning and infection control procedures followed the relevant COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance regarding COVID-19 testing for people, staff and visitors was being followed.

People received healthy, nutritious meals. Some people enjoyed planning and cooking for themselves. People's dietary needs were assessed and reviewed regularly.

The service worked collaboratively with health care professionals to ensure people always received the best care and support. Staff were responsive to people's changing support needs and adapted care and support according to their health needs.

The service was well-led by a registered manager who was approachable and respected by the people, relatives, health care professionals and staff. We received positive feedback regarding the registered manager and their open, friendly and supportive approach to ensuring each person was supported to live their best lives.

There were clear quality assurance systems in place to drive improvement and ensure the home offered a safe, effective, caring and responsive service.

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 6 August 2020 and this is the first full inspection.

Why we inspected

This was a planned inspection.

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 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?

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 ●

Little Amberwood

Detailed findings

Background to this inspection

The inspection

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

As part of our 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 team consisted of one inspector.

Service and service type

Little Amberwood is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service did not provide nursing care.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service was small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority and health care professionals who work with the service. 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.

During the inspection

We met all four of the people living at the service and spent some time with them. We observed and listened to how staff interacted with people. During the visit we spoke with the registered manager and three support workers.

We observed how people were supported and, to establish the quality of care people received we looked at records related to people's care and support. This included two people's care plans, care delivery records and all four people's Medicine Administration Records (MAR). We also looked at records relating to the management of the service including staffing rota's, recruitment, supervision and training records, premises maintenance records, quality assurance records, and a range of the providers policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed the additional documentation we had requested from the registered manager. We requested written feedback from three health care professionals who worked with the service and spoke with four relatives.

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 full 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

- Staff understood how to recognise the different types of abuse and spoke knowledgeably about reporting concerns.
- A relative told us, "[Manager] acts appropriately and keeps [person] safe. I do feel [person] is safe, they can be unpredictable, but the staff understand [person] well." Another relative said, "We have been hugely impressed... It's all about right and [person] is so much happier."
- There was a safeguarding and whistleblowing policy that gave staff clear guidance to follow in the event they needed to refer any concerns to the local authority.

Assessing risk, safety monitoring and management

- Risks to people and the service were managed so that people were protected and their wishes supported and respected.
- Personalised risk assessments were in place. These considered risks relating to the environment as well as any risks to the person. People were supported to take positive risks and were involved and included in their risk assessments. This ensured a reduced risk of harm with the least possible restriction to people's freedom, and independence.
- People had positive behaviour support plans, which followed a colour coded traffic light escalation approach. These were up to date and in line with best practice. They gave clear guidance for staff on what may trigger anxiety or incidents for each person and how to safely de-escalate a situation. Staff knew people very well and demonstrated knowledge of what could cause people anxiety or distress. Staff understood what could trigger behaviours and how to support people to avoid these triggers.
- There were systems in place to ensure the premises were maintained safely. Emergency plans were in place highlighting the support people would need to evacuate the premises in an emergency, such as a fire.
- Up to date service and maintenance certificates relating to electric, gas, fire and water systems were available. Legionella testing had been completed which showed the premises were free from legionella. Legionella are water borne bacteria that can be harmful to people's health.

Staffing and recruitment

- There were robust recruitment practices in place and the relevant checks had been completed on all staff before they commenced their employment at Little Amberwood. There was an ongoing programme of staff recruitment in place.
- There were enough appropriately trained staff employed to support people. A relative told us, "Staffing levels seem very good. Originally there were a few problems but now it's settled and fine. They have got it all sorted, we see the same faces and can build relationships."

- A member of staff told us, "There are generally enough, we do need one extra person but we get the same agency person in for consistency... Staff work well together, we all mix around and do different things. This gives everyone an opportunity to do various things, it's nice in a smaller service to be able to do this."
- Staff rotas correctly reflected the levels of staff on duty during our inspection visit. Annual leave or staff sickness was covered by existing staff or agency members of staff. The same agency members of staff would provide cover to ensure consistency of care for people living at the home.

Using medicines safely

- Medicines were safely managed, stored, administered and disposed of. People received their medicines when they needed them. Records showed stock levels of medicines were correct and regular medicine audits were completed.
- There were clear protocols for administering PRN (as required) medicine and staff spoke knowledgeably about administering PRN medicine.
- Clear guidance on specific medicines was available for all staff to ensure a good understanding of people's medicines, symptoms and why specific medicines were needed.
- Staff who administered medicines had received up to date medicine training and had their competency checked.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded, reviewed and analysed to ensure any trends or patterns could be highlighted.
- Incidents and accidents were discussed at staff team meetings and at daily handovers to ensure that learning from incidents could be undertaken. Any patterns of behaviour were closely monitored to form part of people's positive behaviour support plans. Appropriate action was taken to ensure lessons were learned and shared.

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

- The service worked consistently with people to improve their independence, well-being and health. A relative told us, "The holistic way they support the whole family is incredible, nothing is ever too much of a problem. It's 100% holistic approach... they don't just embrace the person; they embrace the family as well."
- The provider worked closely with health and social care professionals and relatives to make sure people's emotional, physical and social needs were fully assessed before they began to use the service. We received positive feedback from all health and social care professionals we contacted. A health and social care professional commented, "They work in a person-centred way involving [person] in all ways that they can. The manager meets with me monthly to discuss plans and how best to support [person]. The home is friendly and homely and staff are encouraged to all work in the same way to promote continuity of care."
- Assessments were individual to each person and included guidance and information for staff to follow to ensure people were effectively supported in ways they preferred. Staff worked consistently with people to encourage and support their independence.
- People, their relatives and health and social care professionals were involved in ensuring the transition period, when someone moved from another service into Little Amberwood was smooth and planned in a way to ensure the person's needs were understood and met. A relative told us, "They moved so quickly to get [person] to Little Amberwood... the attention to detail with everything set up and working so when [person] walked in they felt comfortable and felt perfectly at home. It's all worked out brilliantly, [person] has such a big smile."
- People were supported to be themselves and given access to information and support to live their lives as they chose. This included them being provided with support to consider all aspects of their gender, sexual orientation and disability.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge needed to perform their roles effectively.
- Staff spoke positively regarding the induction process they had received. The induction process consisted of electronic online courses and where the constraints of COVID-19 allowed, the provider used the services of an independent training provider to deliver the more practical face to face training sessions.
- New staff spent time shadowing more experienced staff, so they got to know the people before caring and supporting them independently. A member of staff told us, "I had an induction when I first arrived. They showed me around and showed me the safety measures in place... I shadowed [staff member] who had a good knowledge of people."
- People were well supported by appropriately trained staff. Staff told us they found the training provided

useful and well delivered. A member of staff told us, "We use [private training provider]. I did moving and assisting training recently which is useful. We get updates and our training is always reviewed regularly. If I find interesting training courses, I forward them to other staff to help them."

- People were supported by a consistent staff team, who knew them well. The service recognised people benefitted from being supported by a small team of staff who knew how people preferred to be supported.
- Staff received regular supervision meetings which they found helpful and supportive. The sessions were used to develop and motivate staff, reviewing their practice and checking if staff wanted to progress further or develop specific skills or training related to their interests. A member of staff told us, "I have supervisions every three months. They are very supportive. Just lately the support has come from the whole organisation. I do get written supervisions and an appraisal once a year."

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

- People were supported to maintain and improve their independence by planning, preparing and cooking meals for themselves.
- There was a four-weekly menu, which was chosen by the staff and people living at Little Amberwood in their regular house meetings. People received home cooked, healthy, nutritious meals.
- People's dietary needs were recorded in their support plans and people were supported to ensure they received good nutrition and hydration. Staff understood people's dietary needs and ensured these were met. This helped to maintain and improve their health and sense of well-being.
- People were encouraged to make their own healthy eating choices. A relative told us, "The food is really good." Another relative said, "[Person] has been guided very well with their food choices. [Person] loves their food and they do involve them in the cooking."

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

- The service had adapted the environment to ensure people's safety. One relative told us, "It's been made specifically for [person]. . . It's lovely, they really have sorted everything, it's amazing. It's [person's] ideal place, they added a bathroom and bath specifically. The downstairs is big and [person] can walk around and through all the areas uninterrupted. Staff can see [person] and make sure they are safe. I absolutely love the place."
- The environment reflected the homely, friendly atmosphere of the service. People had their own bedrooms with en-suite bathrooms. People's bedrooms were personalised and decorated to their individual taste. Shared living areas were bright and comfortable which helped provide a warm, friendly atmosphere.
- The garden included a cabin where parents and friends could meet with people safely during the COVID-19 pandemic. The registered manager told us the cabin would be turned into a sensory room for people when the COVID-19 pandemic had ended.

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

- The service worked collaboratively with healthcare professionals and specialists. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure people got the right healthcare. Records reflected this was the case for ongoing and emerging health issues.
- A health and social care professional told us, "I would say that they have supported [person] well and enabled them to settle in, build positive relationships with key staff members and to feel safe in the environment."
- People received an annual health check as per best practice for people with a learning disability.
- People had monthly observations and health checks which included; weight, blood pressure, pulse and temperature.
- People received the support they needed to manage their health, including any assistance they needed to

arrange and attend appointments with health professionals.

- People had 'Pictorial Hospital Passports'. These gave important information about each person, their likes, dislikes and things that were important to them. This information would need to be known if the person transferred to another service such as a hospital.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Staff had received training in The Mental Capacity Act 2005 and spoke knowledgeably regarding how it applied to the people they supported at the service. Where people lacked capacity to make decisions about their care and support, best interests decisions had been made for them.
- A relative told us, "They encourage [person] to advocate for themselves at their level. They can express their own views and they encourage them; I can't ask for more. I can't speak highly enough of them [the service]."
- Staff worked within the principles of the MCA and sought people's consent before providing them with assistance and support.
- Staff worked closely with people, their families and advocates to support people to understand the COVID-19 pandemic and to obtain their consent for people to receive the COVID-19 vaccine.
- The service fully involved people, relatives and relevant health and social care professionals in decisions involving people's health, care and support needs.

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 partners in their care.

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

- People were treated with respect, kindness and compassion and had built trusting, caring relationships with staff. This led to a friendly and calm atmosphere at Little Amberwood.
- People approached staff confidently for support and enjoyed spending time with staff, chatting and laughing with them. Relatives spoke positively about the staff team; comments included, "It is so refreshing, people are treated like people not a case file. Their respect of people's levels of ability is second to none. I'm asked my opinion on things they listen to me and accept my view." Another relative said, "It's their attention to detail and they really get to know their clients inside out... they go the extra mile. It's very hard to find anything to improve on."
- Staff knew people well and spoke knowledgeably about each person, explaining people's likes, dislikes and what was important to them so they could provide the best support for people. A member of staff told us, "Little Amberwood feels like a home, they have a lot of respect for people and people get lots of choices and independence... I really honestly cannot fault this home."
- A health and social care professional told us, "I have nothing but praise for the care and support [person] has received since being at Little Amberwood... The difference in [person] since they have resided in this care home has been remarkable."
- The service took a person-centred approach to care and support. Staff were respectful about the people they supported and had completed training on equality and diversity. People's care plans and support records set out aspects of their characteristics, beliefs and preferences to ensure their diversity was respected and they were treated equally.
- People had responsibilities agreements. These outlined people were to respect others private spaces, treat Little Amberwood as their home, be supported to maintain their independence and highlighted the staff were there to provide support and care at any time.

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

- People were supported and encouraged to express their views about how they received their care. They were involved in day to day decisions and had control over their daily routines. A relative told us, "[Person] respects and listens to [manager]. [Manager] does a brilliant job, we feel involved with enough information. [Manager] tells us what we need to know, doesn't bother us with every little thing, it's about right."
- A health and social care professional told us, "They are good advocates for [person] and are responsive to their individual needs."
- Staff listened to people's worries, concerns and views and ensured their decisions and choices were respected. People were empowered to make decisions, staff understood this was very important to people. A relative told us, "[Manager] has a very open and happy approach. They are very approachable, I know the

staff well so any problems I just pick up the phone and chat to [manager]. [Manager] has open communication, I feel I can tell them anything and they can tell me anything."

- Care and support plans included background information about people's personal history and their known routines, activities and hobbies. This meant staff were able to support people in ways they preferred.
- Support plans considered people's disabilities, age, gender, relationships, religion and cultural needs.
- There were regular house meetings where people were given the opportunity to share information that was important to them and put forward their views and preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance in respecting people's rights to privacy and dignity and this was supported throughout people's care and support records. Staff promoted person-centred values and ensured dignity was a key theme throughout the service.
- Staff were skilled at recognising when someone was feeling anxious or becoming agitated. They correctly followed specific therapeutic interventions, as covered in people's care and support plans, to help the person feel calm and relaxed again.
- Staff actively promoted people's independence and people were encouraged to set themselves achievable, realistic goals to work towards, for example, supporting people to plan and shop for the ingredients for a meal.
- Staff respected people's bedrooms as their private space, seeking permission before entering.
- Staff spoke knowledgeably about respecting people's dignity and privacy. Personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

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

- The service and staff demonstrated an individual, person-centred approach which was reflected in people's care and support plans. Throughout the inspection staff demonstrated a good understanding of people's needs and how they preferred their care to be delivered.
- A health and social care professional told us, "I would say the home is safe, effective and caring."
- People's care and support plans were detailed, informative and provided clear guidance for staff. Care and support plans were regularly reviewed and reflected people's physical, social and mental needs. These plans focussed on promoting people's independence as well explaining how they preferred their care and support to be given.
- Through the ongoing use and knowledge of the positive behaviour support programme, staff were able to identify and implement clear coping strategies for people when their anxieties increased. Staff recognised people's triggers and were quick to provide encouragement, reassurance and positive interventions for people. This allowed staff to manage effectively people's sense of wellbeing and reduce the risk of emotions escalating.
- Health and social care professionals commented positively on the staff team, highlighting the achievements people had attained. One health and social care professional told us, "[Person] has become much calmer, they feel comfortable spending time with staff and the other residents and has enjoyed and benefited from the staff input in their care and well-being."
- People, relatives and staff told us communication was good throughout the service. Staff shared information appropriately whilst respecting people's privacy.

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.

- The service complied with the Accessible Information Standard (AIS). People's care plans clearly documented their preferred method of communication. Staff communicated in ways that suited each individual. Where required people had access to clear pictorial plans and guidance documents.
- We observed people and staff communicating effectively together throughout the inspection.

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 encouraged and supported to see their family and friends regularly. Staff were committed to

ensuring people lived their best life. Relatives spoke positively about the support they had received from the entire staff team.

- When COVID-19 restrictions would allow, people were supported to lead active lives and were encouraged and enabled to pursue hobbies and a range of activities both in the home and in the wider community. These included daily drives out in their car to places they enjoyed, swimming, watching films, shopping, walking to the park, trips to the pub, puzzles and board games and listening to music.
- People received support and learning around key life skills, which included doing their own personal care such as having a shower or bath and choosing what clothes they would like to wear. They were also supported and encouraged to complete general household tasks such as tidying their bedroom and sorting their washing. We observed staff supporting one person to plan and prepare their meal. This person told us they, "really liked spaghetti bolognese".

Improving care quality in response to complaints or concerns

- The service had a clear complaints policy and process. This ensured people were supported to make complaints and encouraged to put forward their views and concerns as necessary. This promoted an open, supportive culture.
- Complaints had been fully investigated, analysed and reviewed with clear actions taken and all relevant parties informed of the outcome.
- Relatives told us they knew how to complain. One said, "I've no real complaints at all, very happy."

End of life care and support

- At the time of the inspection the service was not supporting any one with end of life care. Staff had completed end of life training. A member of staff told us, "I have done end of life care training."
- People were encouraged to think about and discuss what they would like to happen at this stage of their lives. People's wishes had been respected and staff had worked closely with people and their relatives, supporting them to write an end of life plan if they wished.

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

- Staff, relatives and health and social care professionals all told us they felt the service was well-led, with an open, honest and supportive culture and a clear management structure. Praise for the registered manager was plentiful and comments from relatives included, "[Manager] has an holistic way of looking after all of us as a family, their understanding and insight and their care and nurturing ways, it's not just their job it's their vocation." and, "They have a lot of fun times, just like a home which is so important. They are a really genuine, kind, loving human being."
- A health and social care professional told us, "[Manager] meets with me monthly to discuss plans and how best to support [person]. [Manager] is open to suggestions and will try to offer the best care. They also work with the [persons] family trying to meet their needs and wants along with [persons] needs."
- Staff told us the management team operated an approachable, open door policy and they were always available for advice and guidance. A member of staff said, "I'm very confident in being able to approach management with any concerns, I feel they would listen to me. I feel we are very caring; we want everyone to achieve their goals and improve their lives and enjoy themselves, with the right encouragement and guidance."
- The registered manager and provider understood their responsibilities to be open and transparent if anything went wrong.
- There was a clear process to report, review and analyse incidents and accidents. The provider acted in line with their duty of candour.

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

- Staff spoke knowledgeably about their responsibilities within their roles and told us they worked well together as a team.
- Relatives, staff and health care professionals spoke positively about how the service was managed. A member of staff told us, "[Manager] is very approachable, they have been a big supporter for me and my training. They are good to talk with and open to feedback and suggestions. We all have different levels of experience here and [manager] will tell you if we need to do things differently."
- There were effective systems for the registered manager and provider to oversee Little Amberwood and monitor the quality of service provided. There was a process of continual improvement and quality assurance with a variety of audits completed to ensure the quality of the provision was maintained.

- Staff were confident in the quality of care, support and guidance they were able to offer people which gave a strong focus on person centred care for people. Staff felt valued, respected and well supported.
- Providers are required to notify CQC of significant incidents and events. We reviewed the notifications the service had completed and found notifications had been sent to external agencies and CQC as required. We discussed our findings with the registered manager and clarified their understanding of when to submit a notification to CQC.

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

- There was a system of quality assurance questionnaires in place for obtaining the views of the service from people, staff, relatives and advocates. Surveys had been positively completed by all. Comments from relatives included, "It's very good, we receive letters and e mails, very informative on the website. When we visit we're updated face to face. How helpful are staff? Just brilliant" and, "Three staff and three residents went on a wonderful holiday... This was an amazing experience for [person]. Our grateful thanks to all the staff." Relatives told us they were regularly asked for their views on the service and felt fully involved with the care of their relative.
- People could attend regular house meetings. The house meetings gave people an opportunity to put forward their views and raise any concerns they had. People's views and requests were listened to and acted upon.
- Staff team meetings were held regularly and provided staff opportunities to discuss all aspects of working at Little Amberwood. Staff told us they felt valued, were always respected and their views listened to.
- Staff gave us examples of individualised care and support they had given people. This had led to people having an improved level of independence, communication and sense of well-being whilst still respecting people's choices and preferences.
- The service worked collaboratively with all relevant external stakeholders and agencies. When changes to people's health needs or conditions were identified, appropriate and timely referrals for external professional support were made.
- Health and social care professionals confirmed there were good working relationships with the service. A health and social care professional said, "It was fantastic to see the progress [person] is making. The care plans around helping [person] function are excellent. They really do capture some of the key issues for [person]... all the while helping them develop skills and interests."