

Achieve Together Limited

Chandon

Inspection report

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Date of inspection visit:
22 February 2022

Date of publication:
13 April 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

Chandon provides personal care to people living in a supported living setting so that they can live as independently as possible. At the time of our inspection three people were receiving personal care. CQC does not regulate premises for supported living; this inspection looked at people's care and support.

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

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.

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

Right support: Staff supported people to make their own choices about the care they received and how they spent their time. Staff focused on people's strengths and on what they could do to ensure they led a fulfilling and meaningful everyday life. Staff promoted people's independence and supported their access to the local community.

Right care: People received kind and compassionate care and were supported in a person-centred way. Staff respected their privacy and dignity and understood how to protect people from poor care and abuse and worked well with other agencies to achieve this. People's care, treatment and support plans reflected their range of needs and this promoted their health, mental wellbeing and enjoyment of life.

Right culture: The leadership team and staff showed commitment and respect to those whom they supported. People received good quality care and support because trained staff could meet their needs and wishes. Staff spoke with passion and knowledge about their role, central to which was to empower those whom they supported to live their best life possible and in the least restrictive way. Staff told us how the needs and views of those whom they supported were paramount and must be respected at all times. The provider ensured risks of a closed culture were minimised and people received support based on transparency, respect and inclusivity.

Staff ensured that people were safe from harm. Risks to people were assessed and procedures were in place to help keep people safe. The provider's systems protected people from the risk of abuse. All staff were aware of their responsibilities with regards to safeguarding people. Medicines were managed safely, and

people were protected from the risks associated with the spread of infection.

People were supported by staff who were well trained and competent in their role. Staff ensured that people's health needs were effectively met. 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.

We observed there was a kind, caring and respectful culture in the service. People experienced continuity of care and we saw they engaged confidently with members of their support team. People were encouraged to be as independent as possible and staff were committed to enabling people to live their lives in a way which was as close to their choosing as possible.

Staff and the management team ensured that people and their families were at the centre of the delivery of care. People were encouraged to take part in activities which were important to them and had opportunities to access the local community amenities. The service had a culture of openness and honesty.

The service was well-led and people supported were the focus of everything the service worked towards. There were high levels of satisfaction expressed by service users, family members and external professionals and each staff member told us they felt their contributions to the service were valued and respected. There were clear roles and responsibilities within the service and the registered manager understood their regulatory and legal requirements. The service was proactive in engaging with other professionals and making links with the local community to achieve good outcomes for people.

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

Rating at last inspection

This was the first inspection since the service registered with us on 26 November 2020. The last rating for the service under the previous provider was Good, published on 10 August 2018.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Chandon

Detailed findings

Background to this inspection

The inspection

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

Inspection team

A single inspector visited the service on 22 February 2022.

Service and service type

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

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

Notice of inspection

We gave 24 hours' notice of the inspection to request consent from people to visit their home. Inspection activity started on 22 February 2022 and ended on 04 March 2022. We visited the office location on 22 February 2022.

What we did before inspection

We reviewed information we had received about the service. This included safeguarding information and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. 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 spoke and communicated with three people who used the service about their experience of the care provided. Where people were unable to speak with us, we observed their body language, interactions with staff and viewed possessions and artwork they wanted to show us which were important to them. We spoke with three members of staff including the registered manager.

We reviewed a range of records. This included three people's care records and three medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one family member and two advocates. We received feedback from four professionals who regularly visit the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely and were protected from the risk of abuse. Effective systems, procedures and policies were in place to safeguard people appropriately.
- We observed interactions between people and staff were trusting and relaxed and people appeared confident as they engaged with staff. A family member told us, "Staff have really worked hard to win [relative's] confidence. It is so obvious that they feel safe now with the staff."
- Staff had completed safeguarding training and understood their responsibilities about how to keep people safe. Staff whom we spoke with knew what to do if they had any concerns about safety and were confident concerns would be dealt with appropriately by the registered manager. One member of staff told us, "Safeguarding is our number one priority for all tenants; we are always alert to any risk they may face." Another said, "These guys (service users) are very vulnerable so we totally must do everything to keep them safe."
- Safeguarding records were appropriately completed and showed the registered manager alerted the local authority safeguarding team and CQC promptly of safeguarding concerns. A professional from the local authority described an incident and said, "Appropriate actions were taken to keep [service user] safe and the whole matter was dealt with very professionally by the registered manager."

Assessing risk, safety monitoring and management

- There were systems in place to identify, assess and reduce risks to people. Comprehensive risk assessments were in place and tailored to each person and their individual needs. They were reviewed regularly and included guidance for staff on how to provide safe care to reduce the risk of harm or injury whilst respecting people's freedom and independence.
- A family member told us, "[Relative's] is very safe indeed, there are risk assessments in place to make sure of this. They are not in any danger."
- Staff demonstrated a good understanding of individual risk assessments for people and how to manage them safely so that people were provided with safe care. A staff member said, "It is our duty to understand the risks people face. We must be familiar with them [risks]."

Staffing and recruitment

- Staff rotas demonstrated there were sufficient numbers of staff to support people and to meet their needs. All shifts were covered by the current staff team and some bank workers. The registered manager told us, "It has been a rough year (COVID; difficulties in recruiting permanent members of staff) but the staff team is resilient and we pull together to provide continuity of care to people."
- A family member told us, "There seems to be enough staff around. I know that [registered manager] is always reviewing [relative's] allocated hours."

- A member of staff told us, "There are sufficient staff and we work so well together and listen to each other to provide good quality safe care."
- The service followed safe recruitment practices and had conducted the relevant checks before staff began to support people. Records showed completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Using medicines safely

- Staff had received appropriate training and their knowledge around administering medicines was regularly checked. Staff told us they felt confident to support people with their medicines. We saw that staff were appropriately trained where a medicine was required to be administered in a specific way.
- We saw that medicine administration records were appropriately completed without any gaps or errors. The registered manager audited these records regularly, following up any issues as required. There were processes in place to identify issues and errors, and audits showed issues had been identified and acted on promptly.

Preventing and controlling infection; Learning lessons when things go wrong

- People were protected from the risk of infection and were supported to receive visits from family and friends in accordance with the current guidance. One relative told us, "Yes, I was pleased to see how vigilant the staff were when we visited. They checked our temperatures and made sure we had done a lateral flow test before we crossed the threshold. We were asked to wear masks around the house."
- Staff understood the importance of effective hand washing, using personal protective equipment such as aprons and gloves and disposing of waste appropriately. This protected people and themselves from infection and cross-contamination.
- The service had infection control procedures in place and records showed that there was an enhanced cleaning schedule in place to minimise the spread of COVID-19. Staff had completed infection control training to ensure they knew how to prevent the spread of diseases.
- People and staff were completing regular testing in line with current government guidance and the management team monitored this to ensure all staff members were compliant.
- When adverse events occurred, the registered manager reviewed these in order to identify any actions that could be implemented to prevent a recurrence of the incident. Any lessons learned from accidents and incidents were shared with staff, for example at team meetings and through the staff communication book.

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

- Care and support were delivered in a way which met people's individual needs and supported people to achieve good outcomes. People's needs were comprehensively assessed prior to admission. New placements were made in consultation with multi-disciplinary teams, local authorities and family members before it was agreed that their needs could be met and the person moved to the service.
- A family member told us, "For us, planning this placement has been an amazing experience. They have included [relative] all along; assessing their needs and most importantly of all, giving them choices."
- People's care and support needs were regularly reviewed to ensure care plans were relevant to changing needs. Family members, advocates and professionals were also engaged in these reviews. One told us, "COVID affected the way reviews are currently done. We speak over the telephone and [registered manager] always updates me on issues and developments."
- A professional from the local authority told us, "This was a complex transition for [service user] to make, but staff persevered and the outcome is that [service user] is clearly enjoying this placement which is very relevant to their needs."
- The registered manager told us, "It is always exciting and challenging to have new people join the service. We must make sure this works, not just for the new person, but has to be balanced with the needs of those whose home it already is."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in evidence-based practice. This included mandatory training in moving and handling, first aid and food safety, and service-specific training, including end of life care.
- A family member told us, "Any staff I meet are always well-trained. [Registered manager] makes sure of this." Another told us, "I have never had concerns about staff competence."
- A professional from the local authority told us, "I have always observed good practice. [Registered manager] provided evidence of all staff members up to date training on request." A healthcare professional said, "The staff appear to have good training and appear to genuinely value the people living at the service as individuals."
- A member of staff told us, "[Registered manager] oversees our training. We have on-site training for certain things related to individuals. This is really important as each person's needs are different, for example, their moving and repositioning needs require different equipment."
- Staff had regular supervisions and appraisals. These meetings provided staff with an opportunity to discuss their wellbeing, outcomes, targets and training needs. A member of staff told us, "I meet with [registered manager] once a month. It is useful to be asked questions and to reflect on what is going right

and what I can improve on."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were involved in choosing their food and planning their meals, supported by staff using their preferred method of communication. Snacks and drinks were freely available and offered to people throughout the day.
- A family member told us, "[Registered manager] engages very well with [service user's] multi-disciplinary team during transition period," and another said, "Chandon seems to be able to always have the right healthcare professional engage in regular dialog about [relative]."
- Another told us, "[Relative] has complex healthcare needs but I do know that staff have the skills to support them and believe they are being well looked after."
- A healthcare professional told us, "The registered manager was able to provide accurate information on [service user's] current difficulties during the triage process. They were well prepared with a range of foods as well as a variety of textures and fluids for the assessment."
- The service worked well with other professionals to ensure people's health needs were met effectively and in a timely manner. Collaborative working with external health professionals continued throughout the pandemic with its additional pressures.
- People's records confirmed that there was a high degree of engagement with relevant healthcare professionals. A healthcare professional told us, "The staff at the service engage with the people living there in a consistently positive way."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care was provided in line with the MCA. We saw that mental capacity assessments had been carried out to determine whether people were able to make decisions for themselves, for example in relation to care they received or where they lived.
- The provider and staff understood their responsibilities under the MCA and worked within it. We observed how staff interactions with people were preceded by gaining the person's consent.
- A family member told us, "I am always consulted on Best Interest decisions, along with other professionals important to [relative's] health and well-being."
- We saw minutes of a Best Interest meeting which recorded the views and recommendations of a range of healthcare professionals and a family member around a complex healthcare decision.
- A member of staff said, "Everybody here has the capacity to make a decision about something; you just need to take a bit of time to support them with this. It is respectful to make sure we have people's consent

before we do anything for or with them."

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

- The design, layout and furnishings of the home were suitable for people's individual needs. The downstairs areas were open plan which meant that people with poor mobility were able to move around freely and safely with their mobility aids. One family member said, "I've always thought that the building was well looked after," and another told us, "The environment is well laid out and got all the appropriate aids and adaptations to meet [relative's] needs."
- People's bedrooms were very personalised and reflected their interests and preferences. We saw that people were comfortable using the communal and private spaces of the home. People's artwork and photographs of activities were on display in the communal areas.

Is the service caring?

Our findings

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

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

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

- People were well supported and cared for. We observed positive and caring relationships, and this was evident in how staff communicated with people. They supported people to express their views and where possible took action.
- People approached staff with confidence and indicated their needs which staff acted upon. One person was excited about a 'secret' activity they were engaged in with a member of staff later in the day. It was clear they were confused not to already see that staff member on duty. They were shown the duty rota and told how long it was until the member of staff came on duty, which reassured them.
- A family member told us, "Most of my visits are unannounced, but I am always struck by what a happy home it is. Staff are always so caring towards everyone they support." Another said, "[Registered manager] always shows a lot of empathy and a great deal of respect for [relative] in any conversations or meetings we have."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- There was a strong person-centred approach from staff to enable people to work towards their goals and aspirations. This was done through understanding the person and respecting their views and wishes.
- A family member told us, "We talk to staff about having a mindset to always progress and they seem to be excited that there is this opportunity to support [relative] to continue to learn and develop a level of independence."
- Each person had an 'independence folder' which contained photographs and notes on progress made and what the person was working towards. This included life skills such as shopping, cooking and laundry.
- One staff member told us, "I believe my job is all about providing [people] with the dignity and respect they deserve, this really matters." Another told us, "I support people to live as independently as possible in their own home. This is all about encouraging them to do things for themselves, no matter how simple this may seem."
- A professional from the local authority told us, "I feel that staff want to give [person] the chance to develop independent living skills to reach the true potential they aspire to."

Is the service responsive?

Our findings

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

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

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

- Staff worked closely with service users, their circle of support and relevant professionals in planning care and support which was focused and centred around each person's individual needs, wishes and preferences. A family member told us, "We have spent time writing [relative's] care plan with staff; [registered manager] is committed to getting it right."
- For one person, their pre-assessment took place over a period of several months, with the registered manager engaging with the person, their family, local authority and healthcare professionals. A family member told us, "Chandon have been amazing with managing [relative's] transition and been so supportive in negotiating with the local authority and healthcare professionals."
- Care plans were detailed and included guidelines for staff to enable them support people in their preferred ways. A healthcare professional told us, "The service was able to follow the recommendations that were in place (in the care plan) and were also able to implement recommended changes." One person's care plan included a detailed account of how to support them with their cooking and how to turn their bedroom light on.
- Professionals told us staff focused on providing care and support that was person-centred. One healthcare professional told us, "The discussions we held about people's favourite foods were always person centred."

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 was meeting AIS requirements. Personalised and comprehensive communication care plans were in place and people were supported to communicate in a way which best suited their needs. Information about people's communication needs was accessible for staff in their communication profile.
- Communication aids including pictorial, objects of reference and other bespoke methods of communication such as touch were used to help people remain involved and be able to contribute to decision making in their lives. One person used their pictorial communication folder to tell us about an activity they were just about to do.
- Each person had a handheld computer to assist with their communication and enable them to be more self-determining. One person demonstrated how they used some of the applications to plan their menu with a member of staff as well as to choose their specific music preferences.

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 maintain relationships with those that were important to them. This included supporting them to make a telephone call or a video call.
- Staff ensured updates about people were recorded and shared with their family members and advocates. A family member told us, "Even when I can't get to Chandon, I feel like I know everything that is going on for [relative]. I get sent updates and photographs, it's marvellous."
- We saw there was a person-centred care approach to activities and people were supported to engage in activities that met their individual preferences and interests. Reports written by people's keyworkers were personalised and documented how an activity or achievement impacted on their well-being.
- The registered manager spoke of their commitment to supporting people to live their best life possible saying, "I want everyone who engages with our tenants to see them as really special people with huge personalities."

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints and the registered manager told us they adapted an open and transparent approach and engaged with people, family members and external professionals to immediately address concerns and issues as they arose.
- The complaints process was available in an easy read format to aid communication with people. Staff told us that although people were not always able to voice their complaints, they would recognise signs such as facial expressions or body language to understand they were unhappy. They would then explore this with people to understand what actions to take.

End of life care and support

- Chandon was a home for life for people and staff had recently supported one person as their health deteriorated, right up to their moment of death in the hospital. A nurse on the ward where the person died wrote, "How beautiful [person's] final days were.never seen somebody who was so genuinely loved and cared for by so many committed staff."
- One person in the service was currently on a palliative care pathway. Staff described how they ensured this person, though very ill, remained a focal part of the tenant group. Decorative solar lights were placed in the garden directly in front of their room, which opened out into the garden. Their bed was moved around each evening to enable the person to "enjoy the light show." Other tenants spent time most evenings sitting with their friend and telling them about their day or simply watching television together.
- Staff set up a remembrance corner in the communal living room so that people could remember their friends who had died in recent times. The remembrance corner included candles which were lit on occasion in the evenings, copies of memorial services and artwork done by tenants to honour their deceased friends.

Is the service well-led?

Our findings

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

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

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

- The service met the principles of Right support, right care, right culture. People's choice, control and independence were maximised; their privacy and dignity and human rights were respected and promoted. People were supported and empowered to make choices about how to live their lives. This was evidenced in how they were supported, what we observed and what we were told by family members, professionals and staff.
- Whilst not every person was able to tell us how they felt about the way they received a service, our observations were that there was a general air of calm in the home. People accessed all areas of the house and appeared happy and relaxed when engaging with staff, which they did frequently.
- Family members spoke positively about Chandon. One told us, "We have no doubt that Chandon is the right place for [relative], it just is full of energetic and enthusiastic staff, who care about creating the right culture where they can do a good job of caring."
- A professional from the local authority told us, "[People's] views are very positive about the placement; they are definitely increasing in confidence and independence."
- Staff spoke positively about the support and leadership they received. For example, one staff member told us, "I think it is just absolutely incredible how this service functions and I give all credit to [registered manager] for this. They are everybody's support system, always at the end of the phone. They inspire us to be at work and lead by example." Another told us, "[Registered manager] is really supportive, is fair to everyone and really cares about us all at Chandon."

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 and registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong. For example, notifying relatives if their family member had an accident or became unwell. We were told that there had been no incidents which met the duty of candour threshold.
- Family members confirmed that they were informed of all incidents and any health concerns concerning their relative.
- Staff knew how to whistle-blow and told us they would raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns were not acted upon.

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

- There were quality assurance processes that ensured continued oversight of people's care and the service. This included regular managerial reviews of the environment, staff documentation, complaints and incidents.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. The provider had a variety of reviews and audits in place to continually monitor and review the quality and safety of the service on behalf of those who lived there.
- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs and oversight of the services they managed. A family member told us, "From what I can see, Chandon has a very cohesive staff group who work well together. They seem to know their stuff."
- A GP told us, "The surgery has always found Chandon to be a very well-run home. The manager is good and the staff are knowledgeable about our patients."
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager had submitted notifications of this nature in a timely way which meant we could check that appropriate action had been taken.

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

- The manager worked in partnership with families, health and social care professionals to provide the best possible care for people.
- Tenant's meetings were not facilitated. The registered manager told us how a traditional style of meeting was of no significant benefit to people. Instead people were supported to give their views through keyworker sessions which were then shared at staff meetings. The registered manager told us this was kept under review, based on the person's needs and abilities.
- Family members and advocates were aware of this approach. One told us, "Group meetings would not work for [person]. Staff have one to one meetings with [person] and are very aware of what they want."
- Family members told us they were kept up to date with what was going on for their relative within the service. One told us, "Information and updates are very regular."
- Professionals who engaged with the service told us there was good partnership working. A local authority professional told us, "[Registered manager] asks for advice when necessary and is consistent in their approach." A healthcare professional said, "Staff always engage with me in a positive way."
- Staff told us they were given opportunities to give feedback and share their views in regular team meetings. One staff member said, "Team meetings are timed to include the night duty team. We share updates on tenants; training and they are a good space to share good practice and look at what could have been done differently."
- The registered manager told us, "We have the right culture here; I have an open door and this trickles down where staff have a positive and person centred approach to the people they support."
- The registered manager met with other registered managers from across different services and providers on a regular basis, as well as their own provider's manager's forum. They told us they viewed these meetings as, "A great way to share good practice and learn from each other."