

Together for Mental Wellbeing

Lawn Court

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Lawn Court provides accommodation and support for up to 18 adults living with mental health needs, some of whom were also living with substance abuse difficulties, autistic spectrum disorder and other needs. Accommodation is provided over three floors in a large adapted building located in a residential area, close to the centre of Bexhill-On-Sea. At the time of the inspection there were 17 people living at the home, 12 people were receiving regulated services. CQC only inspects where people receive personal care, this is help with tasks related to personal hygiene, medicines and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 18 people. 17 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. People were supported to have maximum choice, control and independence.

People's experience of using this service:

People received high-quality person-centred care. The management and staff team went above and beyond to ensure that people's care and preferences met their expectations, with people's wellbeing and independence being at the heart of the service. Activities for people were innovative and highly regarded by people and relatives. The service went the extra mile to ensure that people were involved in their community and empowered in the planning of activities to reduce social isolation and improve well-being. A relative told us, "The care is really good, and staff will do anything, we are really pleased. [Relative] is happy, likes living there and is always positive."

Staff knew people extremely well and tailored their support accordingly. We observed strong relationships between staff and people due to the continuity of staffing and their approach. People told us they felt safe and knew who to contact if they had any concerns. Systems supported people to stay safe and reduce the risks to them. Staff knew how to recognise signs of abuse and what action to take to keep people safe. There

was enough staff to support people safely and the registered manager had safe recruitment procedures and processes in place.

Staff were trained in administering medicines. People knew what their medication was for and told us they felt reassured by the support with their medicines. People were protected by the prevention and control of infection. Staff wore gloves and aprons when supporting people.

People were supported to maintain their health and had support to access health care services when they needed to. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received kind and compassionate care. People and relatives told us staff treated them with kindness and we observed friendly interactions throughout the inspection. People told us, "It's a nice place to live and there is a good atmosphere."

The home was well-led, and the provider had quality assurance systems in place to monitor the standard of care and drive improvement. People, relatives and staff spoke positively about the culture of the home and said it was well managed.

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

Rating at last inspection: Good (report published on 24 February 2017).

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was Well-led.

Details are in our Well-Led findings below.

Good ●

Lawn Court

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.

Inspection team:

This comprehensive inspection was carried out over two days by one inspector.

Service and service type:

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

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

Notice of inspection:

This inspection was unannounced.

What we did before inspection:

We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection:

We spoke with four people who use the service, two relatives and six members of staff, including the registered manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were 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 sought feedback from the local authority and health professionals about their experiences of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and systems were in place to ensure staff had the right guidance to keep people safe from harm. One person told us, "I feel safe because I have the staff around and there is always someone about. I feel I am able to speak to staff if I did not feel safe."
- Staff received safeguarding training, they knew how to recognise potential signs of abuse and how to raise concerns in line with the provider's policies and procedures to the local authority. One member of staff told us, "If I suspected someone was being abused I would speak to the manager or senior. Talk to the person and record it. I would contact emergency services if help was needed."

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and monitored to keep people safe. Risk assessments gave guidance to staff on how to support people to manage and reduce any risks. For example, we found clear guidance on how to support people with their mobility, continence and those who presented behaviours that could challenge.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Scheduled checks of the premises were carried out to ensure that ongoing maintenance issues were identified and resolved. Such as, electrical wiring, appliances and fire safety.
- Staff received health and safety training and staff knew what action to take in the event of a fire.

Staffing and recruitment

- Staffing numbers were reviewed and assessed dependant on people's needs. We observed sufficient numbers of staff to keep people safe and staffing rotas confirmed this. One person told us, "I think there is enough staff and I know the staff well."
- Staff told us, staffing was consistent and stable with a low staff turnover. The home only used agency staff to cover the occasional night shift. Staff shortages, such as annual leave and sickness were covered by existing staff.
- Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols. Staff recruitment folders included employment history checks, suitable references and appropriate checks, such as Disclosure and Barring Service (DBS), to ensure potential staff were safe to work within the health and social care sector.
- People were involved in the interview process and the registered manager told us how people had devised a couple of questions to ask candidates at the interview.

Using medicines safely

- People had varying needs with their medicine, from full support to prompting to no support at all. People told us they received their medicines safely and on time.
- Staff followed policies and procedures to support the safe storage, administration and disposal of medicines. There was guidance for administering 'as and when required' medications. Staff received regular training and competency assessments were carried out to ensure their practice remained safe.
- We observed a member of staff administering medication safely, explaining to the person what they were for and chatting about their day ahead. One person told us, "I know the medication I am on, staff talk to me about being able to self-medicate in the future. I get my medication on time and when I need it."

Preventing and controlling infection

- People were protected from the risk of infection. People told us staff always used personal protective equipment (PPE) such as gloves and aprons and we observed this in practice.
- Staff had training in infection prevention and control and information was readily available in relation to cleaning products and processes.
- Staff confirmed that they had infection control and food hygiene training. The home had received a 5-star rating from the Food Hygiene Standards Agency, which is the highest rating.

Learning lessons when things go wrong

- Systems were in place to record and identify lessons learned and improvements were made when things went wrong.
- The registered manager analysed accidents and incidents, including near misses, on a monthly basis to identify any emerging patterns, trends and learning. For example, people presenting behaviours that can challenge and errors with medication.
- Relatives told us that they are always kept up to date if something has gone wrong.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 registered manager carried out a pre-assessment before people moved into the home and care was delivered in line with best practice guidance. The assessment process helped to form the person's care plan and to understand their care and support needs. Care plans were further developed as staff got to know people better.
- Care plans confirmed that people, their relatives and professionals (where possible) were involved in this process and that people consented to care and treatment. One person told us, "I meet regularly and talk about my risk assessments. Staff will come to appointments with me. Sometimes I don't agree with the decisions made about my risk assessment but there is an area for me to comment on as it can't always be changed, and they need to keep me safe."
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. Staff had a good understanding of equality and diversity. This was reinforced through training and the provider's policies and procedures.

Staff support: induction, training, skills and experience

- People were supported by staff with the skills and knowledge to deliver effective care and support. One person told us, "I think staff are well trained and they are always doing training." One relative said, "The staff seem aware and are trained in mental health and they seem to know their stuff when I raise issues."
- Staff received training in a range of areas through face to face and on-line sessions and training records confirmed this. One member of staff told us, "We receive continual training and we can sign ourselves up to local authority training. The manager is very proactive at identifying training and will access other training such music therapy to develop staff."
- Staff completed an induction when they started working at the home, working day shifts for two weeks as a supernumerary staff member to give them the opportunity to learn and meet people and staff. New staff completed the Care Certificate. The Care Certificate is a nationally agreed set of learning, outcomes, competencies and standards of care expected from care workers.
- Staff received regular supervision and appraisals and staff told us they felt supported by the registered manager and their colleagues. One staff member told us, "The manager listens, and I don't feel worried about raising anything with him. If there is an issue it will be addressed, and the office door is always open."

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

- People were supported to eat and drink a healthy balanced diet to meet their individual needs and preferences. People's weight was monitored on a regular basis and where appropriate people were referred to the Speech and Language Team (SALT) for advice and guidance.

- People were given a choice of food at mealtimes and alternatives were available. People told us that they enjoyed the food. One person told us, "The food is good, I never used to eat a lot, but I do now. We have a variety. I never used to eat things like lasagne as I would only eat very basic foods."
- People played a key part in deciding what food they had each week and had the opportunity to attend cooking classes with the chef. People were able to help themselves to drinks and snacks throughout the day.
- Staff understood people's dietary requirements and preferences and were aware of special diets such as those in need of a diabetic diet, soft foods, gluten free and those who were vegetarian.

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

- Staff worked well with other agencies to provide people with timely care. People's care plans included detailed information about health needs and when staff must involve other agencies in the person's care. For example, a relative gave an example where they had concerns about their relative's weight, they raised their concerns with the manager who had already contacted the GP for an appointment.
- People's everyday health needs were overseen by staff who accessed support from a range of health and social care professionals such as GPs, social workers, dieticians and a chiropodist. One person told us, "I will phone the doctor if am not well and staff will support me if I need it." We found multiple examples of how staff supported people with their health needs, working with professionals to improve people's health outcomes.
- People's oral health care needs were assessed, and they were reminded to attend regular check-ups at the dentist. The registered manager told us how staff have been trained to remind people about oral hygiene and the effects this can have on the body.

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

- People's needs were met by the design and adaptation of the building. We found that the decoration and physical environment of the home had been well thought out to meet people's needs and promote their independence.
- Lawn Court had a nice, homely, welcoming atmosphere with a garden for people to enjoy. People had spaces to spend time together, be with family and friends or enjoy time alone.
- People's bedrooms were spacious and truly personalised to people's individual taste with their own possessions. One person was very proud of their 'hotel style' bedroom, they chose the décor and furnishing when they moved into the home, ensuring there was a tea and coffee making facility as that was important to them.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- The provider had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff. One person told us, "Staff always ask for my consent."
- Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation. We observed staff giving people choice and giving people time to respond. One member of staff told us, "Staff have MCA training on a yearly basis through on line and face to face. Our role is to protect people's rights and never assume, explaining the risks but enabling people to make choices. We seek support from professionals if people's capacity is in question. We have people who have appointees in place."

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 treated with kindness and were positive about the caring attitude of staff. One person told us, "It's like a family, like the 'Walton's'. We are all very close and the atmosphere is really nice." A relative said, "I never seen any staff raise their voice, there is an open-door policy, staff are respectful and encourage rather than patronise. They really show an interest."
- Staff had developed positive relationships with people and we observed friendly and warm interactions between the staff and people. Staff adapted their communication style and body language and recognised signs if someone was becoming distressed or anxious, offering the person reassurance.
- Staff had an understanding of equality, diversity and human rights and people's differences were respected. People were supported to observe their faith.

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

- People were able to express their views and were actively involved in making decisions about their care, support and treatment, through reviews and daily interactions. One person told us, "I am always involved and informed about any decisions and changes. I meet with staff regularly to review my care plan."
- Each person had a 'key worker' who worked closely with them to promote their individual rights and how they wanted their care delivered. One member of staff told us, "We meet with people regularly, to review, sit and discuss any issues they may have. We set goals with people for example, one person was apprehensive about using public transport so we set goals with them to take a train trip with a member of staff with the end goal being that they could travel independently."
- Staff recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff has a good understanding of promoting people's independence. One person told us, "I do my own washing, cooking and paperwork but I can ask for support when I need it." A relative told us, "Staff encourage independence."
- We observed staff knocking on people's doors and being respectful. One relative told us, "When I ring to speak to my relative, I hear staff knocking on the door and waiting for them to answer. If no response, staff will say, 'we need to enter your room to check you are ok'."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People were supported to overcome their fears and increase their independence. Staff were exceptional at supporting people to gain confidence in accessing the community and staff gave many examples of how they achieved this. As keyworkers staff met with people regularly to set goals, helping them to achieve their hopes and aspirations. Supporting people to take small steps such as walking to the shop or using public transport. These steps and goals had enabled people over time to independently go shopping and use public transport for longer distances, leading to people taking trips abroad, going on camping trips and visiting family who lived far away.
- Lawn Court is very active within their community and actively encouraged and supported people to be involved to. Staff continuously looked for new ways to engage, from setting up allotment projects to a growing sports club with a membership of 50 plus. The club was established a few years ago and has been a huge success with people at the home. Giving people a sense purpose, belonging and pride. One person told us, "I play football for the mental health football team which was set up by the home and I won player of the tournament." The sports club had given people the opportunity to make new friends, increase well-being and reduce social isolation. The registered manager told us, "The sports club has been so positive, we now have a mini community within the community." People were overwhelmingly positive about the sports club and the difference it had made to their lives. One person said, "I now enjoy life to the full and can see a positive future."
- People living at the home were truly given opportunities to develop, build and maintain relationships with those important to them, in times when they thought there was no hope. Staff proactively supported people to maintain relationships with those important to them. Staff gave many examples where people had lost contact with loved ones over the years. Through gentle encouragement and support, people built confidence to re-establish and build relationships with their children and other family members.
- The registered manager and staff went above and beyond to ensure that people had opportunities to pursue their interests and hobbies and increase well-being and happiness. People gave us many examples of how they were supported with activities within the home. This included yoga, aromatherapy, movie nights, cooking and learning key life skills to live independently, building confidence and self-esteem. One person told us, "Staff talk to me about how I feel, they take an interest in my likes and needs. I also like going out for a pint with them." Another person said, "Staff listen to me and say little things of encouragement that stick with me for example, I have been playing music and they always tell me to keep going." People regularly attended performances at the local theatre.
- Staff supported people to engage and play an active part of their local community. Some people volunteered, and others had work-based placements. One person told us, "I volunteer during the day

working in a shop and helping out in a church. When I went for the roles, staff came with me to the interview." Another person told us, "I wanted to join a local basketball club and staff went away and researched what clubs were available."

- People were given the same opportunities to increase their knowledge in subjects that directly impacted them. People told us, how they were activity encouraged to complete staff training on-line and attend face to face sessions, if they chose to in areas such as fire safety, safeguarding and stress management. One person told us, "I do some of the training that staff do such as; first aid face to face and online, through the social care TV, stress management, self-harm, epilepsy, diabetes."

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

- We found examples of outstanding practice in person centred care provided by Lawn Court. Staff were flexible and responsive to individual needs and preferences, and we found innovative and creative ways to enable people to lead as full a life as possible. For example, supporting people to stop smoking as this can be a significant focus for people living with mental health. The registered manager sought specific training for staff. This had led to many people reducing their 50 to 60 a day habit to 10 to 15. Staff have proactively worked with people to find other distractions and replace smoking habits, by encouraging people to get more involved with the home and their community such as, helping in the kitchen, volunteering and focusing on their diet and nutrition. This support has helped people to improve their health enabling them to take part in activities for longer.
- People received care that was holistic and promoted their health and wellbeing, and staff had an excellent understanding of people's social, cultural, sensory and physical needs that influenced how they received their care. People's care plans covered every aspect of their life, giving staff guidance around people's wishes and how best to support them. For example, staff had actively engaged with counselling services and LGBT support groups to support people living at the home.
- The registered manager gave an example, where one person moved to Lawn Court, having had a history of being evicted due to recurring incidents. Through on-going personalised support by the home, staff had worked closely with the person to discuss ideas and access additional equipment to ensure the person was supported in the least restrictive way. The home had supported the person to continue following certain routines without impacting on others living at the home. This meant the person has been enabled to live independently without fear of being evicted.
- People their relatives and professionals, where appropriate, were involved in developing and reviewing care plans. One person told us, "I am always involved and informed about any decisions and changes. I meet with the staff regularly to review my care plan."
- Changes in people's health or care needs were quickly communicated and updated in their care plans. One member of staff gave told us, "We treat everyone as an individual and everyone has the right to person centred care and is in control of their own progression."

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 registered manager understood their responsibilities around AIS and people's communication needs were identified, recorded and highlighted in their care plans if appropriate. People were supported to attend regular check-ups with the optician. One member of staff told us, "One person's eyes are deteriorating, so

it's our responsibility to check eyesight and support them to attend opticians' appointments."

- The registered manager gave an example, where one person moved to the home and found it difficult to engage and often became distressed, this impacted on their communication. The registered manager arranged specific autism training for the team to learn techniques and increase staff knowledge. Following this training staff adapted their communication and introduced specialist communication tools to support the person. This led to the person increasing their confidence and control over their life, so much so they were now ready to move on to more independent living accommodation.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy in place. People and relatives knew how to make a complaint and told us that they would be comfortable to do so if necessary. The complaints procedure was displayed across the home. One person told us, "If I have any concerns I go to the staff and I know how to complain."
- We reviewed the complaints received in the year to date. The registered manager had been proactive in responding and resolving issues in a timely manner. People and relatives told us they felt listened and said they had confidence in the process.

End of life care and support

- At the time of inspection no one who was at the end of their life.
- The registered manager told us that if a person's situation changed, conversations with people and relatives (where appropriate) would take place to understand their wishes for end of life care, including their preferences and funeral arrangements.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 registered manager had created an open and positive culture that delivered high-quality, person-centred care. One member of staff told us, "Management is flexible and supportive personally and in work. Staff are really enthusiastic, and we have mutual respect and confidence in each other."
- There was a clear person-centred approach to people's care. Staff knew people well and understood their individual needs. A relative told us, "The manager listens, we are able to give opinions. For example, we spoke to the deputy manager and told them that my brother enjoyed astronomy, the deputy manager brought in a telescope for my brother to use."

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 registered manager was aware of their responsibilities under the Duty of Candour regulation. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

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

- Staff understood their roles and responsibilities and spoke highly of working for the service. Staff told us, "The registered manager's passion for mental health rubs off on the staff."
- We saw evidence of staff competency checks being carried out and regular audits to help the provider and registered manager identify areas for improvement and any patterns or trends.
- The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents.

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

- People and relatives were engaged and given opportunities to be involved in the service, through daily feedback with staff, care reviews and meetings. One person told us, "I chair the residents' monthly meetings. We may bring meetings forward if there are issues. I raise issues with the manager who acts on things straight away." The registered manager gave an example, where following feedback from people, they

wanted to know about the budget and how the money is spent at the home, so the registered manager did some simple graphics to explain how the money is spent and what it is apportioned to.

- People, their relatives and staff took part in yearly surveys. People, relatives and staff told us, they felt supported and listened to by the provider. Feedback from the surveys was very complimentary about the home. One person told us, "I feel listened to, I have a good relationship with staff. I can make suggestions to improve things. For examples, suggesting menus, displaying posters for training."
- There was a strong emphasis on team work and communication. Handover between shifts were thorough and staff had time to discuss matters relating to the previous shift and share any concerns. Staff told us, we get thanked and feel valued.

Continuous learning and improving care

- The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and attended a local managers forum, to learn from others and share good practice.
- Systems were in place to continuously learn, improve, innovate and ensure sustainability. There was a strong emphasis on team work and communication. The registered manager carried out quality assurance audits to ensure good quality care was maintained. For example, people's care plans were audited monthly to ensure they reflected people's current needs and any changes in their care.
- We saw evidence of competency checks being carried out and audits being used to help the registered manager identify areas for improvement and any patterns or trends forming.

Working in partnership with others

- The registered manager and staff proactively worked in partnership with healthcare professionals to promote positive outcomes for people. Professionals we spoke to were complimentary about working with the home and about staff's commitment to supporting people following their input.
- The registered manager gave an example of good inter-agency working with another local 'Together' project; to better understand the differences between residential and supported living, staff on induction would spend time in each type of service. The registered manager has organised people to visit other 'Together' projects across the country to attend Christmas choirs and other events.
- The registered manager kept abreast of local and national changes in health and social care, through Skills for Care, the Care Quality Commission (CQC) and government initiatives.