

In Chorus Limited

Oaklea

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

Oaklea is registered both as a care home but also to provide a personal care service to people living in their own home.

Oaklea provides accommodation and personal care for up to five people living with autistic spectrum disorder and/ or other mental health needs. People in care homes receive accommodation and their 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. At the time of our inspection there were five people living in the care home.

At the time of the inspection, staff were providing a personal care service to one person who was living in their own home. When people live in their own home, CQC do not regulate the premises within which they live, only the 'personal care' being provided.

The service has been developed and adapted in line with values that underpin the Registering the Right Support and other best guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can lead as ordinary life as any citizen.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our last inspection in September 2015, we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. However, some elements of the service were outstanding.

People experienced outstanding care that was extremely flexible and responsive to their individual needs and preferences, from a dedicated staff team who consistently went above and beyond what was expected of them. The personalised care provided achieved exceptional outcomes for people, enriching the quality of their lives and improving their physical and mental wellbeing.

People were fully involved in planning their care and led active, fulfilling lives, supported by staff who were totally committed to promoting their independence.

Feedback provided by people, their families and professionals, consistently highlighted staff had an excellent understanding of individual's social and cultural diversity, their values and beliefs, and how they wanted to receive their care and support.

Staff had taken innovative steps to meet people's information and communication needs, which ensured they complied with the Accessible Information Standard. Staff went the extra mile to address people's needs in relation to their protected equality characteristics.

The registered manager and provider consistently used the learning from complaints, concerns and reviews as an opportunity for improvement.

Staff tactfully supported people and their families to explore and record their wishes about their preferred care options at the end of their life.

People were protected from avoidable harm, neglect, abuse and discrimination by staff who understood their responsibilities to safeguard people. Risks to people were assessed and plans were devised to minimise potential risks, whilst promoting people's independence. Medicines were administered safely. Prospective staff underwent relevant pre-employment checks to ensure they were suitable to work with the people who lived with autism or a learning disability. There were always sufficient suitable staff with the right experience and skills mix, to provide care and support to meet people's needs.

Staff were enabled by the provider to develop and maintain the necessary skills to meet people's needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Where people were subject to restrictions to reassure and keep them safe, these were minimised to promote their freedom and the least restrictive option(s) possible.

The registered manager had developed effective partnerships with relevant professionals and quickly referred people to external services when required to maintain their health. High standards of cleanliness and hygiene were maintained in the home, which reduced the risk of infection. People and staff followed required standards of food safety and hygiene, when preparing or handling food. People were supported to eat a healthy, balanced diet and had access to the food and drink of their choice, when they wanted it.

People's needs were assessed regularly, reviewed and updated. People had detailed care plans which were enhanced by positive behaviour and communication support plans.

People experienced good continuity and consistency of care from regular staff who were kind and caring. There was a positive atmosphere within the home, where people were relaxed and reassured by the presence of staff.

Staff demonstrated empathy for and spoke passionately about people and their achievements, which demonstrated how they valued them as individuals. Staff consistently treated people with dignity and respect.

People were supported to take part in activities that they enjoyed. Staff supported people to maintain relationships with their families and those that mattered to them, and to develop new friendships, which protected them from the risk of social isolation.

The service was well led by the registered manager, who consistently inspired staff to deliver high quality care. The provider's values were understood by all staff, which they demonstrated when supporting people. The quality of the support people received was effectively monitored and identified shortfalls were acted on to drive continuous improvement of the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service was extremely responsive and had improved to outstanding.

The registered manager and staff were focused on providing person-centred care and support, which achieved exceptional outcomes for people.

Staff had outstanding skills and an excellent understanding of people's individual needs relating to their protected equality characteristics and their values and beliefs.

Staff had taken imaginative and innovative steps to meet people's information and communication needs to ensure they complied with the Accessible Information Standard.

Staff tactfully supported people and their families to explore and record their wishes about their preferred care options at the end of their life.

Is the service well-led?

Good ●

The service remains Good.

Oaklea

Detailed findings

Background to this inspection

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

This unannounced comprehensive inspection took place on 1 August 2018 and was carried out by one inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is used by registered managers to tell us about important issues and events which have happened within the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

During our inspection we spoke with six people using the service, some of whom had limited verbal communication, and six relatives. We used a range of different methods to help us understand the experiences of people using the service, who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of four people.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with the registered manager and six staff.

We reviewed six people's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at seven staff recruitment, supervision and training files. We examined the provider's records which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering July and August 2018, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following our visit we obtained feedback from six relatives and three health and social care professionals regarding the quality of care people received.

Is the service safe?

Our findings

People continued to experience care that met their needs and made them feel safe. Staff had developed meaningful and trusting relationships with people that helped to keep them safe. One person told us, "Yes, everyone here is safe because [the registered manager] looks after everybody." A relative told us, "Our prayers were answered when he moved to Oaklea. He is safe because the carers [staff] really care and are interested in him as a person, which makes him feel safe. Another relative told us, "Oaklea is a safe place, and it is just like an extended family where people care for one another."

People were consistently protected from avoidable harm, neglect, abuse and discrimination. Staff had completed the required training to understand their role and responsibilities to safeguard people from abuse. When concerns had been raised, the registered manager carried out thorough investigations in partnership with local safeguarding bodies.

Staff supported people to have a full and meaningful life by managing identified risks, whilst supporting people to stay safe.

People were protected from harm because staff understood the provider's safety systems, policies and procedures. There were always enough staff deployed with the right mix of skills to make sure that care and support was delivered safely and to respond to any unforeseen events.

Staff underwent relevant pre-employment checks to ensure their suitability to support people living with a learning disability. People were actively involved in decisions about the staff who provided their care and support. For example, people took part in recruitment selection interviews and were enabled if required to choose their preferred staff.

Staff managed medicines consistently and safely, and involved people and their families where appropriate in regular medicines reviews and risk assessments. Accidents and incidents were recorded and investigated, to ensure causes were identified and action taken to minimise the risk of reoccurrence. For example, following a medicines error, preventative measures were put in place to prevent similar errors in the future.

Staff understood the causes of behaviour that distressed people or put them at risk of harm. Where people were subject to restrictions to reassure and keep them safe, these were minimised to promote people's freedom. For example, supporting people to access the community and engage in physical activities safely, by managing associated risks effectively.

Relatives consistently praised the registered manager and staff for the way they intervened before people's behaviours escalated, because they recognised the triggers and early indicators of such behaviours. One relative told us how the trust developed between their loved one and staff had led to a significant improvement in their mental well-being and a dramatic reduction in the number of incidents where they had self-harmed.

The service involved people in identifying and managing risks relating to infection and hygiene, and promoted their awareness and independence in the process.

People and staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection. Staff were skilled at involving people in identifying and managing risks relating to infection and hygiene, which promoted their awareness and independence. Staff had completed relevant training in relation to infection control and food hygiene. We observed staff followed required standards of food safety and hygiene, when preparing or handling food.

Is the service effective?

Our findings

People continued to receive support which achieved their desired outcomes and promoted a good quality of life, based on the best available evidence. Relatives consistently praised the skill of the staff in meeting people's complex and emotional needs, and their determination to provide opportunities for people to grow and experience the best quality of life.

People had individual health plans which detailed the completion of important monthly health checks. Staff consistently referred people to external healthcare services which helped to maintain their health. The registered manager had developed effective partnerships with relevant professionals, for example community learning disability nurses, speech and language therapists, dieticians, occupational therapists, dentists, chiropodists.

Prompt referrals had been made to relevant health professionals, which ensured people's changing physical and mental health needs were met. For example, staff provided quick and effective support and reassurance to one person who had experienced anxiety regarding physical changes which required a medical examination to put their mind at ease.

Professionals consistently reported that staff effectively followed their guidance, which had resulted in positive outcomes for people.

People's needs were assessed regularly, reviewed and updated. Comprehensive care plans were enhanced by positive behaviour and communication support plans, which promoted people's independence and opportunities to maximise their potential. These had been developed with people and their families where appropriate, on evidence based guidance and recognised best practice.

Staff had a comprehensive induction and were not allowed to work unsupervised until they had been assessed as competent to do so by the registered manager. Staff had undertaken the required training to develop and maintain the necessary skills and knowledge to deliver effective care and support which met people's needs.

People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions by attentive staff. Mealtimes were arranged to suit individual needs, preferences and routines. Staff understood the different strategies to encourage and support people to eat a healthy diet. People and staff had developed effective support plans which combined a healthy diet with physical exercise to create a healthy lifestyle. One relative told us this approach had improved their family members general health and well-being and enabled them to improve the quality of their life.

People were involved in decisions about the decoration of their personal rooms, which met their personal and cultural needs and preferences. The provider had supported one person to ensure specialised adaptive equipment was made available to enable staff to deliver better care and support to them.

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.

Staff supported people and their relatives where appropriate, to make choices, in line with best interests decision-making. For example, people had been supported with decisions relating to surgical procedures. Such decisions were subject to constant review.

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 Mental Capacity Act 2005 (MCA). Procedures for this in care homes are called the Deprivation of Liberty Safeguards. We found that legal requirements were met and people's human rights had been recognised and protected.

Is the service caring?

Our findings

People continued to experience positive caring relationships with staff who consistently treated them with kindness and compassion in their day-to-day care. One person told us the staff, "Always talk to me and help me do the things I want to." Relatives consistently told us their family members were very happy and settled at the home. One relative told us, "[The registered manager] is very, very caring and very understanding and sets such a great example to the others who follow his lead." People, relatives and staff regularly spoke fondly about the extended family atmosphere they experienced living and working at Oaklea.

Staff were highly motivated and demonstrated a real passion to support people living in the home. For example, one staff member said, "This is the best job I have had, I just look forward to coming in to see the guys. It is a real privilege to share little achievements with them, which open up a whole new world to them." Another staff member said, "I really look forward to coming into work, it is a real joy. I love it, especially when we [people] do something for the first time". Relatives told us that staff consistently cared for their loved ones in a way that exceeded their expectations, especially in relation to their protected characteristics. One relative told us, "All of the staff are just so supportive and non-judgemental. They have done wonders." Relatives consistently reported that staff interaction with their loved ones had had a positive impact on their well-being and happiness.

The registered manager had developed an effective communication strategy for the service, in conjunction with learning disability specialists and speech and language therapists. This included staff using people's recognised communication methods, for example, rehearsing and using Makaton in all team meetings. Makaton is a language programme using signs and symbols to help people to communicate meaningfully.

Staff consistently interacted with people in a calm and sensitive manner, using appropriate sign language, body language and gestures where appropriate, in accordance with their communication plans. We observed the positive impact of staff relationships with people and how these contributed towards their wellbeing.

The staff team were well established at the home, which meant people experienced good continuity and consistency of care. Staff knew people well and were able to tell us about their life histories, their families, their interests, their hopes and aspirations, and what was important to them.

Staff demonstrated a real empathy for the people they cared for and one another. For example, when staff were reassuring and supporting people when they were distressed and upset, they frequently remained with them until they had recovered, often finishing work late. Relatives told us staff often changed their personal commitments to ensure they were able to support them when they required additional reassurance, for example when attending hospital appointments. People, relatives and staff told us the registered manager was always available and came in on his rest days, whenever people required his support.

Staff consistently showed concern for people's wellbeing in a caring and meaningful way, and responded to their needs quickly. For example, we observed staff consistently reassure people displaying behaviours,

which indicated they were anxious, in accordance with their support plans. Prompt staff intervention distracted people and reduced their anxieties, which prevented their behaviour escalating. Relatives consistently told us that the consistent and calm interactions of caring staff had reduced their loved one's levels of anxiety. This had led to them feel able to explore new opportunities and experiences to enrich their lives.

We observed staff consistently treated people with respect and were mindful of their privacy and dignity. Staff promoted people's choices and independence, for example, by supporting them to do things themselves, rather than doing things for them. Staff sensitively encouraged people and gently reminded them when they forgot to do things, such as cleaning their teeth.

People and where appropriate their relatives were involved in their care planning, which took into account their wishes, needs and preferences. Relatives consistently told us that the registered manager and staff made them feel their feelings and opinion mattered. Family members praised the registered manager and staff team for keeping them updated and involving them in important decisions.

Staff consistently demonstrated in their day to day support of people that respect for privacy and dignity was at the heart of the home's culture and values. People's care records included an assessment of their needs in relation to equality and diversity. Staff understood their role to ensure people's diverse needs and right to equality were met, through care which respected their privacy and dignity, whilst protecting their human rights.

Information about people was treated confidentially and the provider kept and stored records in accordance with the Data Protection Act.

Is the service responsive?

Our findings

People, their families, supporting professionals and commissioners of their care, consistently described the quality of care provided by the service to be exceptional. One person told us, "It is great here because everyone listens to you and what you want." Another person told us, "Until I came here no one listened to what I wanted, and I felt alone. Now they all [staff] listen and make my life worth living." A relative told us, "Before [their loved one] moved to Oaklea we were so worried and frightened, that nowhere could care for [loved one] when he was anxious and upset. I don't know what we would have done but the change has been amazing. They [registered manager and staff] have been out of this world. They all take time to talk to him, about how he is feeling and what he wants to do. You wouldn't recognise him now because he is so happy."

People and those with authority to act on their behalf, were fully involved in the planning of their care and support. They consistently told us the registered manager was passionate about protecting people's rights and enabling them to have as much choice and control of their lives as possible. Relatives consistently praised the energy and enthusiasm of staff who tenaciously supported people to achieve their ambitions and aspirations.

One relative told us how previous providers had continually failed to provide responsive care that met their family members' needs. The provider ensured staff had the required skills to support this person's needs, including positive behaviour support training, tailored to meet this individual's unique needs.

People praised the registered manager and staff for supporting them to live the life they chose, based on their individual and unique needs and preferences. One person said, "They have helped me come to terms with who I am. They [named staff] are always there if I need them and talk things through with me." This person and family members told us the attentive support of staff had saved and transformed their life.

Staff actively involved people, their family and friends in their care and support plans, so that they felt listened to, valued and empowered. One person told us, "They [staff] are always talking to me about what I want to do and help me to do the things I want. I tell them what I want and then we go through all the what if's. Like when I get the train to see my Dad we talk about what to do if the train breaks down or if there is an accident." Relatives consistently told us that the registered manager encouraged a risk aware culture. This meant people were supported to engage in activities of their choice, where identified risks were addressed and not used as a reason to prevent the person from participating.

The registered manager told us, "Whenever one of the young men suggests something they would like to do we actively engage with them, to do all we can to make it happen." For example, one person spoke about their wish to develop a close personal relationship and enquired about joining an online dating agency, established to support people with a learning disability. Staff supported the person to set up a profile and research dates when events were taking place. This person was wholly involved in writing their own risk assessment, with staff support. When attending organised dating events, the person asked staff to accompany them to provide moral support and reassurance. A relative told us, "One of the great strengths

of [the registered manager] and his team is their desire to help the boys [people] to continue to grow and develop and experience new things, they never stop growing."

People experienced outstanding care that was extremely flexible and responsive to their individual needs and preferences. People's care plans were person centred and contained detailed support that identified how their assessed needs were to be met. Care plans fully reflected people's physical, emotional and social needs. Support plans set out people's short-term, mid-term and long-term goals and were aimed at developing the people's skills in a range of areas. For example, one person had guidance about how to listen to other people's points of view and how to manage their own frustration calmly.

People and relatives told us they benefitted from excellent continuity of care because a stable core staff team knew them well, which ensured they received consistent care that was responsive to their needs.

Staff demonstrated a clear understanding of their responsibility to consider people's needs on the grounds of protected equality characteristics, as part of the planning process and provisions had been made to support individual's diverse needs. The Equality Act covers the same groups that were protected by existing equality legislation age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are now called 'protected characteristics'. Care plans demonstrated people's individual characteristics had been comprehensively considered, particularly in relation to disability; religion; sexual orientation and gender reassignment. Relatives praised the sensitive engagement of the staff in relation to these issues which included supporting individuals through relevant counselling processes.

People, relatives and professionals consistently told us that staff had outstanding skills, and an excellent understanding of people's needs relating to their protected equality characteristics and their values and beliefs. This had a positive influence on how they wanted to receive care, treatment and support. For example, one person and their family told us how staff had gone the extra mile supporting them with major life changing decisions and subsequent actions, which had had a significant positive impact on their personal life and mental wellbeing. A family member told us, "The support [their loved one] has received has been unbelievable. They have supported him every step of the way and he has only been able to do this because of the wonderful staff and the trust he has in them. He has never been so happy." Another person and their family told us that whilst at a previous placement one person's self-esteem, self-confidence and pride in their personal appearance had been undermined. They told us, "I now feel confident about myself and wear what I want without worrying what other people think."

Visiting health and social care professionals reported that the provider placed people's needs and wishes at the heart of their service. They told us that staff were focused on providing person-centred care and support which consistently achieved exceptional outstanding results. For example, one person now experienced significantly less episodes where they experienced behaviours which may challenge staff.

Staff were aware of people's diverse needs, for example; some people liked to practice their religious faith and attended a place of worship; staff were aware of this and respected the person's wishes. Staff had completed training in relation to equality and diversity and were committed to treating all people equally and without prejudice and discrimination.

People and their families consistently told us that the staff were extremely resourceful while supporting people to achieve their dreams and ambitions. For example, one person was being supported to realise their dream to live independently in the future.

Arrangements for social activities, and where appropriate, education and work, were innovative, met people's individual needs, and followed best practice guidance, so people could live as full a life as possible. For example, two people were supported to work in the community and attend college. Another person had been supported to develop their confidence to access the community using public transport. To gain confidence, staff accompanied the person to catch a bus at certain times, on specific routes, when they knew the driver of the bus would be a recognisable close family member, who could encourage them to step onto the bus.

Staff enabled people to be as independent as they could both within the service and in the community. Where appropriate, people were developing their independence and life skills, such as shopping and cooking. One person had been supported to overcome their fear of accessing the community and was now able to enter shops to look around, which they enjoyed. People's families consistently praised the staff for their commitment to providing fulfilling activities, which enriched the quality of life for their loved ones.

People regularly accessed the community, visiting shops, restaurants or pubs and undertaking planned activities including horse riding, power boating and swimming. Staff told us it was important to access the community to ensure that people were protected from the risk of discrimination and promoted acceptance and understanding. People and relatives told us they looked forward to going on holidays with their friends at the home.

The registered manager told us they were aware of their responsibilities in relation to The Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. Staff had taken innovative steps to meet people's information and communication needs, which ensured they complied with the Accessible Information Standard. People and relatives consistently told us that staff went the extra mile to address people's needs in relation to their protected equality characteristics, supporting them with personal issues relating to their sexuality, gender and personal relationships.

The provider had developed a computerised Picture Exchange Communication System (PECS), which it had tailored to meet the specific communication needs of people living at Oaklea. This system was used imaginatively by staff to develop social stories to support people to understand upsetting events and provide reassurance. Two people who had sadly experienced a bereavement, were comforted, using a social story to come to terms with the loss of their loved one.

During a recent heatwave staff provided information to each individual and placed information up around the home encouraging them drinking more fluids and explaining how to stay safe in the heat. Pictures were also available to help people indicate whether they were in pain and required some pain relief.

Staff had created individual PEC folders for each person to aid communication. People, relatives and staff told us these were especially useful for seeking feedback and exploring any concerns or worries people had and during 'residents' meetings.

There were regular opportunities for people and staff to feedback any concerns during residents' meetings, review meetings, staff meetings, supervisions and regular satisfaction surveys.

Feedback from people, staff and professionals was analysed and fed back to people and their families. Feedback was consistently positive, with many complimentary comments about the support provided, the staff and the overall service. People were invited to attend weekly staff meetings and one person chaired the weekly residents meeting and recorded minutes about the issues discussed, which they shared with staff.

People and their relatives knew how to complain. The provider's complaints policy and procedure were made available to people in a format which met their needs. People told us if they had a complaint they would raise it with the registered manager and were confident action would be taken to address their concerns. Relatives told us the registered manager made a point of speaking with them when they visited to make sure their loved one was happy and whether there was anything they could do to improve their quality of life.

Where concerns highlighted areas of required learning and improvement the registered manager had taken positive action, for example; ensuring staff encouraged one person with their personal grooming, whilst maintaining and promoting their independence.

At the time of inspection, none of the people using the service were receiving end of life care. Records demonstrated that staff had tactfully supported people and their families to explore and record their wishes about their preferred care options at the end of their life.

Is the service well-led?

Our findings

The home continued to be consistently well-managed and well-led by the registered manager who led by example and provided clear and direct leadership.

People, relatives, staff and professionals without exception praised the commitment and dedication of the registered manager to provide the best possible support for people. We reviewed the provider's appraisal of the registered manager which rated their level of achievement and performance to be excellent. This assessment was consistent with comments made by people and staff. For example, one person said, "Yes, he is brilliant he is always there when you need him." Consistent comments made by relatives included, "He is the glue that makes it work", "He has high standards and sets the bench mark for his staff who are inspired by him". Staff consistently praised the registered manager who inspired them to meet his standards and to provide the best quality of care to people. One staff member told us, "He is so kind and caring to everyone, including the staff, but he will not accept anything less than total dedication to the people who live here. Another staff member told us, "You can't fault him. He's always there and very supportive. I'm learning from him every day."

Relatives and staff consistently reported that the provider was very approachable and highly visible, for example one relative told us, "[Named providers] are just like [registered manager], you can talk to them about anything and you know they will do something about it." Staff told us the directors were highly visible and often "worked on the floor, hands on supporting people" if required.

The provider and registered manager had created an open, inclusive, person-centred culture, which achieved good outcomes for people, based on the provider's key values, namely, dignity, independence, choice, privacy, fulfilment and rights. One staff member told us, "The manager is so experienced, and the directors are nice and open. If you have a problem, you can speak with anyone. They are really fair and supportive and really do look after staff."

We observed staff demonstrating the provider's core values during their day to day support of people. The registered manager consistently monitored the support provided against these values to ensure they were embedded in staff practice.

The registered manager promoted open communication for both people and staff, which had created a confident network of support and compassion. People, relatives and professionals told us the registered manager and staff had created a real family atmosphere in the home, where people and staff cared for one another. People and staff told us the registered manager and other leaders within the home made them feel respected, valued and well supported.

Staff told us the provider and registered manager listened to their ideas and suggestions and gave them constructive feedback, which motivated them to provide the best quality care for people. For example, different staff members were invited to chair the weekly staff meeting to assist in their personal development. Staff felt comfortable to suggest new ideas to the management team were then encouraged

to implement them. For example, one member of staff suggested improvements to the medication stock check sheet, which was then further improved by another staff member's additional suggestion.

We reviewed documentation that demonstrated how the registered manager had developed and motivated an under-performing staff member to fulfil their potential. The provider and staff recognised the registered manager's significant contribution to staff development. For example, the registered manager had mentored one of their team who had then recently been appointed to manage another home within the care group. Other staff consistently spoke about the support provided in their personal development. For example, one staff member wished to enhance their knowledge and experience in relation to the administration of different types of medicines. The registered manager arranged for them to be temporarily seconded to another home to gain the desired knowledge and experience.

Where incidents, accidents or near misses occurred the registered manager completed reflective practice sessions which supported people and staff and ensured they received the required support or counselling.

The registered manager and provider readily recognised good work and staff achievements, Relatives and professionals spoke positively about the effective management of the home, particularly how staff were developed to support people's learning disabilities and other complex needs.

Staff were encouraged to question poor care practice and were supported to raise concerns, which was illustrated in a whistleblowing referral. The provider and registered manager completed a thorough investigation into the circumstances, which led to the member of staff being dismissed.

The staff had developed good links in the local community and the registered manager had established effective partnerships with professional services that reflected people's needs and preferences. For example, professionals consistently told us they experienced good communication with the provider, registered manager and staff.

The registered manager operated effective quality assurance systems to monitor the quality of service being delivered, including a series of audits including a dignity in care checklist, care files, medicines management, health and safety, fire safety management and maintenance.