

Healey Care Limited

Oakenshaw House

Inspection report

Oakenshaw View
Whitworth
Rochdale
OL12 8SP

Tel: 07712468169

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Ratings

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

Summary of findings

Overall summary

About the service:

Oakenshaw House provides accommodation, care and support for up to five people with a learning disability. The service does not provide nursing care. At the time of the inspection there were four people living in the home. The size of service meets current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

Oakenshaw House is an older detached property set in its own grounds. The home is part of a wider service provision which includes a day care facility, respite care and supported living.

People's experience of using this service:

The service provided care and support that placed people at the heart of their care, promoted their right to be independent and to determine how they lived their lives. All people spoken with had nothing but praise for the service and the excellent quality of life people living in the service experienced. They told us staff were passionate about providing an excellent service to people and changing people's lives. People's rights to privacy, dignity, and freedom of choice were firmly embedded into the culture of the home. Staff embraced people's diversity and this was reflected in the support plans we saw.

People told us they felt safe and staff were kind and caring. Staff understood how to protect people from abuse. Recruitment and matching processes ensured new staff were suitable to work in the home and outcomes for people were very positive. There were sufficient numbers of staff to meet people's needs in a flexible and safe way. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments were carried out to enable people to receive care with minimum risk to themselves or others. People were supported to take positive risks, ensuring they had maximum choice and control of their lives. People were protected from the risks associated with the spread of infection. The home was clean and odour free. There was an open and transparent culture in relation to accidents and incidents and they were used as opportunities to learn and reduce risks.

People's needs were met through detailed assessments and support planning. Staff worked with other healthcare professionals to improve people's quality of life and to ensure positive outcomes for them. Staff received training, support and supervision that ensured people's needs were well met. People enjoyed the meals and were involved in shopping for and preparing meals. They were supported to eat a nutritionally balanced diet and had access to various healthcare professionals, when needed. People with complex health needs received high quality and consistent care and support which improved their quality of life.

All people spoken with, told us staff were very kind and caring. Staff knew people exceptionally well and supported them to maintain relationships with people that mattered to them. Staff encouraged people to develop their independence, improve their self-esteem and enabled them to live the life they wanted. We saw examples of how people were supported to learn new skills which had enhanced their independence and confidence. People were empowered to express their views as part of daily conversations, various

forums and in-house meetings. People were treated with the utmost dignity and respect.

Each person had been involved in developing a support plan, which reflected exactly how the person wanted to be supported and what they wanted to achieve. We saw excellent examples of how people had been supported to achieve their aspirations. People's lives had been improved and enriched through meaningful and exciting activities, hobbies and interests which had enhanced their quality of life. The service responded well to concerns or complaints and people knew how to feedback their experiences.

The values of the service were known to staff and people using the service. Staff told us they received very good support from management and they felt valued and extremely proud to work for the service. The culture of the service was open and transparent and people were empowered to voice their opinions. Without exception, people told us the service was well-managed and they would not hesitate to recommend it to others.

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.

The principles and values of Registering the Right Support other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways: people's choice, independence and control were promoted and their support focused on them having as many opportunities as possible to gain new skills and become more independent.

Rating at last inspection:

The service was registered with us in July 2018, and has not been rated before.

Why we inspected:

This was a planned inspection of a new service.

Follow up:

We will continue to monitor the service to ensure that people receive safe and high-quality care. Further inspections will be planned for future dates.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Oakenshaw House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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:

The inspection was carried out by one inspector.

Service and service type:

Oakenshaw House 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. The registered manager was also responsible for another service.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We did not ask the provider to send us a 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 also contacted health and social care professionals and local authority commissioners and asked them for their views about the service. We used all this information to plan our inspection.

During our inspection, we spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with three people living in the home, the registered manager, the team leader and three support staff. We also spoke with three relatives. We had a tour of the premises and looked at a range of documents and written records. These included two people's records related to their care and support, two staff recruitment records, staffing rotas, training, induction and supervision records, minutes from meetings and complaints and compliments records. We also looked at maintenance and servicing certificates and records related to the auditing and monitoring of service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. They told us they felt safe and were happy with the care they received. Relatives spoken with, had no concerns about the safety of their family members. One relative said, "We have no concerns at all about safety."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- The provider made sure staff knew how to keep people safe and to protect them from discrimination. Staff had access to appropriate training and to policies and procedures.

Assessing risk, safety monitoring and management

- The registered manager and staff managed any risks to people's health, safety and wellbeing. Risk assessments included information for staff about the nature of the risks and how staff should manage the risks in a safe and consistent manner.
- Staff ensured people had maximum choice and control over their lives, including those with protected equality characteristics. Staff followed positive risk taking which supported people to have meaningful lives, and to undertake a range of activities, which had not been possible before.
- The provider kept records of accidents and incidents. The registered manager monitored the records and had taken appropriate action to reduce any further risks.
- Staff received training on how to keep people safe. This included moving and handling, fire safety and responding to healthcare emergencies.
- Staff and people living in the home participated in regular fire drills to ensure they knew what action to take to keep safe in the event of a fire. Emergency plans were in place including information on the support people would need in the event of a fire.
- The registered manager had carried out assessments of any environmental risks. Equipment had been serviced and any follow up actions were recorded.

Staffing and recruitment

- The provider made sure enough staff were available. There were enough staff available to manage and support people's needs and staff were provided flexibly.
- The provider ensured staff were recruited safely by following clear recruitment and selection processes.
- The registered manager gave people the opportunity to be involved in the interviewing of new staff. People were introduced to staff applicants and could ask questions that were important and meaningful to them. The registered manager told us this process was being improved.

Using medicines safely

- The registered manager and staff followed safe processes when managing people's medicines. The service had consulted best practice guidance in relation to medicines management and were reviewing their policies and procedures around this. These were made available to all staff.
- Staff were suitably trained to administer medicines and the registered manager had carried out checks on their practice.

Preventing and controlling infection

- The provider had systems to help prevent the spread of infection and staff had received training in this area. All areas of the home were clean and fresh smelling. Cleaning schedules were followed by staff and people living in the home.
- The provider had achieved a level four (good) rating at the Food Standards Agency check in March 2019.

Learning lessons when things go wrong

- The provider promoted an open and transparent culture in relation to accidents, incidents and near misses. Lessons learned were discussed at management and staff meetings, and during staff one to one support sessions.

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

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

- Staff assessed people's needs before they moved into the home to ensure they could be supported properly.
- Staff worked exceptionally well with other health and social care professionals to ensure robust and thorough assessments, which resulted in positive outcomes for people. One social care professional told us about their experience of the assessment process. They said, "From day one of this placement my client settled extremely well into the home; the move proved to be a fantastic success." A relative said, "Staff managed the transfer from another service amazingly well. [Family member's] needs were fully considered."
- Management and staff applied their learning in line with expert professional guidance such as the management of nutrition, skin integrity and falls. This led to good outcomes for people and supported a good quality of life.
- Staff considered people's protected characteristics such as religion or belief. Policies and the initial care assessment supported the principles of equality and diversity.

Staff working with other agencies to provide consistent, effective, timely care

- Management and staff worked exceptionally well with health and social care professionals, especially where people had complex or continuing health needs, to achieve positive outcomes for people. Health and social care professionals made very positive comments about the management and staff.
- Staff shared detailed information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known and care was provided consistently when moving between services.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to live healthier lives. There were excellent examples of how outcomes for people were positive, and how people's quality of life had greatly improved. A relative told us staff had worked with healthcare professionals to gradually reduce one person's medicines which had resulted in a more settled, active and happier life for them.
- Staff maintained a detailed health action plan, which provided information about people's medical conditions and records of all healthcare appointments. Information was also included about 'when I am ill'. This helped staff to understand people's health needs better. Staff supported people when attending healthcare appointments and had good links with GPs and community professionals to ensure people received a coordinated, prompt and effective service.

Staff support: induction, training, skills and experience

- The provider ensured staff were provided with a range of appropriate training which enabled them to

deliver high-quality care and support to people with complex needs.

- The provider made sure all new staff were given an in-depth induction to ensure they could carry out their role safely and competently. One member of staff said, "It was the best induction I have ever experienced."
- The registered manager provided all staff with regular support and supervision to support them in their roles. Supervision provided them with the opportunity to discuss their concerns, responsibilities and to develop their role. They were complementary about the excellent support they received from the registered manager.

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

- Staff encouraged and supported people, where possible, to be involved in planning menus, shopping for ingredients and preparing meals. This enhanced their skills and promoted independence.
- Staff provided meals at flexible times during the day to fit in with people's activities and routines; the evening meal was an opportunity to sit around the table and to socialise as a family. People told us they enjoyed the meals. Staff were aware of any food allergies and dietary preferences.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. Staff had developed strong links with speech and language therapists and any advice was well documented in support plans.
- Staff discussed healthy eating with people and considered this as part of the menu planning and preparation of meals. One person said, "The meals are good. We have healthy meals and we have takeaways."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager understood when an application for a DoLS authorisation should be made and how to submit one. At the time of the inspection, there were three authorisations and one further application had been made to the local authority. The service was compliant with orders made through the Court of Protection.
- The provider worked with the local authority to ensure where people were deprived of their liberty, any decisions made on people's behalf, were lawful and in their best interest.
- Staff had received training and demonstrated an understanding of the principles of the MCA.
- Staff made sure people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff reflected people's capacity to make decisions in the support plans. Where possible, some people had recorded their consent. Best interest meetings had been held for some important decisions to ensure people's rights were protected.

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

- The provider made sure the design and layout of the home was suitable for people living there. There were comfortable and bright communal areas, appropriately adapted bathrooms and en-suites and access to well-maintained and safe gardens and outside seating areas.
- Staff had supported and encouraged people to design their bedrooms to reflect their individual preferences. People were enthusiastic about their home and were happy to show visitors around.

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

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

- The provider made sure people were exceptionally well supported and cared for. People's personal histories and their interest and backgrounds were considered and they were matched with staff who had similar interests and personalities.
- Staff treated people with the utmost care, kindness and respect. People were happy with the support they received. They said, "I like being here. The staff are great, they care about us." A professional described the staff team as, "Very caring and knowledgeable towards those that they support." We also saw several messages of appreciation from people or their families, which highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. They included, "The care [family member] received has been marvellous."
- Management and staff focussed on building and maintaining open and honest relationships with people and their families. Relatives said, "They are very open."
- Staff responded to people in a warm, kind, caring and friendly manner. We observed good relationships between staff and people in the home. People were happy, comfortable and relaxed when with staff. We overheard lively discussions and much laughter between staff and people living in the home.
- People welcomed any visitors into their home. Visitors were instructed how to sign in, introduced to people, offered refreshments and, where appropriate, involved in discussions.
- Staff took time to sit and talk to people. Staff knew about people's preferences and how best to support them. Staff respected people's equality, diversity and human rights and recorded them as part of the support planning process.

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

- Staff encouraged and supported people to make decisions about their day to day routines, in line with their personal preferences.
- Staff consulted people about their support needs and, where appropriate, family members had been involved in support plan reviews on their behalf.
- Staff empowered people to express their views as part of daily conversations, various forums and in-house meetings. Information displayed around the home helped keep people informed of proposed events and any changes.
- Staff recognised people's rights to access an independent advocate and other useful agencies to protect their wellbeing. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to develop their self-esteem and to enable them to live the life they wanted. They

offered people opportunities to increase their independence and to have freedom and control over their lives. People told us they could choose what they want to do.

- Staff supported people to be as independent as they could. People were actively encouraged to learn new skills around the home and in the community which had promoted positive outcomes for them. For example, they participated in grocery shopping and preparing meals, they were involved in health and safety checks around the home and learned new skills such as independently walking up stairs. One person had employment in the local community whilst another volunteered as a DJ at the local day centre disco. People had gained independence and confidence with help from staff.
- Staff respected people's privacy, dignity and independence. People could spend time alone in their rooms if they wished. Bathrooms, toilets and people's bedrooms were fitted with appropriate locks and we observed staff knocked on doors and waited to enter.
- The provider made sure people's information was stored and held in line with confidentiality policies and with recent changes in government regulations.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff had a very good understanding of people's needs and wishes. People received care and support that was person-centred to ensure they lived the lives they wanted to. Staff maintained up to date information about each person in their support plan. The support plans reflected exactly how the person wanted to be supported and what they wanted to achieve. Staff were responsive to people's changing needs. People's support plans were constantly reviewed and appropriate referrals were made to relevant professionals, when required.

- Staff supported people to achieve their aspirations in every way. People's aspirations were recorded as wanting to use the stairs safely and independently, making a cup of tea, improving health and fitness, reducing their medication and learning to cook. There was very good evidence people had achieved their aspirations with staff help and support. For example, staff had developed easy to read recipe cards which had helped people with meal preparation, people were involved in fitness activities and one person had started running with staff as they wanted to enter a charity run.

- Staff supported people with their educational needs and wishes. One person expressed a wish to improve their writing skills, staff had been unable to secure a college place but supported them in other ways. For example, encouraging them to write shopping lists and completing checklists around the home had improved their writing. Another person had wanted to improve their reading skills. The person attended the local library and, with encouragement from staff, had progressed with learning a 'word of the day'.

- Feedback from relatives was very positive. They told us staff were passionate about providing an excellent service to people and changing people's lives. They said, "Staff have a can-do attitude. Any issues or obstacles are discussed and a solution is found to everyone's satisfaction" and, "[Family member's] health has improved. Staff have encouraged [family member] to become more independent and have managed any risks with this." They described how, with the dedication, encouragement, persistence and continuity of practice, their family member's health, happiness and confidence had improved.

- Staff gave people excellent support and encouragement to engage in meaningful and exciting activities, hobbies and interests which would enhance their quality of life. A professional commented, "My client is now doing things they never previously did, including developing peer relationships and socially interacting beyond the scope of my expectations." A relative said, "[Family member] has made some really good friends and gets out regularly. [Family member] didn't get out at the previous home. In all ways, [family member] is much happier largely due to the way the staff have managed this."

- The provider had found a lack of facilities available in the local community to meet people's needs. They had developed a centre which was run by staff and people using the service and was available for people using the wider service and their relatives. People could be involved in various activities and could meet their friends and make new friends. People also attended day centres and had made friends outside the service. Feedback from professionals about the day care support was very positive.

- Activities were varied and tailored to the individual. Following discussions with people who used the service, a local swimming pool and a fitness instructor was hired for weekly aqua fit sessions; people could attend the sessions, improve their health and socialise with friends from the wider service. People were involved in employment and volunteer work and with domestic tasks including cleaning, shopping and assisting with making meals.
- People were very happy with the activities available to them. Each person, with help from staff, had made a scrapbook and photograph album to remember important events and the activities they had enjoyed. These showed people had enjoyed a wide range of activities and entertainments. People told us they were involved in planning this year's holidays, either with families or with friends and staff. Staff encouraged and supported people to maintain contact with friends and family. Relatives told us they were made to feel welcome and were encouraged to join in any of the activities.
- The provider had involved people in the improvement of the service. People had been involved in a number of workshops to develop easy to understand policies and procedures and to discuss and influence changes in areas that affected them such as safety, complaints and management of money. We saw they had chosen the images and pictures that were used in the service's policies and records and had assisted with the development of records such as the complaints records and support plans.
- The service had developed good links with the local community and with the neighbours. People were involved in fund raising activities and supported local charitable organisations which were chosen by people using the service.
- Staff understood about the Accessible Information Standard. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. People's communication needs were identified and recorded in their support plans. These needs were shared appropriately with others. Information was available in a variety of formats, such as easy to read information and picture cards to meet the communication needs of people and to give people more control over their lives.

Improving care quality in response to complaints or concerns

- People and family members were confident that any complaints they made would be listened to and acted upon in an open and transparent way. The provider ensured the complaints procedure available was in easy read print and pictures. The information was clear about how to let others know if they were unhappy with their care or with something in the home.
- The provider monitored any complaints, compliments or concerns and used the information to understand how they could improve or where they were doing well. There was one recorded complaint which had been resolved appropriately. There were a number of compliments made about this service.
- The provider encouraged people and their relatives to discuss any concerns during review meetings and during day to day discussions with staff and management. People had also participated in a complaints forum which had helped increase their confidence and awareness of how to make a complaint. The service had used the information from the forum to develop user friendly policies and procedures.

End of life care and support

- The service had an end of life policy and procedure. They were not currently supporting anyone at the end of their life.
- Staff recorded and communicated people's choices and wishes for end of life care, if known.
- The provider ensured end of life training was available for staff.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Working in partnership with others

- The management team worked in partnership with external agencies where they could learn and share valuable knowledge and information that promoted the continued development of the service. For example, they were working in partnership with infection control and prevention specialists and had been asked to share their knowledge and tools with other professionals.
- The management team and staff had had a positive impact on people's lives by providing person centred support. We saw examples of where partnership working had improved people's safety and wellbeing in areas such as a reduction in the use of medicines, improved communication and in a reduction of falls. This was also reflected in the positive feedback we received from professionals, such as, "In my years of practice I have never identified a service as so person-centred, well-led and with so much input into the delivery of care; the environment is nothing short of astounding, including the location and the home itself."

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

- Management and staff demonstrated a high level of commitment and capability to deliver excellent care. The culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was clear management and staff knew people well and put these values into practice. Everyone we spoke with told us the service was managed well. A professional described the service as, "Being close to the ideal." Another said the management team were, "Excellent." A relative said, "I am incredibly impressed with the service and what they have achieved" and, "Everything about the service is brilliant. I am over the moon." A member of staff said, "It is a family orientated service."
- The provider made sure staff understood their individual responsibilities and contributions to service delivery. We found staff morale was exceedingly high and they felt valued and supported.
- The registered manager and provider ensured there was an excellent standard of organisation within the service. Records maintained were accessible, completed to a high standard and used for auditing purposes. We found auditing of the service to be thorough and an integral part of the operation of the service. When shortfalls were discovered, improvements were immediately actioned. The registered manager worked alongside staff carrying out care duties. She had a good understanding of people's individual needs, staff practice and the pressures placed on staff.
- The registered manager was knowledgeable about their legal responsibilities. Any notifications the registered manager and provider were obliged to make, had been made to CQC and the local authority.

Continuous learning and improving care

- The provider encouraged a strong culture of continuous learning and development within the service.

They shared and celebrated the success of the service with everyone involved.

- The registered manager had a clear vision for the home and was committed to the ongoing development of the service. The registered manager and provider were continually looking at ways they could develop the service. Plans to continue improvements within the service were available. People and staff were kept up to date with any changes that may affect them.
- The provider had signed up to local initiatives to promote quality care including the Driving Up Quality Alliance Code. This provided a thorough self-assessment tool which was specifically aimed at the improvement and development of learning disability services. They were also involved in the national project STOMP, stopping over medication of people with a learning disability, autism or both. They were currently working with the infection, prevention and control of infection team and had developed new tools to help identify and respond rapidly to infections and to respond to any changes in people's health. They worked with many different organisations to help people stay well and have a good quality of life. We saw good evidence of how this had positively impacted on people's lives.
- The provider had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. This demonstrated the registered manager and provider were working to continually monitor, develop and deliver a high-quality service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager planned and promoted person-centred, high-quality care to ensure excellent outcomes for people. Their values and the culture were embedded in the service and ensured people were at the heart of the support they received. People's diversity, personal and cultural needs were respected. Values included, 'Encourage My Development', 'Every Moment Has Potential' and 'Hear Me'. The management team shared the vision and values of the service with staff and people using the service.
- Staff were highly motivated and were committed to providing high standards of care and support. Staff told us they were valued and respected and received very good support from the management team.
- Management and staff were welcoming and there was an open and friendly atmosphere at the service. Compliments received by the service highlighted the quality of the care provided in the home. Throughout the inspection, people, relatives and professionals spoke highly of the management team and service.
- The registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness and honesty.

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

- The provider promoted positive outcomes for people by engaging with staff, people using the service and relatives.
- The provider consistently encouraged people to voice their opinions through different forums to ensure their voice was heard. This allowed the service to monitor, reflect and develop based on people's experiences.
- The provider ensured there was an open and transparent culture that supported equality and inclusion.
- The registered manager had an 'open door' policy so people could approach them directly to discuss their concerns openly and in confidence. People, their relatives and staff told us the registered manager was approachable and they would have no hesitation in talking to them.