

Scotts Project Trust

St Peters Row Delarue Close

Inspection report

1-3 St Peters Row Delarue Close
Shipbourne Road
Tonbridge
Kent
TN11 9NN

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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

St Peters Row Delarue Close is a small residential care home which is made up of three small houses. Each house has its own front door and own staff team. The service provides personal care to 15 people with learning disabilities or autistic spectrum disorder at the time of the inspection. The service can support up to 15 people.

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 receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were happy living at the service. Relatives said, "[Person] has lived there at least five years, she classes it as her home. She comes home to us every two weeks for a week and says she likes having two homes. We don't worry at all" and "They meet her needs wonderfully, I could not ask for better."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff recognised that people had the capacity to make day to day choices and supported them to do so. People were encouraged and supported to be independent. People were engaging in the community, for example utilising their local community to use ordinary community resources, shops, access day services and activities to ensure they had a good day. People were also supported to take holidays both in the UK and abroad.

The registered manager and staff continued to be responsive and worked continuously to make improvements to the service and provide people with high quality care. The registered manager and staff demonstrated a detailed knowledge of the people they supported. Over time they had developed trusting

relationships, so that people felt safe receiving support. The provider had been responsive to people's changing needs. People were happy and smiling. Relatives were extremely happy with the service.

The service continued to provide good quality care and support to people enabling them to live fulfilled and meaningful lives. The service was innovative and used assistive technology to enable people to be as independent as possible, such as electronic tablets, movement sensors and epilepsy alarms. People were able to have privacy and independence with staff accessible nearby if support was needed.

Staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Staff had received training, regular supervisions and appraisals. Staff were encouraged to continuously learn and develop by completing qualifications and additional learning. The provider continued to work with other organisations to ensure staff received current and best practice training and information.

Staff were extremely positive about the support they received from the registered manager and the provider. Every staff member enjoyed working with people at the service, this was evident as many staff had worked for the service for many years. Every staff member demonstrated passion and commitment to providing the best possible care and opportunities for people to live life to the full. This had led to a positive workplace culture, with staff feeling their voices were listened to. Staff told us they were proud of working for the organisation.

People had positive relationships with staff that knew them well. There were enough staff available to meet people's needs and give individual care and support. Staff had been recruited safely. There was a strong emphasis on person-centred care. People were supported to plan their support where possible and they received a service that was based on their individual needs and wishes. The service was flexible and responded to changes in people's needs.

Support plans detailed people's preferred routines, wishes and preferences. They detailed what people were able to do for themselves and what support was required from staff to aid their independence wherever possible. People were involved in review meetings about their support and aspirations. They were involved in setting goals and targets and were supported by staff to achieve these.

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

Rating at last inspection

The last rating for this service was Good (published 23 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

St Peters Row Delarue Close

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

St Peters Row Delarue Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 the inspection

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 contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners, local authority safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. A local authority commissioner also told us they had not visited the service in over one

year.

During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. Relatives sometimes referred to the service by the provider's name in their feedback. Some people were not able to verbally express their experiences of living at the service or were sleeping. We observed staff interactions with people and observed care and support in communal areas.

We spoke with five staff including; support workers, team leaders, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a community nurse who visited the service regularly.

We reviewed a range of records. This included three people's personal records, support plans and a range of people's medicines charts, risk assessments, staff rotas and two staff recruitment records. We also reviewed a variety of records relating to the management of the service, including policies and procedures and meeting minutes.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

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

- Staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. Staff described what abuse meant and told us how they would respond and report if they witnessed anything untoward.
- Staff told us the management team were approachable and always listened and acted where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. Staff knew how to raise and report concerns outside of their organisation if necessary. One staff member said, "I would report [abuse] to the manager or team leader. I could call police or raise a complaint externally. I have confidence it would be dealt with."
- Posters and information were on display around the service telling people about how to stay safe. This information was in an easy to read format to help people understand.
- Relatives told us their loved ones were safe. Comments included, "She is absolutely safe, I'm grateful and thankful" and "We don't worry at all, it is a safe environment there, any issues that turn up they contact us."

Assessing risk, safety monitoring and management

- Risks to people's safety and individual health and wellbeing had been assessed and well managed. We observed staff supporting people to maintain their safety in the service as well as supporting people to mobilise safely. One person told us they felt safe when staff helped them to transfer using a hoist.
- Risks to the environment had been considered as well as risks associated with people's mobility and health needs. People who required hoisting had detailed assessments in place. These had not always showed the size of the sling and which coloured loops to use. We discussed this with the registered manager who made immediate changes.
- The equipment and the environment had been maintained. The provider's maintenance team carried out repairs and maintenance in a timely manner.
- Checks had been completed on the fire equipment. Each person had an evacuation plan describing the support they would need to leave the building in an emergency. Water temperatures had been recorded to check they were below 44 degrees to reduce the risk of scalding. Where there had been higher temperatures, timely action had been taken to address the issues.

Staffing and recruitment

- Staff had been recruited safely to ensure they were suitable to work with people. The provider had carried out checks to explore staff members' employment history and had taken up references before staff started work.
- There were suitable numbers of staff to provide the care and support people were assessed as needing.

Assessments of staffing levels had been undertaken to ensure there was adequate staff to meet people's needs.

- The service had some staffing vacancies which they were recruiting to. The service employed bank staff who picked up shifts when they were needed which reduced the need to use agency staff and helped fill any shortfalls during the recruitment period. This meant people received care and support they knew well.
- Relatives told us staff knew their loved ones well. A relative said, "Staff know her well, everyone loves [my relative]." People told us who their keyworkers were, people appeared comfortable with staff. There was lots of chatter and laughter throughout the inspection.

Using medicines safely

- Medicines were securely stored and kept at the correct temperature to ensure their efficiency. People's medicines were regularly reviewed by their GP and health professionals.
- Medicine administration records were complete and accurate, and people received their medicines as prescribed. Medicines records and stock levels were regularly audited. A relative said, "We are so lucky, they manage medicines well. There are such a lot of medicines it is quite overwhelming." Another relative told us, "They are very fastidious with medicines."
- Some people were in receipt of as and when required (PRN) medicines. PRN protocols were in place for most people to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This meant staff working with people (including those administering these medicines) had all the information they needed to identify why the person took that particular medicine and how they communicated the need for it.
- Staff had been suitably trained. They followed the arrangements in place to ensure people received their prescribed medicines. Competency checks were in place to make sure staff practiced safe medicines administration.

Preventing and controlling infection

- All staff had received the appropriate training to learn how to minimise the risk of infection spreading.
- Staff told us they followed good infection control practices and used personal protective equipment (PPE) where necessary to help prevent the spread of healthcare related infections. The registered manager had provided staff clear guidance and information regarding hand washing and additional measures had been put in place to protect people from the risks of Coronavirus following advice from Public Health England.
- The service was clean and smelt fresh when we inspected.

Learning lessons when things go wrong

- The provider had systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again.
- Lessons had been learnt from a recent fire drill which had taken place when some agency staff were on shift. There had been a delay to the evacuation and some confusion. The registered manager had reviewed the fire procedures and induction processes so that all staff knew what to do in the event of a fire.
- Records evidenced where follow up action had been taken after the accident or incident. This included who had been notified of the incident and whether care plans and risk assessments had been updated.

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

- Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person. There had been no new admissions to the service since our last inspection.
- The assessment included assessments of people's oral healthcare as well as making sure that support was planned for people's diversity needs, such as their religion, culture and their abilities. People were reassessed as their needs changed to ensure the care and support they received met their needs. A relative said, "We are so lucky, he is very well looked after, they are meeting his changing needs and thinking ahead."
- Some people's physical health and mental health had changed drastically since the last inspection. The service had worked with healthcare professionals to ensure that these additional needs could be safely met. Equipment had been put in place and additional staffing had been put in place to enable people to remain living at the service with their peers being supported by staff that know them well.

Staff support: induction, training, skills and experience

- Staff had received statutory mandatory training. This included; food hygiene, first aid, fire, oral healthcare, equality and diversity and moving and handling people. Relatives told us staff were well trained. Comments included, "My daughter can be difficult to support at times on account of her specific needs. I am grateful to the staff at St Peter's Row for their commitment to ensuring that these difficulties do not prevent her from being involved in activities and new experiences. This demonstrates that they have the knowledge and skills to meet the needs of individuals within the service" and "Staff are well trained."
- Staff had received training to enable them to meet people's specific health needs such as autism, epilepsy, catheter care, pressure area care and PEG (Percutaneous endoscopic gastrostomy). PEG is a tube which is passes into a person's stomach to enable them to receive specialist food and hydration because they are unable to have food and fluids orally.
- New staff had completed an induction to the service which included shadowing experienced staff, completing training and completing 'The Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. A staff member told us, "When I started was shown around, I met staff and residents, I went through the aims, goals and targets of the company, met with [registered manager], read policies and procedures, read care plans, did shadowing for about two months. The induction was quite beneficial, it made me familiar with my surroundings."
- Staff had received effective support and supervision for them to carry out their roles. Staff were supported to undertake qualifications in relation to their roles. Staff told us they felt well supported by the registered manager. One member of staff told us, "I feel well supported, it's a really nice place to work, I love working

here."

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

- People told us they liked the food at the service. Meals and drinks were prepared to meet people's preferences and dietary needs. These included pureed meals, gluten free food and low sugar diets. People had their meals in the dining rooms. People in each of the houses within the service chose their menus for the week. The menu board in the dining area listed the choices available.
- People were involved in food shopping as well as preparing and cooking their meals. Where the risks of a person being near a cooker were high, people were supported to prepare meals at the dining table which kept them safer.
- There was a good system in place to check that people had drunk enough to keep themselves healthy and hydrated. Records relating to food and fluid intake were clear, consistent and accurate.
- People had been weighed regularly. A relative said, "They meet her needs nutritionally and they monitor her weight." Another relative told us, "They are very careful about meals, they plan these, they are good they definitely encourage healthy eating." Where people had lost weight and this was a concern, appropriate referrals had been made to the GP and other healthcare professionals.

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

- People were able to find their way around the service and knew where their bedrooms were. Bedroom doors were identified by numbers and with pictures and signs. People's bedrooms were decorated and furnished to their own tastes. Two people told us they had chosen the colours of their rooms.
- People had access to a secure garden which had seating. One person enjoyed working in the garden each week which they did with staff and their relatives. The paving in the garden had been replaced with anti-slip paving to provide safe access.
- The service had installed a new assisted bath and hoisting equipment to enable people who had reduced mobility to enjoy a bath.
- Some people had developed dementia as they were aging, and this was starting to impact on their lives. The service was working with healthcare professionals and following good practice guidance to make changes to the environment to enable people to find their way around the service. Other equipment was in place to support people, such as; movement monitors to detect when a person was out of bed and epilepsy bed monitors to detect if a person was having a seizure during the night. These helped people to stay safe and be independent.

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

- Staff continued to support people well with their health needs. Staff knew people well and picked up when they were not acting in their usual manner.
- Relatives confirmed people's health needs were well met. One relative told us, "Her health needs are very well met, she has regular medication. Dental care is done at Kings College Hospital."
- Staff had a good understanding of people's health needs. They supported people to attend regular health appointments and check-ups and liaised with the GP for referrals to other health professionals. The service worked closely with the local authority's community learning disability team and with health professionals such as speech and language therapists, physiotherapists and occupational therapists. Community nurses provided people nursing care on a regular basis.
- A community nurse told us that staff followed advice and guidance given in relation to managing skin integrity and the use of barrier creams. They also said, "When the [person] was having problems with his catheter, the carers liaised with us district nurses, the hospital specialists and community bladder and bowel nurse specialists to develop an appropriate plan of action which has now resolved the catheter

problems. We review this on each visit and advise the carers."

- Information about people's health needs and their preferences for support was shared with healthcare staff when people were admitted to hospital to enable people to be supported in accordance with their needs and wishes. Staff provided support to people during any hospital stays to alleviate any distress they may experience from their unfamiliar surroundings.
- People were supported to attend regular health appointments, including appointments with consultants, mental health teams, ear syringing clinics, dementia support and specialist nurses. People were also supported to see an optician, dentist and chiropodist regularly. Records showed that staff took timely action when people were ill. One member of staff said, "People have annual health checks at the GP, consultants' appointments, we make sure they understand what healthcare professionals are saying."
- When people's needs changed, this was discussed at staff handover. Handover records were checked each day by the registered manager to keep an updated view of people's care and support and health needs.

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 registered manager and staff were knowledgeable about the MCA; clear guidance was provided to staff within people's care records. The registered manager had made DoLS applications to the local authority. Some of these applications had been authorised by the local authority at the time of this inspection. The registered manager monitored when they were authorised or due for renewal, some people had conditions attached to their authorised DoLS and these were met.
- Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to wear and what they wanted to eat. One staff member told us, "Decision making is discussed in meetings with people, as well as medicines and safeguarding. People make day to day choices." A relative told us, "Staff are very respectful in the way that they talk to my daughter and others. On account of her specific needs she can become very anxious and obsessional about particular things. Staff are very supportive of this and assist her with making decisions in order to reduce her anxieties and enable her to participate in activities."
- People's capacity to consent to care and support had been assessed and recorded. For example, people had signed and consented to the care that was provided by the service. Where required, people had mental capacity assessments completed which followed the principles of the MCA. For example, they involved those important to them and decisions were made in people's best interest.

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 told us they were happy and liked living at the service. Relatives told us staff were kind and caring. Comments included, "All [staff] very caring and understanding"; "Staff come across kind and caring, there is a nice atmosphere. It is a friendly atmosphere"; "She is so happy there"; "He is absolutely happy in this home from home" and "[Loved one] would say staff are kind and beautiful."
- Staff supported people in a friendly, upbeat manner and in a way which met each person's needs. People felt comfortable with staff. For example, people sought staff out and chose to spend time with them. People were relaxed in the company of the staff, smiling and communicated happily using either verbal communication, through electronic speech aids, picture exchange, expressions and gestures.
- A member of the public got in touch with the service just after the inspection site visit to commend a member of staff. They wrote, 'I was writing to inform you of how touched I was to see how caring your employee [staff name] was to the gentleman he was caring for. I'm a waitress at [pub and restaurant] in Tonbridge and served the gentleman his lunch. It was lovely to see how [staff name] acted more as a friend than a carer and was laughing and joking with him, making conversation, encouraging him to have a drink whilst he was eating and all in all just being lovely. It was really touching to witness. Keep up the amazing work you guys do, it made my day!'
- Staff were knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could discuss things with them that they were interested in and ensure that there were good and meaningful interactions.

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

- People were not always able to express their views and needs verbally. Support plans were in place which detailed their communication needs. We observed staff supporting people to communicate using equipment and aids which enable people to be fully involved in choices, decisions and enabled them to maintain contact with their peers.
- People were seen to be visibly smiling, laughing and engaging with people and staff around them. Staff described to us the signs to look out for with people which would indicate they were becoming distressed, unhappy or in pain. This showed they knew people well. Relatives told us their loved ones were extremely happy. One relative said, "She is thriving there." Another relative said, "When he had his 30th birthday his whole family was invited to his party. It was lovely to see him surrounded by all his friends."
- People were involved in making decisions about their care and support and they were encouraged to express their views on how they preferred to receive their care and support. A relative said, "I have been able to witness the staff supporting my daughter to make decisions by providing explanations in a way that

enables her to make choices."

Respecting and promoting people's privacy, dignity and independence

- People were supported with dignity and respect. Staff were discreet when asking people if they needed to use the toilet. Staff ensured any support with personal care was carried out behind closed doors. Personal records were stored securely in the office and only accessible to those authorised to view them.
- We observed that people were supported and encouraged to do more for themselves and enabled to be as independent as they could be. For example, people were seen making their own drinks, breakfasts and snacks and taking part in chores. One relative said, "She cleans her room, keeps her busy. She loves what she does, they are very good." Another relative told us, "Since living at St Peter's Row my daughter has been encouraged to develop her independence and to learn new skills e.g. She has recently been working on preparing a Spaghetti Bolognese meal."
- People were supported to maintain important relationships. People were supported to stay in touch with their relatives. People were supported to visit their relatives. One relative said, "I see her one weekend a month [at my home]. I see her most weekends [at the service]." Another relative gave us an example of how staff enabled them to maintain contact. They said, "They were really good a few years ago when we both were very ill and hadn't visited for several weeks. We did not want to give [loved one] our germs, she was fretting about us. They brought her to our house, and they supported her from the bottom of the drive to see us and we were on the doorstep. It reassured her as she was fretting."

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- Support plans were in place to describe the care and support people needed, they included important information individual to people such as diagnosed medical conditions, so staff had clear information on how this affected them. People had set goals and aspirations to achieve and were actively working towards these. One person told us they were learning to make a quiche. People's support packages were reviewed annually, relatives told us they were involved with these.
- Support plans detailed what people could do for themselves and were written in a way to encourage people to make choices. For example, one support plan detailed that a person had special cutlery and plate guard to enable them to eat independently. Their support plan showed that on occasions they may need staff to assist with this. Another person was able to manage their personal care needs by themselves but required staff assistance to wash areas they could not reach as well as their hair.
- People told us they made choices and we observed people making choices throughout the inspection. One relative told us, "My daughter was placed at Scott's (Scotts Project Trust) as I was anxious that she had opportunities to live as independently as possible and make her own life choices. She has been able to do this within a safe and inclusive culture at Scott's Project."

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.

- People were given information in a way they could understand. There were pictorial notices around the service to keep people informed. These included information about the service, keeping safe and how to make complaints.
- People used technology to support them to communicate and make choices. For example, people used electronic tablets, speech enabled talkers, picture cards as well as easy to read prompts and signs.

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 accessed activities which met their needs. Some people took part in activities taking place in the provider's day activity centre as well as community activities. During the inspection some people chose to stay at home, some people chose to attend different activities, people were supported to go for appointments and one person spent time in the garden. Relatives told us their loved ones had enough to do to keep them active, healthy and stimulated. One relative told us, "She has a better social life than me, just

has some rest days."

- Activities included evening activities and clubs which people could take part in if they wished. People showed us pictures of themselves dressed up attending parties and a masquerade ball. People were supported to go on shopping trips and go out for meals. People were also supported to go on holidays. People showed us photographs of their holidays and told us they were planning more. A relative said, "There is a full programme of day and leisure activities at Scott's Project which provide my daughter with new experiences and also enable her to develop new skills."
- The registered manager told us they had driven one person several hundred miles to enable them to maintain contact with one close friend. The friend had known the person since they were a young child and was no longer able to travel to Kent to maintain the contact which they both valued.
- People were enabled and supported to maintain and develop relationships. One person told us about their boyfriend who lived in another house, they were enabled to spend time together. Another person had a special relationship with a person who attended the provider's day service, so they were supported to go and spend time with them when they were well enough.

Improving care quality in response to complaints or concerns

- There had not been any complaints within the last 12 months.
- People and their relatives told us they would complain to the staff or registered manager if they were unhappy about their care. Comments included, "I would tell [registered manager]" and "We have made no complaints. If we did, we would go direct to service"; "I would have no concerns about raising issues with the manager or staff team. I have not had occasion to raise any issues or concerns in recent years" and "I feel able to contact the service."
- The complaints policy was on display and gave people all the information they needed should they need to make a complaint. This was available in an easy to read and accessible format.

End of life care and support

- The service was not supporting anyone at the end of their life.
- Some work had been done with some people and relatives to explore wishes and plan for the future. This included their wishes and preferences and set out whether they had a funeral plan and whether they wished to be buried or cremated.
- One person had consented to DNAR (do not attempt resuscitation) with their GP or consultants, this had been regularly reviewed with the person and their GP.
- Some discussions about end of life had taken place within the regular 'service user forums' within the service. These discussions had taken place between people and staff when people were sharing their experiences of losing loved ones.

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

- People and their relatives knew the registered manager and felt that there was an open culture. Relatives told us they would recommend the service to others. Comments included, "We have nothing but praise for them, without a doubt we would recommend them to others"; "I absolutely would recommend it. Totally happy with it, grateful to them all. It is a lovely place" and "Definitely, wholeheartedly would recommend the service to others. It's an excellent service."
- Staff told us the registered manager encouraged a culture of openness and transparency. Staff felt well supported by the management team.
- Trustees supported the provider by carrying out checks of the service on a monthly basis. These checks included, talking with people, staff, checking records, checking the building and general observations.
- The provider's statement of purpose stated that their main aims are, 'We aim to provide for each service user a package of care that contributes to his or her overall personal and healthcare needs and preferences. We will co-operate with other services and professionals to help to maximise each service user's independence and to ensure as fully as possible the services user's maximum participation in the community.' It was clear from the experiences of people living at the service and our observations that the provider was meeting their aims and objectives for the service.

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 had a good understanding of their responsibilities under the duty of candour.
- The registered manager demonstrated that they were committed to ensuring that people received improved experiences and high-quality care.

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

- The registered manager had notified us of specific incidents relating to the service in a timely manner. These notifications tell us about any important events that had happened in the service.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The last inspection rating was prominently displayed at the main entrance, as well as being displayed on their website.
- There were a range of policies and procedures available to staff governing how the service needed to be

run. These were regularly reviewed and updated.

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

- The provider continued to send out surveys once a year to people, relatives and staff to gain feedback about their experiences of living, visiting and working at the service. Survey feedback was positive from everyone surveyed. Relatives had commented, 'Keep doing what you are doing'; 'I believe that the quality of life for individuals is excellent, and I am grateful for all that is done for my daughter.' Staff had fed back in their survey responses that they would recommend the Scott's Project Trust as an employer and felt valued.
- People were asked for their feedback through regular forums/meetings. These took place every other month. Meeting records showed that everyone was involved, discussion topics included keeping safe, oral healthcare, how to complain, food, holidays and any other topics which were important to people.
- Compliments had been received. One health and social care professional had commented, 'The staff team at the Scott's have been magnificent and have gone beyond their remit of care'
- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly. Staff said, "There has been updated information regarding Coronavirus and in meetings, we get copies of minutes"; "We have staff meetings once a month, we have house meetings monthly too" and "Lots of meetings and guidance."

Continuous learning and improving care

- Systems were in place to check the quality of the service including reviewing support plans, incidents and accidents, health and safety, safeguarding, medicines, infection control and maintenance. Where issues had been identified records showed that actions had been taken in a timely manner.
- The systems to review and check the quality of the service were robust.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent care and treatment.
- Staff told us they were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from the community nurse, GP or dietician.
- The registered manager told us they had attended the local authority registered manager and provider forums and Skills for Care forums to develop support networks outside of the organisation as well as to keep up to date with good practice.
- The service got involved in a number of community and charity events. The service had supported a cancer charity which was organised by one of the people living at the service.