

Advance Housing and Support Ltd

Advance Oxfordshire

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Advance Oxfordshire is a 'supported living' service that provides support packages for people with a learning disability or autistic people. Supported living is the name given to support people who either live in their own homes, either through a tenancy with a housing provider, or live in their own homes through ownership or shared ownership with a housing association.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

Right support: The model of care and setting maximised people's choice, control and independence. Support plans were detailed and person-centred. The support plans provided guidance for staff about how best to support people's needs and preferences.

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 received training and support to enhance their skills and understanding in relation to maximising choice, promoting person-centred care and creating the right culture.

People had access to a range of activities and social opportunities.

Right care: Care was person-centred and promoted people's dignity, privacy and human rights. Staff had received training to ensure they promoted, protected and respected people's privacy and dignity. People had access to health care professionals when they needed them. The provider had systems in place to support people appropriately.

Right culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service led confident, inclusive and empowered lives.

There were safeguarding procedures in place and staff had a clear understanding of these. Robust recruitment checks had taken place before staff started working at the service. There were enough staff available to meet people's needs.

People's medicines were managed safely. Staff followed government guidance in relation to infection prevention and control.

There were systems in place to monitor the quality and safety of the service and any learning was identified and acted on. Staff said they received good support from the registered manager and the supported living co-ordinators.

The registered manager and staff worked in partnership with health and social care providers to deliver an effective service.

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

Rating at last inspection: This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Advance Oxfordshire

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to ensure that people could consent to a home visit from an inspector.

Inspection activity started on 26 April 2022 and ended on 24 May 2022. We visited the location's office on 28 April 2022.

What we did before the inspection

We reviewed information we had received about the service since they had registered with the CQC. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, a support manager, two team leaders, and care staff.

We reviewed a range of records. This included three people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at three staff files in relation to recruitment and staff supervision, training data and quality assurance records. We sought feedback from the local authority and professionals who work with the service. We also sought feedback from staff via an email questionnaire.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. The provider had developed a safeguarding culture focussing on the personalised outcomes desired by people with care and support needs who may have been abused. For example, a person who had been a victim of hate crime was supported to have a meeting with the safeguarding team and a session with staff. People were updated about outcomes of safeguarding investigations.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.
- Staff had received training in safeguarding people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate the concerns. Staff told us they were aware of how to report any concerns and if no action taken, how to report this outside of the organisation. Comments included, "If I had any concerns with the people, I support I would go to my line manager, if I cannot contact my line manager, I would go to my operations manager" and ".There is also a phone line you can call which is found on the intranet or whistle blowing policy".

Assessing risk, safety monitoring and management

- People's care needs were risk assessed and support plans provided staff with the information they needed to manage the identified risk. For example, risks in relation to epilepsy, medicines, finances and coronavirus. People's ongoing risk assessments were reviewed on a regular basis and when needs changed.
- Positive Behaviour Support (PBS) plans were in place and information was recorded about what may cause emotional distress or frustration. It went on to describe potential triggers and ways to de-escalate the situation if it arose.
- Accidents and incidents were recorded and analysed. Risk assessments were reviewed following incidents to ensure the service was meeting the needs of people appropriately. A member of staff said, "Depends on how bad the incident is. Sometimes it's an informal debrief and discussion or it could be a team meeting to discuss a policy change or other training that may be needed."

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Checks included seeking and following up references and undertaking Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were based on support hours identified in people's needs assessments. Staff training competence were considered when allocating staff to ensure people's specific needs were supported by the right staff.

- Staff commented they felt they had the time and support to deliver people's care. Comments included, "I do have time and necessary training to provide support and care on a compassionate and personal way".

Using medicines safely

- Medicines were managed safely. People received their medicines in a safe way and systems ensured timely administration of medicines.
- Staff were trained to administer medicines. Staff (including agency staff) had to undertake training before they could administer medicines and received regular competency checks to ensure they administered medicines safely. A member of staff said, "I was shown the medication file which included medicines administration record (MAR), as required medicines stock count, and incoming/returning medication sheets. I was shown [people's] medications, when they're taken, how much of each, and how [person] is involved (we measure then they take it themselves). I was observed three times before I was able to administer the medication myself".
- Regular audits of medicines took place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager had weekly calls with the quality and improvement manager within the local authority to discuss operational day to day concerns with a focus on improvement. All incidents were shared with the quality improvement manager who took an active role in the monitoring of the service.
- Staff were updated after incidents. This was either individually or via team meetings. One member of staff said, "This could be done by a 1.1 meeting with you to go over what has been done and measures put in place moving forward".

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service through initial assessments. People and other relevant persons were involved in this process.
- People received tailored support that was centred around their assessed needs, choices and decisions. The information gathered during the assessment was used to develop support plans and risk assessments.
- Information within care records included preferences with daily routines. We observed staff providing support in accordance with people's support plans.

Staff support: induction, training, skills and experience

- New staff had an induction timetable and completed mandatory training before commencing work. They were required to shadow at least five shifts with more experienced staff to ensure they were confident in their role. Observations also took place by management to ensure staff were responding appropriately to the person and following the support plan.
- Staff received training relevant to people's needs. The provider's Care Academy System featured a mix of classroom, online and work-based assessments, and practical observation.
- Records showed that staff received training in a wide range of areas. This included health and safety related training and specific training in areas such as autism and learning disability awareness, epilepsy and person-centred thinking and planning. A member of staff said, "I completed the induction sheet which covered essentially everything I'd need to know about my service, policies and procedures, and my employment e.g. holiday entitlement, shift patterns etc. I managed to complete some of my care academy training while I was being inducted. Some being on shift and some being at home".
- Staff had regular supervision and observations of their work performance. The probation period was used to assess how staff were performing in their new roles.

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

- People's care records included assessments of their dietary requirements and food likes and dislikes.
- We saw people's support plans detailed their favourite foods and foods they disliked. Details were also given about individuals' ability to prepare food and drink and how to support the person to do this safely. It also detailed what the person could do for themselves and what they may need support with. One person told us they planned what they wanted to eat and went shopping for food and cooked their own meals which they preferred.

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

- People's health and wellbeing was maintained with relevant interventions such as annual health checks and access to primary care services such as GP's.
- People had access to other healthcare services, ensuring a holistic level of support was provided, such as the dentist, opticians, podiatrists and hospital specialists in areas such as epilepsy. Staff confirmed timely referrals were made where necessary.
- Health passports (documentation that details people's health needs and contains other useful information) were used. The provider took extra measures during the pandemic by laminating hospital passports that could be wiped clean and disinfected if the person were admitted to hospital to reduce infection.
- People were supported to report any maintenance issues in their properties to the relevant landlords.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments were used to ensure people's best interests were met in the least restrictive way to ensure a positive outcome. People's capacity to make decisions was assessed and these were retained within their care records. We saw best interest decisions were made and followed by staff where necessary and documented appropriately.
- People were supported to make decisions on the outcomes they wanted to achieve which may not always be considered to be a wise one. For example, one person decided to delay starting medicines by a day that may interact with alcohol. They decided to start their medicines the day after an event where they wanted an alcoholic drink. A member of staff said, "People actively participate and decide on whatever issues that affect them. I have been trained on Mental Capacity Act".
- Staff received the relevant MCA training to support their knowledge and understanding and worked in accordance to people's best interest decisions. Staff described their understanding of MCA and were able to identify their responsibilities to comply with the legislation. We heard lots of examples from staff about the importance of people making their own decisions and choices and the importance of this.
- Deprivation of Liberty Safeguards and Court of Protection applications were sought when necessary to ensure people's rights were respected where they lacked capacity in certain decisions.

Is the service caring?

Our findings

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

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

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

- Staff engaged with people in a friendly and caring manner and their conversations with people were good natured. Staff were attentive to people's needs. People told us they were treated with kindness and respect. One person said, "I moved here in [year]. I want to stay here. A relative told us, "They are good at being able to recognise his needs and are good at listening".
- The provider had a Diversity, Equality and Inclusion Policy which was discussed with staff as part of their induction and updates were provided at team meetings and supervision sessions.
- Staff had received training on equality and diversity. Staff said they were happy to support people with their diverse needs. Support plans explained whether people had any specific religious or cultural needs and how these would be met. People were supported by staff to attend church if they wished. One person was able to access church services during the pandemic and visits to the person from the church were also safely facilitated.
- Staff received training on dignity and respect. This was also considered during recruitment by using Values, Behaviours and Attitudes (VBA) interviewing. VBA interviews look beyond experience and qualifications, assessing values, attitudes and behaviours, asking questions relating to Advance's organisational values which are: Partnership, Respect, Innovation, Drive and Efficiency (PRIDE). This helped to ensure potential employees demonstrated an interest in human rights, asset-based approaches, and wanted to make a change to others' lives.
- The provider's PIR stated their commitment to supporting and advancing the rights of people through co-production, policies recognising the importance of relationships and sexuality, supporting the right to vote and ensure fair and equal access to health services.

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

- People's views and decisions about their care were documented in their support plans. We observed staff interacting with people and supporting them in a way that allowed people to have control over their lives and make day to day decisions.
- A social care professional provided feedback stating, "The people that they support are listened too. They are respected with their wishes. I know that managers have been asked previously to do things that has gone against this, and [registered manager] has refused to be part of this and has been clear about the [person's] capacity and rights. Unwise choices are supported if needed".
- Staff were aware of local advocacy services and how to make a referral for people if required.
- The provider stated in the PIR that people had the right to explore and express their own sexuality, and to engage in personal relationships where they wished, and had capacity to consent to this in line with the

Mental Capacity Act 2005. People had control of and managed their own personal relationships and sexuality. Staff offered the appropriate level of support to promote people's wishes in this area. During the inspection, we saw that people had developed important relationships and were supported in these.

- The provider's Customer Engagement Team worked with Supported Loving to do a session at a customer conference and co-delivered a webinar for Learning Disability England around sexuality and relationships. A session took place as part of lesbian, gay, bisexual, transgender and non-binary people (LGBT+) History Month in collaboration with Mindout dedicated to combatting prejudice against and increasing the visibility of LGBT+, their history, lives and their experiences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and they were encouraged to do things for themselves.
- Staff told us they encouraged people to be independent by supporting them to manage as many aspects of their own care that they could. For example, a person who was partially sighted was supported to buy a one cup kettle to enable them to make their own hot drink without the risk of over filling the cup and getting scalded. This gave the person more independence with making their own drinks.
- People's privacy and dignity were respected. Management carried out observations to ensure care was person centred and respected people's privacy and dignity. For example, support workers were trained to ask people for their consent prior to delivering personal care and respect their privacy by ensuring they were not exposed and cover them with a towel.
- People's confidentiality was respected. Some people chose not to have their information shared with family members and this was respected in line with considering capacity under the Mental Capacity Act 2005. We heard during the inspection about the challenges this brought, but the registered manager was very clear about the importance of respecting the individual's choice as they had capacity to do so.

Is the service responsive?

Our findings

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

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

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

- Care plans were detailed and person-centred. The support plans provided guidance for staff about how best to support people's needs and preferences, such as daily routines. Staff completed daily care records for people, which showed staff were meeting people's individual needs as recorded in their support plans.
- A social care professional provided feedback stating, "Support plans are always completed jointly with the people they support, I have known staff to go above and beyond to meet need. Outcomes are an important part of my role and I have always had the support of [registered manager] and her team, they are realistic in what outcomes they can support with, always giving choice and control to the person they support".
- People were encouraged to be involved at meetings to review support plans. A health care professional said, "When I was working with this staff team and we were having [type of] meeting for the client, the manager/staff team were very thoughtful about how best to include the client in these meetings so that the client was included but that it did not cause distress to the client".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed when they started to use the service. Each person's specific communication needs were detailed in their care records. Staff described how they may notice someone is unwell. They commented, "You would observe their body language and facial expressions. There may be physical signs e.g., rash, hot to the touch, vomiting etc. They may not want to engage in things they usually do. You would record all of the information that may be relevant and seek advice from relevant agency e.g. calling 111 or GP".
- One person had a fixed routine to plan their day. Easy read and pictorial communications were the person's preferred method of communication. The person also liked to write things down in their diary and calendar, so that there were visual symbols as prompts to remind them of their chosen activities.
- The service had sourced relevant input to maximise people's communication methods. For example, the service had sought the services of Oxfordshire's Inclusive Communication Team and the Intensive Interaction team to work alongside people and their support staff to gain an improved method of communication.
- Information was provided in a format that people could understand more easily. For example, the

customer pack given to people new to the service was available to print and download in easy read format. Other information about Covid 19 was converted into easy read formats and social stories were used to communicate with people about information they required. One person fed back to the service that they found the easy read handwashing poster very easy to understand and liked having it displayed above their wash basin as a reminder of the handwashing technique.

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 had access to a range of activities, and social opportunities and had weekly individual activities planners. Activities included attending day centres, shopping, arts and craft sessions and trips to the cinema.
- Staffing was planned to ensure people could do the activities they enjoyed. One person enjoyed going to a day centre and also attend a friendship group. They enjoyed things such as going to the theatre and having their nails done. We saw the person liked dancing and during the visit was very happy showing us their jewellery and other items.
- One person was unable go out independently therefore staff supported them to all activities outside of the service to enable them to continue with their hobbies such as riding and dancing which are important to the person.
- People had been supported, during the pandemic, to maintain contact with their families, friends and others in the community.

Improving care quality in response to complaints or concerns

- There was an up to date complaints policy and procedures in place to ensure the quality of care could be assessed, monitored and improved upon.
- The registered manager was responsible for ensuring that complaints were effectively managed and monitored, with timescales met at all stages. The provider also had a complaints management system where all information was recorded to ensure follow up. The provider had a Complaints and Compliments Panel established to ensure there was a rigorous approach to reviewing complaints across the organisation. The Panel also focussed on organisational learning from complaints raised.
- Relatives told us they felt able to raise concerns. One commented, "I certainly have raised concerns, mostly about routine type things. They are always positive about me getting involved. I've never had any sense that I am making their life difficult".
- A family member had raised concerns with the local authority in respect of their care. A visit was made by the local authority to look into these concerns. Recommendations were made for improvement and the registered manager confirmed that these had all been actioned.
- Complaints such as practice concerns were addressed with relevant staff members and personal development needs identified and actioned. Additional training was arranged and actioned, including, professional boundaries and understanding of respectful support and decision making.

End of life care and support

- No-one was receiving end of life care at the time of the inspection. Most people in the service had relatives that staff would liaise with in the event of someone requiring end of life support..

Is the service well-led?

Our findings

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

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

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

- The registered manager spoke passionately about wanting to provide a good service and high-quality care. They demonstrated an in-depth knowledge of the people they were supporting and had a clear understanding of the key principles and focus of the service.
- We received feedback from a health care professional who commented, "I have known [registered manager] for several years now and have worked with her in supporting clients with various needs and levels of ability, and whose behaviour can present as challenging to others. [Registered manager] is really person centred in her work with others and is so dedicated to ensuring that her clients have the best quality of life possible. She really advocates for her clients' rights and needs. [Registered manager] is always so thoughtful when balancing clients' independence with also keeping them safe. [Registered manager] has great attention to detail in really knowing her clients and knowing when something does not seem right and noticing changes and is always very proactive in looking for ways to support them to avoid situations reaching a crisis point. [Registered manager] is really good with communicating and keeping everyone up to date with any relevant information. She is great with disseminating information through her staff team and enabling her staff team to meet with professionals so they are up to date with what input other professionals are having and can be fully involved in the work as part of the team in supporting someone. When suggestions are made for interventions, [registered manager] is always keen to try things out and letting us know how things have gone. It is a real pleasure to work with [registered manager], she has such a passion for what she does, and gives so much of her time to others, and I have seen the amazing positive outcomes which her input has had with her clients".
- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that allowed people to have control over their lives.
- The culture was open, inclusive and people were supported to make decisions about the level of support they received. Staff said they enjoyed their roles and there was a positive culture at the service. One commented, "I feel extremely proud to be a part of Advance."
- Staff felt supported by management and their colleagues. Comments included, "We all work well together we always jump in and help each other if they are struggling with anything."

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

- The service had a registered manager in post who understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service. They

demonstrated good knowledge of people's needs and the needs of the staffing team.

- The provider had a system of audits in place to monitor the quality of the service. This included regular checks of records and spot checks of staff when supporting people. Audits and checks were carried out on people's care and their care records to ensure continuous improvement.
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. There were regular staff meetings.
- Systems in place to manage staff performance were effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and comprehensive training programme in place.
- Staff were positive about how the service was run and the support they received from the registered manager and support managers. Staff told us that they had one to one meetings on a regular basis. One staff member told us, "My manager has regular supervisions with me and addresses any concerns I have".

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

- People's views were sought about the care and support provided. There were spot checks carried out where staff practice was observed and people using the service were asked if they were happy with their care. The registered manager regularly worked with people providing personal care so were able to gain feedback on a regular basis.
- People, and relevant others, were encouraged to give feedback on the support they receive, and this information is acted upon to improve the quality of the support and the service. For example, views had been sought about how the provider had dealt with the pandemic. Feedback showed many appreciated the increased welfare calls and checks, and a majority feeling that the provider had done a good job in supporting them during the lockdowns.

Working in partnership with others

- The registered manager and staff worked in partnership with other agencies, such as Oxfordshire adult social care team, community learning disability teams, families, advocates, Occupational Therapists, GPs and dentists. Positive feedback was received including, "Staff work with the primary health care professionals as well as the health professionals at the Learning Disability team, Very much joint working with health and social care".
- The registered manager told us they attended local Oxfordshire Association of Care provider forums where they learned about and shared good practice. They were also a member of the registered managers network to share and learn about local engagement activity and specialist provider training/ groups where they can receive information on how to make referrals to local services.
- The provider worked with organisations such as Learning Disability England, the Voluntary Organisations Disability Group (VODG), Association of Mental Health Providers (AMHP) to ensure input into policy makers and funders.

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 demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were open and honest with family members and professionals and took responsibility when things went wrong.