Strada Care Ltd

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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
Strada Care Ltd provide personal care for people in supported living settings, so that they can live in their own home 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.

Strada Care support older people and adults with learning disabilities and/or mental health issues. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our visit they were supporting 21 people at five locations across East Surrey and Sutton.

People's experience of using this service and what we found
There were enough staff deployed across the service to ensure people received the support they needed, and that they were funded for. The provider carried out appropriate checks on prospective staff to ensure they were suitable and safe to support the people that used the Strada Care service. We have recommended that the provider review the possible impact of Brexit on their staffing provision.

People were supported to have their medicines when they needed them, and as prescribed. We have recommended that the provider considers the risks from flammable topical creams that some people have prescribed .

People were safe because staff understood their roles and responsibilities in minimising the risk of harm. Apart from the example above, hazards to people's health and safety, whether that be from their support needs, or the environment, had been assessed and plans were in place to guide staff on keeping them safe . Staff followed safe working practices with regards to minimising the spread of infection. Accidents and incidents were reviewed across the service to understand what had happened and to prevent a reoccurrence.

Assessments of people's needs ensured that the service could support them in the way they wanted. Staff received appropriate training and supervision to ensure they had the skills necessary to meet people's needs. People were supported to access health care professionals should they become unwell, or for routine check-ups. Guidance given by health care professionals from these checks were well managed to ensure staff understood and catered for the changes in a person's needs.

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.

People told us they were happy with the care and support they received from staff. People were involved in day to day decisions about their care and support as much as possible. People were treated with dignity and respect by the staff. Staff knew the people they cared for as individuals and were seen to take time to sit and talk with them, and involve them in activities and duties around the houses they lived in.

Care plans were under review and being updated onto a new electronic system. The new system enabled staff to update records quickly and spend more time providing care and support.

Quality assurance processes were in place and these ensured that a good level of care and support was given. The registered manager had built a staff team that had a shared passion for improving the care people received. As a result, they had made changes across the service that has improved the rating to good in all the areas that we inspect.

The registered manager understood their role and responsibilities with regards to the Health and Social Care Act Regulations and had ensured the requirements had been met.

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 requires improvement (published 25 October 2018).

Why we inspected
This was a planned inspection based on the date of registration.

Follow up:
We will continue to monitor intelligence 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.

Strada Care Ltd

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 over two days.

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.

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
We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
We reviewed the information the registered manager 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 reviewed the notifications received from the provider, since the last inspection. The law requires providers to send us notifications about certain events that happen during the running of a service. We contacted local authority teams engaged with the service for information to aid the planning of our inspection. We used all this information to plan our inspection.

During the inspection
We spoke with six people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager. Because the majority of people who used the service were unable to give detailed responses to our questions, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. 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.

Good

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 requires improvement. This was because, although the provider had made improvements in risk management and medicines at the last inspection, they needed time to demonstrate that the improvements made were embedded within the service and that a good level of safe care could be maintained. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● The provider had not yet considered the impact of Brexit on their staffing levels across their service. The registered manager confirmed that a number of staff were from Europe, and that they would need to assess the possible impact, should these staff no longer be able to work in the UK.

We recommend that the provider carries out a risk assessment around Brexit , and how their staffing levels could be impacted, to ensure people's care and support would not be impacted.

● There were enough staff to meet people's needs. One person said, "Staff are with me when I need them." Each location that people lived at had the staffing levels calculated on people's individual support needs and the number of hours they were funded for. Where these needs changed, for example when people returned from hospital, staff support was reviewed to ensure the increased support needs could be met.
● The provider operated safe recruitment procedures. The provider obtained provide proof of identity, checked employment history, sought references and completed a Disclosure and Barring Service (DBS) check for staff. DBS checks help employers make safer recruitment decisions and include a criminal record check. The files contained all the information required for the provider to see that prospective staff were of good character and safe to employ.

Assessing risk, safety monitoring and management

● People were protected from harm because hazards to their health and safety had been assessed. However, we did identify one specific area that the provider had not considered. Two people received support with medicated creams that the Medicine administration records (MAR) chart identified as being flammable. There was clear instruction on the MAR that caution was to be taken such as keeping it away from naked flames. However, no associated risk assessment had been completed to assess the risk, such as handling clothing and furnishings that may become in contact with the cream.

We recommend that the provider considers the hazards involved in topical creams that have been identified as flammable on the MAR and carry out the relevant risk assessments to minimise the risk of harm.

● One person said, "Staff help me to keep safe, and help me to not fall over." Plans were in place to minimise the risk of them coming to harm. Risk assessments were completed and gave guidance to staff around areas such as bathing, eating and drinking, moving and handling, epilepsy and behaviours that may challenge.

These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis to check they were still current and effective at minimising risk.

● Keeping people safe did not impact on them taking part in activities or hinder their independence. One person said, "I get to go out and do the things I like." Assessments of risk for activities such as horse riding, gardening and accessing the local community had been completed to ensure that people could access them in a safe way.

● The hazards to people's health and safety from environmental risks such as cleanliness and infection control were also well managed. Where people's behaviour may impact this, guidance was in place to manage the risk to others. Action taken included easy to clean surfaces and flooring in the areas where these people lived.

● A plan for dealing with any emergencies that may interrupt the service provided was in place. People had personal emergency evacuation plans to ensure that they would be supported to leave their building in a safe way should the need arise.

Systems and processes to safeguard people from the risk of abuse

● People we spoke with told us they felt safe being supported by the staff from Strada Care. One person said, "Yes I feel safe because staff are nice to me."

● People were protected from the risk of abuse. Staff understood their roles and responsibilities in keeping people safe from abuse. One staff member said, "I have to report it to the person in charge. If they don't do anything about it, I have to go higher within Strada Care or contact CQC."

● Staff received training in types of abuse and how to identify where people may be at risk of harm or abuse. Safeguards in place to protect people from abuse included two staff being involved when dealing with people's monies, and staff not using people's supplies of tea, coffee and milk. Staff were supplied their own, to minimise the risk of financial abuse.

● Staff demonstrated an awareness and understanding of whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves. The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Using medicines safely

● Peoples medicines were managed in a safe way, and they received them as prescribed, or when needed. Medicine administration records (MAR) chart were fully completed with no gaps. Where people had medicines to help manage specific medical conditions such as epilepsy the MARs recorded these had been given when needed. Individual procedures were in place for medicines prescribed to be given to people as necessary, for example for anxiety or pain relief.

● Staff responsible for administering medicines had received appropriate training. In addition, their competency was checked on a regular basis to ensure they followed safe working practices. Where errors had occurred with people's medicines, appropriate action was taken to investigate and resolve the situation, and to prevent a reoccurrence.

● Medicines were stored securely in people's rooms with monitoring in place to ensure storage temperatures where within the manufacturer's guidelines. To ensure the safe management of people's medicines, regular audits took place of medicine administration records and stock levels.

Preventing and controlling infection

● People said they were happy with the cleanliness of where they lived, and we saw that staff followed good practice guidance with regards to minimising the spread of infection. One person said, "They help us keep the house clean." Staff were seen to follow safe working practices to minimise the spread of infection, such

as regular hand washing, and using gloves and aprons.

Learning lessons when things go wrong

● Incidents or accidents were recorded and managed effectively. The registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence. For example, when someone fell, staff considered how their eyesight may have been the cause and what changes were needed in the environment to help. As a result, an outside organisation specialising in sight loss were contacted to give advice and guidance.

● This was also demonstrated where a medicine error had taken place. This had been resolved in line with the provider's medication errors reporting policy and appropriate action taken, which included retraining of staff and an increase in supervision. Since this had been done there was a decrease in the medicine errors.

Good

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 rating 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

- People's needs had been assessed prior to them joining the service to ensure staff had the skills and experience to meet their needs. The assessments considered any protected characteristics under the Equality Act, as well as any religious needs or cultural needs.
- People's needs continued to be assessed as and when needed, such as with changes in their health. The assessments were detailed and identified the areas in which the person required support. For example, the support needed with epilepsy, or behaviours that may challenge themselves or others. Assessment tools were evidence based and gave a clear indication of the support each person needed, and what staff needed to do.

Staff support: induction, training, skills and experience

- People were supported by staff that received training to enable them to meet their care and support needs. One person said, "Yes they know what they are doing." Staff training was comprehensive and gave them the skills to meet peoples individual care and support needs. Mandatory training that had been competed by all staff included safeguarding, control of substances hazardous to health (CoSHH), epilepsy, positive behaviour management, and food safety.
- Staff training was under constant review by the registered manager to ensure it met peoples needs. For example, one person was expected to return from hospital, and when they did they would have a specific support need. Training had been arranged for the staff, so that they will be ready when the person returns to the service.
- There was a thorough induction process for new staff to ensure they understood their roles and responsibilities. New staff had a six-week induction process where their training and learning was reviewed and signed off by a team leader. This included practical training in fire safety, moving and handling, as well as topics such as falls prevention, promoting independence, safeguarding and signs of abuse.
- Staff were provided with opportunities to discuss their individual work and development needs. Supervision meetings took place regularly, as well as staff meetings, where staff could discuss any concerns and share ideas. One of the ideas that had been actioned was where staff identified a lack of knowledge around diabetes. This training was then arranged for them by the management.

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

- People were supported to have enough to eat and drink. Each supported living service that people lived at produced a weekly menu based on people's preferences and choices. Pictures of food were used to help people plan the menu and make a choice on the day.

● People's dietary needs were identified in their individual care records, and support was given when needed. Staff were able to tell us about people's preferences and choices, as well as specific health requirements associated with food. For example, one person had an intolerance to certain vegetables, and staff ensured that when meals were prepared these items were replaced by other options. Staff knowledge was backed up by a written record in kitchens, that detailed people's allergies and preferences to minimise the risk of errors.
● People were positive about the food they had, and the support given by staff. One person said, "I help make my meals, and get to make things I like." Where people required support to eat, staff ensured this was done. For example, some people were slow eaters, and staff gave them time and encouragement to finish their meals at their own pace.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives , access healthcare services and support
● People had access to outside healthcare agencies when they needed them, and staff supported them when they became unwell. One person said, "I'm not feeling too well at the moment with a cold, and staff are helping me."
● Staff were confident at identifying where people may need to see an outside agency and contacting them for support. For example, where a lump had been found under a person's arm, the staff member had immediately contacted the GP for an appointment to have it checked out.
● People had regular access to external healthcare professionals for routine check-ups and monitoring of their health. People were supported to GP's, speech and language therapists, chiropodists and opticians. People's care plans were updated with advice given by these external professionals.
● People's needs were supported due to good levels of communication between the staff teams. At the end of each staff shift a meeting took place to update the staff coming onto shift and pass on important information about changes in people's care and support.
● People were supported when they accessed externals health care organisations, such as hospitals. Each person had a care passport in place that gave information about the persons communication needs, and key aspects of their care and support so that people that may not know them well could quickly understand their 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 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.

● Mental capacity assessments had been completed for people and, where required, appropriate applications had been made to deprive people of their liberty within the law. These assessments included people's understanding of managing their own medicines or managing their own monies. Outcomes from

these assessments and where decisions had been made in people's best interests were clearly recorded. Support given to people was seen to match with these recorded decisions.

● Some people had limited ability to communicate their consent to care. We observed staff taking time with these individuals to give them the best chance at understanding and consenting to care.

Good

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 rating 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 that the staff were friendly and kind. One person said, "They are my friends." Another described the staff that supported them as family, referring to them as sisters and brothers.
- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture, religion, diet and gender preferences so that staff could support them. The registered manager said, "We are currently exploring with one person and their advocate around their choices and preferences that have come to light recently."
- Staff ensured people were treated well and built positive relationships with them. Where one person had an extended stay in hospital, staff had regularly gone to visit them. Another staff member who had time off on medical grounds took the time to ring the person they were key worker for to give them an update on how they were (as the person had been asking after them).
- Staff took time to sit and talk with people, engaging them in conversations about activities or current events. It was clear they had knowledge of the people as individuals not just as someone they cared for within their work environment.

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

- People were involved in how their care and support was given and wherever possible their preferences were respected. One staff member said, "We always give choice in the clothes that they wear, when they go shopping they chose things like the deodorants they want."
- Peoples individual requirements about being involved in their care had been considered and actioned by staff. One person was very keen on understanding what they had planned by way of activities, and what they had completed. Staff had purchased a diary for them, and then hand drawn an entry for each day with the activities of events that had been planned. The person then ticked off each activity as they completed it.
- The person showed us their dairy and it was clear to see the pleasure they took at ticking off the activities, as well as looking at and talking to us about what was coming up over the next week. The diary had given them a clear understanding of what was happening to them and helped them be involved in decisions about the support they received.
- Staff involved people in recording how their care and support had been given. When completing daily care and support records, staff were heard to ask people what activities they had taken part in, and what they had eaten and drunk. Where necessary, this was confirmed with the staff that had supported them with these activities to ensure the information was accurate.
- Staff knew how to support people to access advocacy services if required. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

● People were supported by staff who respect them. One staff member said, "I always make sure that their doors are shut when giving personal care, and I knock before I go into their rooms." Another staff member said, "We talk people through what we are doing, even if they are not responding to us, to help them understand. I treat people how I would like to be treated."

● Peoples independence was supported by staff wherever possible. People's support needs varied greatly across the service, which impacted how much they could do for themselves. In one supported living location people were seen to help with their laundry and prepare meals and drinks for themselves, while other locations people helped clear plates away after meals and put chairs back under tables.

● Each location and activity were geared towards supporting people with what they could do. In each setting staff were heard to congratulate people and thank them for their help, no matter how small their input had been. People responded positively to this and were seen to be keen to help.

Good

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

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

- People were supported to access a range of activities within the local community, as well as within the providers own activity centre. One person said, "I have lots to do every day." Day to day activities were based on people's interests and improving their independence , such as helping with laundry, or attending college and jobs. Peoples days were clearly organised, and staff were available to support individuals with aspects of care and support.
- Relatives and friends were encouraged to keep in contact with people. This could be done using the telephone, and family and friends were welcome to visit people when they wished.
- Staff took time to ensure people never felt alone. When people were not scheduled to have support, staff were still seen to keep them company and interact with them. For example, while staff carried out tasks in the kitchen, one person chose to sit at the table and talk with staff while they worked.
- Two of the supported living locations had access to an onsite activity centre . This enabled people to interact with peers from outside the people they shared a house with, enabling them to forge new friendships and new experiences.

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

- Care plans contained detailed information about people's choices and preferences. At the time of the inspection a new electronic system was being introduced to improve the detail and quality of the existing care records.
- Each person had an individualised plan that they, their relatives or advocates helped to develop. These told staff about the person and the care and support they needed. Additionally, the registered manager and team leader had been working on a document for each person that listed their 'Perfect week'. This asked the question, that if funding for support was not an issue, what could be achieved for the individual. It then detailed the number of staff required for each activity. Once this had been completed, the registered manager and her team were able to look for 'cross overs' between people and see where activities could be shared so that people could access as much as they are able to within their current funding.
- People were given support and guidance to help them have more control over their lives. One person had been supported to lose weight, and this had resulted in them being more confident and active. Feedback from the persons relatives commented on the positive change they had noticed in the person's demeanour. Another person was being supported to try to understand money, so that they could be more involved and in control when they went out shopping with staff.

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.

● Staff understood people's communication preferences, and ensured information was supplied in a manner which met those needs. For example, use of sign language that people understood, use of easy to read documents such as fire safety instructions and complaints, and the use of technological tools such as interactive tablets.

● People's communications needs were clearly detailed in their care plans and understood by staff. This included details of any sensory impairment which staff needed to be aware of, and the persons preferred methods of communication.

Improving care quality in response to complaints or concerns

● People told us they would be happy to tell staff if they were unhappy about anything. One person said, "I tell them, and I can tell [registered manager] as well." Information about how to make a complaint was clearly displayed in each location that people lived in. This was adapted to meet the needs of the people who lived there. The providers complaints policy set out clear timeframes for responding to complaints and how they would be dealt with.

● The registered manager explained how complaints were welcomed, as it gave them the opportunity to put things right and make improvements. There had been no formal complaints received since our last inspection. Feedback from a relative's meeting recorded that they had noticed how the service had improved over the last 12 months.

End of life care and support

● The care and support people wanted at the end of their lives was discussed with them and their loved ones. Where this was not possible the staff had contacted the local authority deputyship team to ensure arrangements for end of life care could be arranged. No one was being supported at the end of their lives at the time of our inspection.

Good

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 requires improvement. This was because, although the provider had made improvements in quality assurance processes and how the service was managed, they needed time to demonstrate that the improvements made were embedded within the service and that a good level of care could be maintained. At this inspection this key question has now improved to 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 provider and registered manager had a clear set of values, and what they wanted the service to achieve. The registered manager said, "It's about making sure that staff are here to support the service users, keep them safe from harm, but also increase their independence and enrich their lives." The improvements that had been made to the service, and to peoples lives over the last 12 months demonstrated the service had been well led at achieving this.
- Staff understood the values of the service and empowered people to achieve goals and aspirations. When asked what they most enjoyed about working for Strada Care, one staff member said, "To see and promote the people's independence - to see them doing things they have never done before." They explained, "I support a lady who had never been to the bank to withdraw her money, and we now do this with her. She is also now able to clean her room and iron her clothes, it's about them achieving something."
- The registered manager led by example. She was involved in all aspects of the care delivered and regularly worked alongside staff. This enabled them to observe staff practice ensuring it met their standards. A staff member said, "Management are doing their best to assist us and the people we support. I feel supported."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Where accidents or incidents had taken place, the provider had apologised, carried out a thorough investigation and explained to people and their families what had happened, and what would be done to put things right.

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

- Staff were clear on their roles and responsibilities across the service. Staff roles included completing health and safety checks and ensuring any improvements have been actioned. For example, the registered

manager completed a walk around of each of the services. They reviewed a number of areas, such as cleanliness, staff practice, and if people were happy. The results of these checks where then passed to the shift leaders to action. At the end of the shift a check was completed to ensure that action had been taken.
● The registered manager and her staff team drove improvements across the service. Staff were involved in making improvements and ensuring that a good standard of care was given to people. Supervision and appraisal processes ensured staff were given the opportunity to review their practice and discuss what they had done well, and any areas they may need to improve on. ● Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager had submitted notifications to us in a timely way so that we could check that appropriate action had been taken.
● The registered manager sought to continuously improve the service that people received. They did this by seeking out new ideas and technologies to see if they would benefit the people and staff using the Strada Care service. A number of initiatives had been recently introduced, such as interactive tables for people to use, and electronic care plans which staff can update by using tablet computers.
● The provider kept up to date with changes in the health and social care sector. For example, through health and safety alerts issued by the local authority or best practice guidance issued by the CQC. Emerging risks were monitored to check if staff at Strada Care had to take action to protect people. One example was the learning from an incident where a person (not from Strada Care) died as a result of impacted bowels. As a result, bowel movements were being monitored for people at risk across the Strada Care service.
● The Provider Information Return (PIR) gave us accurate details about how the service performed and what improvements were planned. Our findings from the inspection corresponded with this information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and relatives were actively encouraged to help run the service and make improvements within the service. There were regular meetings held for people and their families to share information about what was planned for the service and seek their ideas and views. For example, activities that people were doing, or discussions on menus.
● Feedback was regularly sought from people, their relatives and staff using questionnaires. The results from these had been very positive. These were on display in the services managed by Strada Care so that people could look at what had been said, and if actions had been completed.
● Staff meetings also took place in accordance with the providers policy, over the course of each year to discuss people's health and welfare and reflect on changes that may be required. These meetings had resulted in several improvements as a result of staff suggestions, such as changes in paperwork to minimise duplication or add more detail, to a review of activities to make sure that people were actually enjoying them.

Working in partnership with others
● The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and worked in collaboration with local community learning disabilities team, occupational therapists and district nurses.
● The provider worked closely with the landlords that maintained the buildings that people lived in. Regular meetings took place between the registered manager and landlords maintenance person, to identify and correct any issues. Improvements made included new flooring at one service, which reduced the risk of trips and falls to the people that lived there.
● Partnership working with charitable organisations took place to improve people's lives. This included working with local churches, charities for people with sight loss, local community action groups, advocacy services and LGBTQ+ support groups.