Covenant Care Support LLP

Covenant Care - The Wheelhouse

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
The Wheelhouse is registered to provide care and support to a maximum of 10 people with a learning disability or who are living with autism, mental health difficulties, physical difficulties and/or sensory impairment. At the time of the inspection eight people were living at The Wheelhouse.

At the last inspection the service was also registered to provide personal care to people who live in their five supported living houses. In November 2020 the supported living side of the service had separated from The Wheelhouse and has registered as a new location.

In March 2019, we inspected the service where we identified three breaches of regulations in relation to safeguarding people from abuse, consent and good governance. Following this inspection, the Care Quality Commission (CQC) took enforcement action by imposing a condition on the provider's registration. This required the provider to provide CQC with a monthly report outlining actions and progress towards making the required improvements. At this inspection we found improvements had been made and we have removed the imposed condition.

We made two recommendations at the March 2019 inspection, one in relation to infection control and one relating to following our publish guidance relating to submitting statutory notifications. At this inspection we found improvements had been made.

People's experience of using this service and what we found
People were protected from harm. Safeguarding procedures were in place and were followed by the registered manager, this included informing the local authority. The registered manager was aware of their responsibility to notify the Care Quality Commission (CQC) of significant events in line with their legal responsibility.

There were significant improvements in leadership and quality monitoring systems, with evidence of improvement actions taken in response to training, safeguarding, restrictions, risks, supervisions and incidents and audits. The provider sent monthly reports to CQC, so we could monitor progress. Effective audits were in place to check the quality of the care provision and action was taken to address any concerns.

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 were supported by staff who understood how to keep them safe. People's risks were assessed, and staff understood how to manage risk.

People's medicines were administered safely

Staff wore Personal Protective Equipment (PPE) in line with current guidance and promoted good Infection Prevention and Control (IPC) practice. We discussed with the registered manager about how they could improve how people maximised social distancing within the home and how people coming to the service for respite could be admitted safely. The registered manager said they would review these areas. Staff helped people keep in touch with their friends and relatives throughout the pandemic, which helped alleviate their worries. Visiting had resumed with the appropriate testing and safeguards in place to prevent cross infection.

People's needs, and choices were assessed, and care was delivered in line with their care plans. People were supported by staff who had the required training and the skills to meet their needs. People were encouraged to maintain a balanced diet. Staff worked alongside health professionals to deliver effective care to people.

Staff knew people well and people's care was more personalised. People were supported by kind and caring staff who respected them and promoted their dignity. People were supported by staff who promoted their independence.

People were supported by staff who understood their communication and sensory needs. People were encouraged to engage in activities of their choice. A complaints policy was in place and was followed.

People were supported by a new registered manager and staff team who were proactive in empowering people to achieve their desired goals. Staff felt supported by the registered manager and deputy manager.

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 used at Covenant Care, fully maximised choice, control and independence for people with a learning disability. The National Institute for Health and Care Excellence recommends residential care 'should usually be provided in small, local community-based units (of no more than six people)'. This service is registered for ten people with three of these people having separate accommodation with their own kitchenette and lounge area. The main shared communal area for the other seven registered beds was spacious which enabled people to move around in safety and have their own space.

Right care:
The care and support provided, met the needs of people with learning disabilities. Staff had received the training needed on how to meet the needs of people with learning disabilities and autism and had the skills they needed to provide appropriate support. A consistent staff team had been established after a period of staff turnover. This meant people received care from staff they knew and trusted.

People's care was person centred, planned with people having choice and control over how their health and care needs were met. Care plans were focused on people's strengths, abilities and individual goals.

Right culture:
The ethos, values, attitudes and behaviours of the registered manager, deputy manager and care staff ensured people with learning disabilities led confident, inclusive and empowered lives. Staff had the skills needed and the environment was suited to supporting needs of people with learning disabilities.

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 (report published October 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Covenant Care - The Wheelhouse on our website at www.cqc.org.uk.

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.

Covenant Care - The Wheelhouse

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Two inspectors visited the service.

Service and service type
Covenant Care - The Wheelhouse 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 reviewed information we had received from the provider and others since the last inspection such as monthly reports, safeguarding concerns and feedback from local professionals. We used all of this information to plan our inspection.

During the inspection
We met the majority of the people who lived at the home. People were not able to fully express their views verbally, so we spent time talking with staff on duty and observing practices in communal areas.

We spoke with the registered manager, deputy manager and with four staff which included senior care staff and care staff. We also spoke with one of the directors who was visiting the service to undertake maintenance.

We looked at a staff file in relation to recruitment and at records of staff training and supervision. We looked at three people's care records and at medicine records. We reviewed quality monitoring records, such as checklists, audits, policies and procedures as well as servicing and maintenance records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We contacted health and social care professionals and an IMCA (independent mental capacity advocate) who regularly visited the service and received a response from three of them. We contacted relatives of people using the service and spoke with one of them. We requested information about infection control policies and procedures.

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. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At the last inspection in March 2019 people were not always protected from potential incidents of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13. This was because the registered manager had followed the provider's safeguarding procedure. They had investigated all incidents and safeguarding concerns and reported to the local authority appropriately.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm. Improvements had been made in the monitoring and oversight of the safeguarding systems at the service. Safeguarding procedures were in place and were followed by the registered manager, this included informing the local authority.
- Staff understood their role in protecting people from abuse. Staff said they had confidence in the management team to take action and keep people safe.
- The registered manager was aware of their responsibility to notify the Care Quality Commission (CQC) of significant events in line with their legal responsibility.

Assessing risk, safety monitoring and management

- People lived in a home which was safe and well maintained. The provider carried out individual risk assessments and regular health and safety checks to ensure people's safety. These included, risk assessments for medicines, personal care, food preparation and eating, finance, emotional support, community access and kitchen access.
- A new fire alarm system had recently been installed to improve fire safety. Locks had been replaced on cupboards to give better protection against hazardous chemicals stored and sensor lighting improved outside.
- Regular servicing and maintenance were carried out. For example, on gas and electrics as well as checks of water temperatures to make sure hot water supplies were maintained within safe limits for people.

Staffing and recruitment

- There were enough staff to meet people's needs, with ongoing efforts to recruit staff. Any gaps in the rota were covered by existing staff working extra shifts, or agency staff. Where agency staff were needed, regular agency staff were used which provided better continuity of care for people.
- We observed that people were being supported appropriately and that staff were on hand when needed. For example, when one person wanted to go to the shop this was arranged.
- Staff had been safely recruited. Staff had pre-employment checks to check their suitability before they started working with people. For example, criminal record checks and references from previous employers.

● The registered manager had introduced a new system for monitoring staff absence, so more support was offered to help minimise staff absence and maximise staffing levels.

Using medicines safely

● Medicines were being safely managed.
● Staff interacted well with people when they were administering medicines, explaining what the medicines were and staying with them until taken. There was clear guidance for staff about how people liked to receive their medicines.
● There were suitable arrangements for receiving, storing and disposal of medicines, including medicines requiring extra security.
● The Medicine Administration Records (MAR) were well completed which meant we were assured medicines had been administered.
● There were protocols in place for administering PRN (as required) medicines.
● Regular medicine audits were completed and action taken to follow up areas for improvement.

Preventing and controlling infection

●At our last inspection in March 2019 we made a recommendation that the provider refer to current national guidance and best practice to prevent the spread of infection. This was because areas of The Wheelhouse were not clean. At this inspection we found the home to be clean with cleaning schedules for regular cleaning to take place.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were somewhat assured that the provider was meeting shielding and social distancing rules.
● We were somewhat 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 promoting safety through the layout and hygiene practices of the premises.
● 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.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

● Staff reported accidents and incidents which the registered manager reviewed to make sure any changes needed to prevent recurrence were implemented. For example, installing a grab rail to help a person to navigate some steps following a fall in that area.
● Regular audits of accidents and incidents were carried out to identify themes or trends.
● Learning was shared through discussions with staff at supervision and at staff meetings. For example, in relation to accidents and incidents re behaviours that challenged.

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 March 2019 inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

In March 2019, the correct procedures were not always followed where people lacked the capacity to consent to aspects of their care. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11. This was because people's rights were protected, because staff used the correct procedures where people lacked capacity to make decisions for themselves.

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.

- People's rights were being fully protected because staff used the correct procedures where people lacked capacity to make decisions for themselves. Capacity assessments had been completed for best interest decisions. Staff understood the principles of the MCA and asked people for consent before supporting them.
- People were supported to make decisions for themselves and staff helped people with decision making when needed. Where people lacked capacity, staff supported them in the least restrictive way.
- Where people had no one independent of the service, such as a family member or friend, who was able to represent them, an IMCA (independent mental capacity advocate) was in place. They were involved to help make specific important decisions: including making decisions about where they live and about serious medical treatment options. We were told by one IMCA who supports two people, "I believe that the home

supports them well…the staff do listen to others views and advice and will explore any options available to ensure person centred approach at all times."
● DoLS applications had been made where needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs, and choices were assessed. People's care plans were personalised to each individual and considered each person's diverse needs. For example, one person was very active throughout the day. Their care plan clearly directed staff to ensure the person had safe access to the outdoor facilities and to support them with protecting them from the weather.
● Assessments and care plans were reviewed and updated as people's needs changed.
● Care was delivered in line with the assessment of people's needs and choices.

Staff support: induction, training, skills and experience
● People were supported in accordance with up to date guidance and legislation because staff received regular training to make sure their knowledge was up to date. Staff training included first aid, fire safety, person centred care, food hygiene, safeguarding vulnerable adults, and the Mental Capacity Act (MCA). A visiting professional told us, "I believe that the staff are trained and have the skills to appropriately care for the people I support."
● New members of staff completed a three-month planned induction programme. They had opportunities to shadow more experienced staff to enable them to get to know people and learn about their preferences.
● Each staff member had a training record used to make sure staff kept up to date with their training. This was monitored monthly, so staff were reminded when regular training was due. Records showed all staff were up to date with their online training.
● The registered manager was in the process of booking more face to face training, in house and from external trainers, now that COVID- 19 restrictions had been lifted.
● Staff also received additional training relevant to people's individual care needs. For example, training in managing choking risks and the use of emergency medicine, for people with epilepsy.
● Staff had regular supervision to discuss any concerns and identify further training and development needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported with their healthcare needs. For example, a person had recently visited the dental access centre to see the dentist. The person's parent was involved in a best interest decision about any proposed treatments, so they could be carried out during the appointment visit.
●Health professionals told us staff had made referrals appropriately and followed their guidance. One health care professional told us, "They made a referral …in a timely way when a service user had increased difficulty swallowing. When I triaged the referral, I found staff very helpful and communicative, they were responsive to my suggestions and completed tasks well."

Adapting service, design, decoration to meet people's needs
● People's rooms were personalised with their own furniture and favourite items, which made them familiar and homely. Each person had their own bathroom and toilet facilities.
● Personalised signage helped people easily identify toilet and living areas independently. Further steps could be taken to help external visitors find the main entrance area.
● For a person moving to a new flat on site, staff had arranged for a bespoke door to keep the person safe.
●The management team have been working to move away from blanket restrictions and institutionalised care by adapting the environment for individuals. For example, they have replaced curtains held up with

velcro with curtain poles and curtains. They had plans to remove the safety screen on the main television and were making peoples bedrooms more personalised. For example, Staff had advocated for one person to have a more grown up personalised room. They had involved family members and the person had a new double bed, smart furniture and a light show which they loved.

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

- People were given a choice of food and drink and were involved in choosing their own menus.
- People's weights were monitored when needed and referrals were made to healthcare professionals when appropriate.
- Where people required equipment to help them eat and drink safely this was provided. For example, adapted cutlery and crockery.

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 September 2019 inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to 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; Respecting and promoting people's privacy, dignity and independence

●People were treated with dignity and respect and cared for by staff who were kind and compassionate and spoke with them in a respectful manner. Staff were very passionate about providing people with a nice place to live. One staff member said, "We treat them like our family and want what is best for them. Staff are so caring; they go the extra mile and support each other if someone is having a difficult day."

● Staff received training in equality and diversity. They took time to explain what they were going to do, worked at the person's pace, made good eye contact and used gentle touch to encourage and reassure people.

● People were supported to be as independent as possible. Some people enjoyed helping with household tasks such as vacuuming, laundry and baking. At lunchtime, people who needed had adapted cutlery and crockery so they could eat independently. People's care plans contained information for staff about ways in which they could support the person's independence. For example, one person's care plan instructed staff to offer the person the opportunity to wash themselves during their bath.

● People were able to keep in touch with relatives and friends who were important to them. Family members arranged face to face visits in advance, so appropriate COVID-19 precautions could be taken.

●Any cultural or religious needs were supported. For example, staff were working on getting a person to start going to church services again, which they had enjoyed attending prior to lockdown.

●Where one person missed their family, staff had arranged family pictures on cushions, so they could be reassured and have a better sensory experience.

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

● Staff supported people to make choices and express themselves. For example, by using pictures to get a person to choose which restaurant they wished to visit. Another person, who didn't communicate verbally, communicated their choices to staff by taking them by the hand to show them what they wanted.

● Staff used a combination of words and sign language to communicate with another person. The registered manager said, "We repeat what [person] signs to show them we understand what they are saying and follow their lead."

● Where people needed support with decision making, staff involved people close to the person that knew them well. For example, a parent was consulted about paint colours for the person's new flat and suggested the same colour as their bedroom at home, to make it more homely and familiar.

● Two people had independent advocates to support them with decision making. An independent advocate may speak on behalf of people who are unable to do so for themselves.

Good

Is the service responsive?

Our findings

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

At the March 2019 inspection this key question was rated as Requires improvement. At this inspection this key question has improved to 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 personalised and provided up to date information to staff about how to support people and meet their needs. They included details of who was important to the person and what they enjoyed doing.

●The registered manager was in the process of reviewing current care plans to make them more detailed about people's communication and equipment needs. This included adding photographs to make them more accessible to everyone. For example, photographs about steps needed to apply a person's ankle supports.

●Care plans clearly guided staff how to support people safely and identified triggers to look out for. For example, where someone was at risk of scalding themselves, a two-cup system was in place to ensure hot drinks were lukewarm. Another example in a person's behavioural support plan identified triggers for behaviour, such as pain, thirst, hunger and not being able to access the garden. Staff said they found the care plans useful.

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.

● Each person had a communication passport which gave staff details about their communication needs. For example, about people's sensory needs, communication preferences and any visual or hearing impairments.

● Information for people was provided in formats which supported people to understand their care and wider issues. For example, easy read, using sign language, pictures and objects of reference. Objects of reference are used to help a person understand what is happening in their environment and to help people make choices. For example, one person used a T shirt to indicate to staff when they wanted to go outside.

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 were part of their local community and enjoyed going to the local shop, walking and visiting local coffee shops and restaurants. Several people enjoyed gardening and had plans to refurbish the greenhouse to grow more local produce.

●People's rooms were personalised and reflected what they enjoyed and were interested in. For example, one person enjoyed a sensory light display and another person was passionate about 'Star Wars.'
●People enjoyed regular visits with family members, one person was visiting their family home. Others liked to socialise with family in the local area.
● People had opportunities to socialise, make new friends and participate in a range of activities. Several people had enjoyed going sailing recently, others were looking forward to resuming horse riding in the near future.

Improving care quality in response to complaints or concerns
● The service had a complaints policy and procedure, which was given to people and families.
● One complaint had been received since the last inspection, which had been appropriately investigated and dealt with. This had included a written response setting out improvements made in response, and discussions and reflections with staff to learn lessons.

End of life care and support
● No one was receiving end of life care when we visited.
● Procedures were in place for people and families to identify their wishes for their end-of-life care. This included what was important to them in the event of their health deteriorating. It captured their views about resuscitation and any religious or cultural needs.

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. 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.

At the March 2019 inspection there were not effective systems in place to monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 17. This was because the provider's quality monitoring system had improved and were effective. This included improved oversight of accidents and incidents and respectful staff interactions with people which promoted their dignity and rights.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Quality monitoring systems had improved and were effective. The service had worked with the local authority quality improvement team to improve their systems and processes, they gave positive feedback on the changes and improvements.
- Since our last inspection in March 2019 there was a new registered manager and deputy manager who had promoted a positive culture within the staff team focused on meeting people's individual needs. They spoke passionately about working with people and staff to promote person centred care. The registered manager said, "Coaching staff is a big part of the role. Helping staff understanding what they are doing and why. We are always on a mission to improve things for people who live here."
- Staff said the registered manager and their deputy were approachable and were visible around the home, they worked with people alongside staff. Staff felt well supported, valued and reported improved communication, training, teamwork and morale. Staff comments included, "The management are very nice…are very accommodating" and "I feel absolutely supported, they are brilliant."
- Staff had daily handover meetings to communicate important changes. Daily monitoring records were kept about cleaning, housekeeping and health and safety.
- Regular audits were carried out, for example, audits of medicines, care plans, infection control and health and safety. A monthly improvement plan sent to CQC captured ongoing changes and improvements made in response to findings. For example, updating care plans and making sure all staff were up to date with supervision. Also, planning face to face training, as restrictions had lifted.
- The provider visited the service regularly to meet people and staff and carry out their own quality checks.

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

- Where mistakes were made, the registered manager was open and honest with people and families and

made improvements. For example, in relation to medicine errors or accidents.
●At the last inspection in March 2019 we recommended the provider use the published processes to notify CQC of events in line with their legal responsibility. At this inspection we found the service notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities and responded promptly to requests for further information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were consulted and involved in day to day decisions about the running of the home. For example, food choices and suggested activities.
● When visiting was restricted, relatives appreciated receiving regular contact to involve and update them.
● Staff were consulted and involved in discussions and decisions about people and the service through staff meetings, supervision and via daily handover. For example, staff meeting minutes showed positive feedback to people's quality and continuity of care. This followed rota changes made so staff spent longer periods working one to one with people. Also, improvements to make communal areas more homely with new furniture and curtains.

Continuous learning and improving care; Working in partnership with others
● Staff were being developed to take on more responsibility such as empowering them to make decisions and take actions. The registered manager said, "We want the absolute best for people here, that is what we strive for, we will continue to develop the staff."
● All staff were currently being trained to administer people's medicines, so people could receive their medicines individually from the person supporting them that day.
●The registered manager was a member of the registered care providers association (RCPA). Regular meetings helped them keep up to date with changes and developments in social care and with ongoing changes to COVID 19 pandemic guidance. This meant they were able to ensure the home was following up to date guidance.
● The service had recently purchased new evidence-based policies and procedures for the service and were reviewing and adding local information and contact details.
● The service worked well with local health professionals, who reported positively on communication and partnership working to support people's needs. For example, working with a physiotherapist to support a person's mobility needs and the local learning disability team to support another person with communication and activities. One health professional told us, "They were helpful and knowledgeable over the phone in terms of giving information."