

Dolphin Homes Limited

Brendon Lodge

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:

Brendon Lodge is a nine-bedded residential care home that was providing personal care to nine people who have a learning disability and or a physical disability or autism at the time of the inspection.

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.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support. People were encouraged to be independent within their home. Staff understood people's individual communication needs and worked in proactive ways to provide person-centred support.

The provider supported staff in providing effective care for people through person-centred care planning, training and supervision. This ensured the provision of best practice guidance and that supported staff to meet people's individual needs.

Accidents and incidents were not always analysed and shared. We have made the recommendation that the provider improve the recording of analysis and shared learning of accidents and incidents.

People participated in a range of activities that met their individual choices and preferences. Staff understood the importance of this for people and provided the support required. This enabled people to achieve positive outcomes and promoted a good quality of life.

The provider had a consistent staff team who understood the needs of people well. We saw staff upheld and promoted people's rights relating to equality and diversity.

Relatives and staff told us they thought the home was well led and spoke positively about the registered manager. The provider and registered manager carried out numerous audits to ensure the service was effective. Staff supported people to integrate into their local community and the culture of the service promoted the values of supporting people to be as independent as possible.

Rating at last inspection: Good (report published 11 January 2017).

Why we inspected: This was a scheduled inspection and was planned based on the previous rating.

Follow up: We will continue to monitor the service and plan to inspect it in line with our re-inspection schedule. If we receive any information of concern we may bring out inspection forward.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Brendon Lodge

Detailed findings

Background to this inspection

The inspection:

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

Inspection team: The inspection was carried out by two inspectors.

Service and service type: Brendon Lodge is a care home. People in care homes receive accommodation and nursing or personal care. 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:

The inspection was unannounced and took place on 5 and 6 March 2019.

What we did:

Prior to our inspection we reviewed information we held about the service. This included notifications received from the registered provider and feedback from the local authority safeguarding team and commissioners. We used this information to help us decide what areas to focus on during our inspection.

Some people at Brendon Lodge were not able to fully share with us their experiences of using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We spoke with two people, two relatives, two care workers, the deputy manager, the registered manager and a representative of the provider.

We looked at the care records for two people and sampled two more and looked at the medicine records for people. We looked at two staff recruitment, supervision and training records and sampled three more. We

looked at records relating to the quality and management of the service including;

- Records of accidents, incident and complaints
- Audits and quality assurance reports

During the inspection we requested information including policies and procedures and quality assurance information which was received after the inspection. We asked for further information following the inspection including how people are supported in line with Registering the Right Support guidelines and copies of policies and audits carried out by senior managers.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse;

- There were appropriate policies and systems in place to protect people from abuse. Staff understood their role in protecting people from abuse and knew how to raise concerns both within their organisation and beyond, should the need arise, to ensure people's rights were protected.
- The registered provider had an equal opportunities policy which outlined staff and management duties in ensuring people were treated equally, with respect, as individuals and protected from discrimination. This helped to keep people safe and challenge any discriminatory practice.
- Safeguarding information and signposting were displayed in the office and we saw evidence of safeguarding being discussed in staff supervisions.

Assessing risk, safety monitoring and management;

- Risks to people were recorded in their care plans and staff demonstrated they had good knowledge of how to mitigate these risks to keep people safe.
- The culture in the home was not risk adverse. People were supported to take positive risks. A staff member told us, "Well [Person] wanted to do something thrill seeking so they went on holiday to an activity centre and everything crazy they could do they did it. Bikes, zip wire, rock climbing, canoes - everything they ask we will make it achievable, we will find an accessible version we will try our best".
- Environmental risks, including fire safety were assessed, monitored and reviewed regularly.
- Equipment was maintained and had been regularly tested to monitor effectiveness and safety.
- Business continuity plans were in place to ensure that staff were able to respond to unplanned events which could affect the safety of people.

Staffing and recruitment;

- There were sufficient staff to meet people's needs and keep them safe. We observed sufficient staffing levels during the inspection and saw staff were unhurried in their interactions with people. We reviewed the support hours being provided against the contracted hours and saw how the provider reviewed this weekly to ensure these hours were met. We spoke to staff who confirmed there were sufficient staffing levels.
- Staff files contained the information required to aid safe recruitment decisions and protect people from the employment of unsuitable staff.

Using medicines safely;

- There were safe medication administration systems in place and people received their medicines as prescribed. Protocols were in place to guide staff on the use of medicines prescribed 'as required'. For example; when a medicine was prescribed for occasional pain relief.
- There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat

prescriptions and disposal of unwanted medicines.

- Staff had been trained to administer medicines and had been assessed as competent to do so safely.

Preventing and controlling infection;

- Staff completed daily cleaning tasks, with a deep clean completed overnight by staff on a weekly basis, to maintain cleanliness throughout the service. People were supported by staff to do their laundry and be involved in cleaning where possible.
- There were processes in place to manage the risk of infection and personal protective equipment (PPE) such as disposable gloves and aprons, were available for people and staff to use.
- Throughout the inspection we observed staff using PPE appropriately. A staff member told us, "We are provided with face masks gloves, aprons and correct colour mops and buckets".
- The home was clean, tidy and odour free. Waste was disposed of correctly.
- Staff were trained in infection control.

Learning lessons when things go wrong;

- A system was in place to record and monitor incidents and this was overseen by the registered manager and regional director to ensure the appropriate actions had been taken to support people safely.
- Accidents and incidents were documented and investigated. We saw that some incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams.
- The provider had some processes in place to learn from incidents and accidents. The registered manager could describe learning from incidents to reduce risks of reoccurrence. However, this learning, and the sharing of this learning, was not clearly evidenced. For example, the registered manager told us about having identified through incidents signs that a person likely had an infection that would require medical treatment. However, this learning had not been clearly evidenced in the person's care records or evidenced as being shared with the staff team.
- We recommend that the provider improve the recording of analysis and shared learning of accidents and incidents.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Comprehensive care plans clearly identified people's needs and the choices they had made about the care and support they received.
- The provider supported staff to deliver care and support in line with best practice guidance and to support good outcomes for people. The provider told us that, "We've set up a best practice group for staff at each level of the organisation and we have a monthly board meeting which the committee will attend - a voice for all". A staff member told us, "We discuss things that are changing within the organisation and they get our opinions. We take them back to our services and run through them with staff. I think it is really benefiting. We spoke about STOMP". STOMP is a national initiative aimed at Stopping the Over Medicating of People with Learning Disabilities and/or Autism which Brendon Lodge had signed up to.
- We identified for one person that more could be done to meet their needs in relation to their culture. Other than identifying their like for African music this was not identified in their care plan. However, staff told us they had actions in place to support this person more fully with their culture. For example, they told us they were looking into African dance.
- Whilst there was some evidence that people's diverse needs were known and supported by staff it was not clear that all protected characteristics were included in the needs assessments. This had been identified by the provider through the 'best practice group'. The provider had plans on how to incorporate it into the new electronic system and how to consult people.

Staff support: induction, training, skills and experience;

- There was a strong emphasis on the importance of training. Staff new to care needed to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to. All new staff received a range of training to help ensure they had the necessary knowledge and skills to do their jobs.
- Staff received training that enabled them to meet the needs of people living at the service. For example, PROACT-SCIPr-UK and Epilepsy. PROACT-SCIPrUK was an approach to working with adults with learning disabilities involving strategies for crisis intervention and prevention. A staff member told us, "We look at the reason behind the behaviours occurring. We are very proactive here."
- Staff had regular supervision which enabled the registered manager to monitor and support them in their role and to identify training opportunities. Staff were positive about the supervision provided.

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

- People were provided with a choice of meals which met their individual preferences. For example, one person was having a spicy lunch because they liked strong flavoured food. Snacks and drinks were readily available.

- People were supported to plan and cook their meals where able. One person told us they were going to be making pancakes.
- People were encouraged to maintain a healthy, balanced diet, based on their individual dietary needs. For example, one person had their own cupboard where they stored foods that were appropriate to their specific dietary needs. Staff were well informed about this person's dietary needs.
- When required, people's food and fluid intake were monitored and recommendations from professionals, and initiatives from staff, had been implemented with documented success. One relative told us, "Meals are good and healthy – [Person] didn't have to have their medication increased because their weight was managed and not changing their medicines kept them stable".

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

- People had personalised bedrooms which reflected their personal interests and preferences.
- Brendon Lodge had been adapted to meet the needs of the people living there and was accessible. For example, it was spacious with a lift that was maintained and appropriate for people. There was evidence of improvements to the environment being carried out with peoples' involvement. A mood board had been completed by people for the sensory garden being planted.
- Assistive technology was used. The registered manager told us, "We have [Person] who has a sound monitor so they can call for help". In addition, technology supported people to maintain independence, such as handheld computers and an electronic doorbell for a person which enabled them to alert staff when they needed support and prevented them being disturbed by staff.

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

- Records showed staff worked effectively with, and sought timely support from, external professionals when needed. For example, one person had recently shown signs of being unwell. We saw that a GP visit was requested promptly. This allowed treatment to be started quickly.
- People had care plans which contained essential information, including information about their general health and a summary of their needs. These could be shared with hospital staff enabling coordinated person-centred care to be provided consistently as people moved between services.
- We saw from the care plans and daily records that a range of professionals were involved in providing additional care and support to people. One relative told us, "The girls are really hot on their signs and they'll call the doctor. They are all aware of the signs".

Ensuring consent to care and treatment in line with law and guidance;

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff were knowledgeable about the MCA 2005 and were able to describe the principles of the Act and how they used this in their work. For example, one staff member told us, "We definitely give choices and we are person-centred and we use the least restrictive way". Another staff member told us what they would do if someone refused care and treatment, "I would respect their wishes".

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice. A relative told us the staff were, "Brilliant in consulting and asking about decisions".
- Most people had mental capacity assessments that were decision specific and a consultation had followed to enable a shared decision to be made about what was in the person's best interest. For example, a best interest consultation had been undertaken in relation to a medical procedure for one person.
- The registered manager had ensured that DoLS authorisations had been applied for where necessary and these were reviewed when required.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw positive interactions between staff and people and a warm and caring approach by staff. People told us they liked living at Brendon Lodge. One person told us, "Yeah I like living here".
- Staff offered people choices of what to eat, drink or do. We saw staff spending time with people and patiently encouraging them. A staff member told us, "We treat everyone as individuals. We involve them as much as they are able and want to be involved. We take [person] up with us to clean their room so they are involved".
- Relatives and professionals were positive about the caring nature of staff. Their comments included, "[Staff] obviously genuinely care about the residents in all aspects" and, "The staff are knowledgeable regarding their clients, they are caring and work in their best interests".
- Information about people's life history was recorded, which staff used to get to know people and to build positive relationships.
- Staff demonstrated an empathetic, non-judgemental and accepting attitude towards the people they supported. A staff member told us, "All of our people we support get to do activities daily and have real care and when they are being supported their needs and choices and opinions are listened to and they are given the choice, our staff really care and are passionate about our jobs".
- Staff spoke with fondness and genuine concern for the wellbeing and the happiness of the people they supported. A staff member told us about a recent 50th birthday party they had supported a person to have. They said, "We had [Person's] party, everyone got involved, night staff did the balloons the other shift did the food and our shift did the decorations and then it all came together and the whole home made it happen". A relative told us, "For their 50th party they went out of their way to do it for them".

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

- Records showed that people were involved in meetings to discuss their views and make decisions about the care provided. People were also consulted about who they wanted to be present at reviews. A relative told us, "I usually get invited to reviews".
- A staff member told us, "We get everyone involved in their care plans and their families and their social workers. We maintain relationships with day centres we make sure they reach the goals they want to reach".
- Staff were familiar with people's communication needs and this helped to ensure that people were able to express their wishes. One staff member said, "[Person] can do some spoken words and Makaton but their eyesight is going so we are using objects of reference and trialling that". We saw this communication method being used effectively during our visit.
- People had personalised activity communication boards that had been designed with the person to reflect their interests and preferences. One person had designed theirs based on their preferred television programme and it was very individualised.

Respecting and promoting people's privacy, dignity and independence;

- People's independence was valued and promoted by staff. For example, we saw a staff member providing verbal encouragement to support a person prepare their things for going out.
- Staff understood the importance of respecting people's privacy. Staff recognised when people wanted to spend time on their own and always knocked before entering rooms. A staff member told us, "We knock on doors, shut curtains and we take people on their own to do medication, we will talk in their rooms rather than in front of the others".
- Care records and other confidential information were stored securely in the service.
- We saw staff treated people with the utmost respect. Staff knew people extremely well, their individual likes, dislikes, life history and interests.

Is the service responsive?

Our findings

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

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

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

- Care plans were detailed, person centred and goal orientated with a focus on achieving outcomes.
- We saw evidence of positive outcomes for people due to thorough care planning and delivery. For example, staff supported a person who was underweight and at risk of requiring medical intervention to successfully increase their weight to the point where the medical intervention was no longer required. They achieved this through identifying that sensory input when they were eating was key. Their relative told us, "They have been working really really hard to support [person] to gain weight, we were looking at having a PEG but they have worked really diligently to help [person] gain weight - that's good [person] is out of the danger zone". A staff member told us, "[Person] always drops in weight and we got to the point where we thought there was nothing else we can do and the dietician was talking about PEG but through the work the staff have done we have learnt that sensory input for [person] and being consistent with it is so important with [person]".
- People's life history, likes, dislikes and what was important to them were recorded. Staff were knowledgeable about these and could explain how they supported people in line with this information. A relative told us, "They don't just leave people, if they are sitting around then they try to do something with the person".
- There was information about people's backgrounds. This helped staff engage meaningfully with people and build an understanding of their needs. A relative told us, "They understand [Person]" and, "They take [person] everywhere we can't, so they are living life again - theatre, cinemas, holidays".
- Staff were aware of ensuring people's emotional needs were met. A staff member told us, "We do quite a lot of activities but we do have people who need quite a lot of support with their emotional wellbeing so we ensure when they need it, or appear to need it, we ensure it is there. We are very proactive and try to get there before they realise".
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way that they could understand. People's communication needs were identified and planned for. For example, staff had used an easy read and pictorial information to support one person understand their need for a surgical procedure. Easy read complaints literature was also available for people.
- People had access to a range of activities including baking, arts and crafts, hydrotherapy, sensory experiences, films, shopping, cinema, horse riding, holidays and, gardening. The provider was very much part of the community and regularly took part in fundraising events to raise money for others in need. For example, Brendon Lodge held a cake sale where people were supported to bake cakes. They had also organised a 'Dolphin's got Makaton' show at a local school and invited other services to participate: they performed popular songs in sign language to raise money for charity. People were supported to learn the songs and create the posters for the event.
- People were supported to do activities of their choice. A relative told us, "They were going horse riding

once a week until the weather was too cold and go to the sensory room. They went out to the long down dairy farm – If I pick [person] up they have often been out during the day. [Person] likes being in the fresh air and walking".

- We observed people going out to various activities in the community during our visit. Some people chose activities within the home and some declined to participate in the activities being offered and this decision was respected by staff.
- In line with the principles of Registering the Right Support, there was a strong focus on building and maintaining people's independence. Staff told us that people were supported to achieve and make goals. One staff member said. "We do weekly house meetings where people make achievable goals". For example, there was a separate bungalow where three of the nine people lived. These people were being provided with support to develop increased autonomy. Staff told us how they aim to support and maintain their independence in various ways, including enabling them to do their own laundry, cleaning and meal preparation.

Improving care quality in response to complaints or concerns;

- The provider had a complaints policy and procedure in place. This was displayed in an easy read and picture format so that it was accessible to people.
- Complaints were recorded and action taken to address them in line with the providers policies and procedures.
- Relatives told us that were happy to raise concerns and felt that they would be addressed. Comments included; "I raised it, they took it on board and sorted it," "I would be happy to raise anything with the registered manager, sometimes I don't get informed promptly but they always get back to me with information" and, "I made a complaint re washing and ironing it does get done now".
- The provider sought the views of people and relatives through surveys and although there was evidence of analysis taking place it was not always clear to see what actions had been identified and taken in response to the feedback. We spoke with the registered manager about this, they told us, "We're working on getting better. Getting better ideas and implementing them. We had a 'this is what we've done board' and it is too small so we are changing it". Since the inspection the provider has told us they have implemented additional feedback in their monthly bulletins.
- A healthcare professional told us, "The service is always willing to listen to any concerns that are raised and respond appropriately. They are also able to provide lots of information and evidence to support their reasoning".

End of life care and support;

- At the time of the inspection no one living at Brendon Lodge was receiving end of life care.
- Care records demonstrated that discussions had taken place with people and their relatives about their end of life wishes and these were clearly recorded. For example, we saw the arrangements for a person's preferred funeral plan which was personalised and identified what was important for that person at end of life and afterwards.
- We saw some people had 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms in place and staff demonstrated to us their awareness of these forms.

Is the service well-led?

Our findings

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

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

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

- Relatives told us that the service was well run. Comments included, "I believe [registered manager] is an effective manager, she is liked by all the staff, she has that air of authority, she has that respect and authority as well as being approachable. I think she's pretty good".
- Staff spoke positively about the registered manager. Comments included, "I think we are a really well-led home. The manager is definitely approachable. If I have an issue I can go straight to her and it will be dealt with immediately" and, "[registered manager] is proactive".
- Staff had access to policies and procedures which supported them to perform their role effectively. Staff told us information on safeguarding and equality and diversity was easily available in the office and displayed on notice boards.
- The registered manager and staff told us that the organisation supported an 'open door' approach from managers and senior managers and staff told us the culture of the service encouraged an open and transparent approach.
- The organisations visions and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people. We observed that staff understood and cared for people in a manner that was in keeping with these principles and during the inspection staff were relaxed and happy and engaging with people consistently.
- The registered manager and provider were aware of duty of candour and had clear processes in place to ensure this was met when required.

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

- The registered manager was clear about their roles and responsibilities. There was a deputy manager in place who had some management responsibilities and supported the effective management of the service. Staff were positive about the management team and felt supported.
- Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, equality and diversity, complaints and whistleblowing.
- The provider had robust quality assurance procedures to help drive ongoing improvements within the service. A range of audits were completed to check the safety and effectiveness of infection control measures, medicines management and care plans. The organisation also carried out random spot checks. Furthermore, the provider carried out monthly and six-monthly audits and had weekly meetings to identify any concerns and trends. This helped to maintain their oversight of quality and safety within the service. When issues were identified, action plans were made with timescales for work to be completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others;

- The provider and registered manager understood and implemented Registering the Right Support guidance. Whilst the service at Brendon Lodge was registered to support up to nine people living with a learning disability, which is not in line with the principles of Registering the Right Support. The principles of Registering the Right Support recommend small services (usually supporting six people or less). The service model and ethos of Brendon Lodge reflected the underpinning principles of Registering the right support. This was evidenced by; the design of the building at Brendon Lodge was such that it fitted into the environment as a large residential home in line with the other domestic homes in the area. The provider's ethos and strategy was about promoting independence and the provider had taken steps to align the service model to increase and maximise independence. For example, there was a separate bungalow where three of the nine people lived where the service promoted increased autonomy and independence for these people.
- The service was very much part of the local community and people were encouraged to take part in community events and use community resources. The provider promoted the principles of independence and choice and enabled people to achieve their aspirations. There was a proactive approach to supporting the rights of people with a learning disability to break down barriers and preconceived ideas.
- Staff told us they felt listened to and could influence change within the service. Team meetings were held and the minutes showed these were used to share ideas and suggestions on how the service could be improved. The registered manager was implementing a monthly staff newsletter to ensure staff were aware of news and developments within the organisation.
- Staff were positive about the organisation. Comments from staff included, "I enjoy helping the people we support achieve goals I enjoy every day working here I can't see myself leaving I like it too much it's a really nice job" and, "I enjoy seeing the people we support happy, seeing them benefitting from what we are doing, their relationships with their families and making a difference. I have never had that feeling when you wake up and dread to come in. They encourage me to grow and give me opportunities to grow and that is always a good thing for me".
- Staff supported people to access support provided by external agencies. People had access to many professionals.

Continuous learning and improving care;

- The registered manager told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. They participated in the local registered managers forum, to learn from others and share good practice.
- Quality assurance questionnaires were sent to people, their families and staff. Feedback gathered was analysed by a computer based system and the registered manager would receive a report detailing the feedback received.
- In addition, feedback was gathered using informal chats and regular meetings. Staff were also encouraged to regularly feedback about service delivery, and share ideas and suggestions on how the service could be improved.
- The registered manager demonstrated an open and positive approach to learning and development. They told us about a new initiative they had implemented as a result of staff feeding back that they did not always know what was happening within the organisation; a monthly newsletter for staff.
- Staff felt supported and received regular supervisions and appraisals in line with the providers policy. Staff told us they felt able to feedback and suggest changes and improvements. One staff member told us. "I feel supported not just by my manager but by head office as well. I can call on them, and have done, and they come".